ensure continuity of care. Telehealth emerged as one solution to provide effective care to patients with advanced cancer. It may also support the provision of accessible and cost-effective specialist palliative care (SPC). However, the experience of patients with advanced cancer with telehealth in the context of the easing of COVID-19 restrictions must be understood.

Aim; Establish the needs, barriers, and facilitators for use of telehealth in palliative care in an advanced cancer population.

Methods: A protocol was registered with PROSPERO internal prospective register of systematic reviews and conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. A systematic search of the following electronic databases CINAHL, MEDLINE, EMBASE, PsycINFO, PsycArticles, the Cochrane Library, Scopus, Web of Science, Science Direct, IEEE Xplore and Grey literature was conducted. Quantitative, qualitative, and mixed methods papers were reviewed.

Results: The Search Yielded 2,460 unique entries of which 9 were considered suitable. The results identified and mapped emerging themes around barriers and facilitators when using telehealth which provides a greater insight and understanding of the patient experience in palliative care. Common themes include technical and attitudinal barriers to telehealth adoption among patients balanced against the increased independence and decreased travel burden that act as facilitators for adoption.

Conclusions: The systematic review provides rich insights into the patient experience using telehealth. By understanding their experiences, we can optimise the use of telehealth and make informed recommendations for healthcare delivery to meet advanced cancer care needs.

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Abstract: 3.228

Capturing and Reporting Diagnosis: Moving from ICD-10 to SNOMED-CT

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Background/aims: Clinical Services in Wales must use SNOMED-CT to capture clinical diagnoses. SNOMED-CT's complex hierachies creates new challenges when using clinically captured data for secondary uses. (ICD-10, used previously to code diagnosis, supports a simpler hierarchy, with each diagnosis contained in only one 'chapter').

In the context of designing new electronic record functionality, collaboration between clinicians and those leading relevant National Programmes, with an iterative design process was used to develop a novel approach to reporting diagnoses from the clinically collected SNOMED-CT terms.

Methods: Specialist Palliative Care Inpatient Units and Inpatient Hospices in Wales supplied details of the primary cause of death for consecutive recently deceased inpatients. Proof of concept work used non-malignant diagnoses only, as there was limited local experience of clinically meaningful and appropriately granular reporting of non-malignant diagnoses.

A SNOMED-CT browser supported exploration of parent, grandparent etc. terms for each diagnosis. Testing continued until saturation, and findings were discussed as part of the iterative design process.

A procedure to support useful categorisation of clinically captured SNOMED-CT diagnosis (disorder) terms was developed, encompassing both malignant and non-malignant conditions, and then tested on diagnosis codes prospectively collected by Specialist Palliative Care Teams in Wales.

Results were compared to similar data from previous years, collected as ICD-10 codes (for teams whose clinical practice had not altered significantly).

Results: The categorisation system for SNOMED-CT diagnosis terms will be discussed, along with comparison to previously collected ICD-10 data, as a 'sense check'.

Conclusions: Clinician captured SNOMED-CT diagnosis terms can be meaningfully used for reporting purposes, despite the complex relationships between relevant concepts.

Abstract: 3.266

Patient Referral to Palliative Care Using Artificial Intelligence Prediction Models: A Systematic Review

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Background/aims: Artificial Intelligence (AI) has the potential to revolutionize healthcare, particularly in the early identification of patients who could benefit from Palliative Care (PC). PC addresses physical, emotional, and psychosocial needs of patients with debilitating diseases, focusing on enhancing the quality of life for patients, their families, and caregivers. Accessing PC sooner has proven benefits, including improved emotional well-being, coping mechanisms, reduced costs in treatment and shorter hospital stays, along with a decreased rate of hospitalizations. With the increasing need for palliative care, AI can improve our capacity to predict patient outcomes, identifying those at greater risk of severe illness or death at an earlier stage.

Methods: We conducted a systematic review of articles retrieved from PubMed, Clarivate Web of Science, Scopus and ScienceDirect, up to December 2022. The Preferred Reporting Items for Systematic Reviews and MetaAnalyses (PRISMA) guidelines were followed. The search strategy yielded 217 records, of which 13 met the predefined inclusion and exclusion criteria. Afterwards, relevant information related to patient referral to Palliative Care was extracted from each study.

Results: Upon analyzing patient's health outcomes, alongside with the most relevant clinical variables for the algorithms and healthcare professionals' opinion about AI and its' ethical considerations, we concluded that by implementing AI models in healthcare PC consultations increased, in-hospital mortality decreased, there were fewer admissions and shorter stays in Intensive Care and referrals for home-based CP services increased.

Conclusions: The use of AI to improve PC referral has yielded favorable results in terms of enhancing both quality of life and health outcomes of patients with advanced debilitating conditions, where further interventions may no longer be beneficial. Early PC referral facilitates conversations with patients about their care preferences and goals.

Abstract: 3.298

Video Games as a Tool for Therapeutic Care in the Management of Grief. A Systematic Review

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Background/aims: The process of grief is a painful and complex one. Technological advances and the arts have enabled new forms of cultural expression about death and loss. These include video games. They address these issues from a psychological and spiritual perspective to help.

Aims: To explore the relationship between using videogames and experiencing grief.

Methods: A systematic literature review was conducted using various electronic databases: PubMed, EBSCO (CINHAL, MEDLINE), Web Of Science and Scopus. From 2013 to the present. The search terms used were "grief OR grieving OR bereavement" and "video games,

videogames, gaming". Inclusion and exclusion criteria included reviews, experimental, observational, qualitative and quantitative studies, books, posters, tesis and conferences. Narrative studies were excluded.

Results: The search identified 322 articles. 98 were published before 2013. 72 were repeated in the final sample. Of the 152 articles, 11 met eligibility criteria.

People's mental health could be positively affected by video games. They can provide a safe virtual space to cope with significant loss and to manage symptoms of stress and anxiety. Video games can help to increase self-esteem. Gaming profiles (and other media elements) are part of a patient's digital legacy. They could be an aid to advance care planning in palliative care. Video games can create a spiritual experience that encourages thinking about death and coping with loss through the relationship with virtual characters and to empathize with grief situations. Qualitative studies suggest that players experience grief stages similar to theoretical models. This relationship depends on their culture and previous experiences.

Conclusions: Video games may have benefits for people experiencing stages of grief. They may be a useful tool for reducing associated symptoms. They create safe coping spaces. In order to determine the effectiveness and benefits, further research in this area is needed.

Abstract: 3.312

Experiences of Using a Mobile Application - IPOS App for People with Multimorbidity: A Qualitative Study

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Background/aims: Although symptom management is an essential aspect of palliative care, complex symptoms of patients with multimorbidity may not be identified and addressed in primary care, causing significant distress to patients and their caregivers. A mobile application - IPOS app was designed to enhance the self-reporting of symptoms, needs, and concerns using a person-centred holistic outcome measure - the Integrated Palliative care Outcome Scale (IPOS) linked with self-management guidance and alerts to notify healthcare professionals (HCPs) for timely response. This study aimed to explore the user experiences of the IPOS app to facilitate person-centred care.

Methods: Semi-structured interviews were conducted. Participants were purposively sampled at two primary care settings to achieve heterogeneity by age, gender, and ethnicity. The interviews were audio-recorded and transcribed verbatim and analysed using thematic analysis.

Results: Fifteen patients with multimorbidity and three HCPs participated. Three themes were generated: (1) Feasibility/acceptability. The IPOS app proved to be a feasible and acceptable tool for its user-friendliness and intuitiveness. (2) Usefulness/limitations. Users reported a positive therapeutic and motivational impact, emphasising its utility in symptom reporting and self-management. Limitations included delays in feedback and limited interaction with HCPs. (3) Wider implementation. Patients viewed the app as a valuable data-gathering tool for quality improvement and advocated for its wider adoption. HCPs recognised the benefits of digital health solutions in identifying unmet needs and initiating treatment, but additional support (e.g., dedicated personnel) is required to effectively manage patient inquiries.

Conclusions: The IPOS app enables continuous monitoring of symptoms, needs, and concerns, and empowers users with self-management guidance. Further evaluation is needed to optimise its implementation in primary care.

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Abstract: 3.316

Investigating the Adoption of Telehealth by Health Care Professionals in Specialist Palliative Care

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Background/aims: Telehealth emerged as one solution to provide effective care to patients with advanced cancer during the COVID-19 pandemic. In the post-pandemic phase motivation for telehealth adoption is waning and the factors influencing adoption among healthcare professionals (HCPs) remain unclear.

Objectives:

1. Explore the current patterns of telehealth use in SPC.
2. Explore the factors that affect the adoption of telehealth by HCPs.

Methods: Online survey leveraging the Unified Theory of Acceptance and Use of Technology (UTAUT) model. 5-point Likert-style questions were developed to determine the behavioural factors that affect the adoption of telehealth.

Results: The majority of HCPs have used telehealth at some point in their clinical work with many reporting telehealth use as recently as the last 6 months (64.86%). The perception is that telehealth will have a continuing and significant presence in palliative care and therefore utilisation will expand further. HCPs acknowledge the benefits of telehealth and believe that it has the ability to improve patient access to palliative care (67.79%) and enhance integration of care (64.4%). HCPs report efficiencies around staff management and cost effectiveness. However, 71.18% of HCPs are either unsure or feel they have not received adequate education in telehealth technologies.

Conclusions: The results of the survey show that HCPs in SPC see a role for the ongoing use of telehealth in their practice but may not feel they have received adequate education and support. These results will guide recommendations on the use of telehealth in SPC to improve the delivery of SPC services and best support HCPs in their roles.

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Abstract: 3.383

Creating LeicSurvey: A Survey Tool Created with Hospices for Hospices

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Background/aims: Understanding patient (service user) experience and using the knowledge to implement quality improvements to enhance quality and delivery of care is key for hospices to achieving their central mission. Post-pandemic, the feedback rate for some hospices has dropped significantly. For example, our local hospice (LOROS) feedback rate of ~64% in 2019 dropped to 24% in 2022. Paper-based surveys, lack of personalisation based on service user and service received, accessibility concerns, and ability to rapidly collate, visualise, and communicate data highlights the need to improve the quantity and quality of patient feedback received by hospice teams.

Methods: With LOROS, we co-created LeicSurvey which captures that market optimally, including customising the survey for any hospice care provider rapidly and economically.

We used the engineering design tool (House of Quality) to understand LOROS' design, conceptual, and IT needs. LOROS were interested in a