enthusiasm for the speciality, was a key factor in the creation of a holistic, AYA-focussed ethos of care. Centralising AYA cancer services would increase the experience HCPs have of working with AYA, within age-appropriate environments of care, thus fostering an ethos of care sensitive to AYA holistic needs. Whether this impacts outcome will become evident in early 2019 when the results of BRIGHTLIGHT are released.

025 USING QUALITATIVE SYNTHESIS DATA TO INFORM INTERVENTIONS IN PALLIATIVE CARE: A MULTILEVEL APPROACH

¹Megan Armstrong, ²Kate Flemming, ¹Nuriye Kupeli, ¹Patrick Stone, ³Susie Wilkinson, ¹Bridget Candy. ¹University College London, London, UK; ²University of York, York, UK; ³University of Liverpool, Liverpool, UK

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Introduction Complex interventions are common in palliative care (PC), but the data from quantitative and qualitative research can be contrasting. For example, systematic reviews found trial evidence on effectiveness was uncertain in complementary therapies (CTs) in PC; however, based on qualitative evidence patients' perceived CT to be highly beneficial for their well-being and highlighted ways in which they wished CT were delivered.

Aim To develop an exemplar in PC that draws together the findings from quantitative and qualitative systematic reviews to inform reasons for discrepancies between the two and suggest directions for future intervention development.

Methods We sought trials on the effectiveness of CT and qualitative studies on patients' perspectives about CTs. Our primary outcomes for trials included anxiety, pain, and quality of life. Eight databases were searched in 2018. Citations and full-text papers were reviewed independently to identify relevant studies. Meta-analyses to pool trial data were considered and a thematic synthesis was conducted to understand patients' experiences as presented in primary qualitative analysis. The individual review findings were combined in matrices to explore similarities and differences.

Results Twenty-two trials and five qualitative studies were included. A matrix table explored the (lack of) overlap between items on a commonly used quality of life measure from the review of trials and the themes from the thematic synthesis. A table was also created to explore the variations between how patients want CT to be delivered and how it is being delivered in trials.

Conclusions This combining of qualitative and quantitative data has highlighted outcome measures in trials may be inappropriate and the interventions may not be delivered how patients wish. Our approach demonstrates a potential way in PC to enhance development of practice appropriate complex interventions.

026 OPTIMAL INVOLVEMENT OF PATIENTS IN THE MORBIDITY AND MORTALITY MEETING (OPTIMA STUDY)

Britt Myren, Rosella Hermens, Joanne De Hullu, Leon Massuger, Petra Zusterzeel. *Radboud University Medical Center, Nijmegen, The Netherlands*

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Background Different research has suggested that involving patients during meetings, normally intended for doctors, is beneficial: not only to inform patients, but also to integrate the patient's perspective in the discussions on future cure and care. However, inviting the patient to join such a meeting, is a new field. In general, surgical departments worldwide hold a Morbidity and Mortality (M and M) meeting to discuss medical errors, (unexpected) adverse events or near misses. The healthcare professionals discuss what happened, why and what they can do to prevent this in the future. It can be challenging to discuss this openly in front of the patient.

In 2016 a pilot has been started to invite the patient to join the monthly M and M meeting at the department of gynecological oncology (Radboudumc, Nijmegen, the Netherlands).

We evaluated the M and M meetings with patient participation since its pilot. What are the burdens and benefits for patients and healthcare professionals, in order to improve the M and M meeting?

Methods We conducted in-depth interviews with 10 patients and 15–20 healthcare professionals. Two M and M meetings were observed. The analyses were done by thematic coding using the program Atlas.ti, but framed in order to choose next methodological steps and ways to implement this format in other departments.

Preliminary results Patients feel safe to share their experience during the discussion and feel fully informed. Healthcare professionals gain new insights from the patient and their partners' perspective. However, it is more difficult to choose the right words and communicate open and honest during the discussion.

Conclusion The current M and M meeting format with patient participation is improved and next methodological steps are chosen.

027 KNOWLEDGE-TO-ACTION: PROMOTING BEST PRACTICES FOR MATERNAL OPIOID USE

Tracy Nichols, Meredith Gringle. *University of North Carolina Greensboro, Greensboro, USA*

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Background An increase in opioid use during pregnancy fuelled concerns among reproductive health advocates, policy-makers, and providers in North Carolina, USA. Stakeholder groups joined together to address these concerns. A knowledge transfer (KT) intervention, which provided specialized education and training for frontline providers, in an effort to increase evidence-based practices became the primary goal of their response. Qualitative methodology can provide critical insight on the process of KT interventions and the contexts in which KT activities occur.

Methods Data from a grounded theory study on care provision for perinatal substance use was used to examine a naturalistic KT intervention that emerged from stakeholder concerns. Data was collected over a six-year period and include observations of KT activities (conferences, workshops, and community meetings), focus groups and interviews conducted with stakeholders, and a review of publicly available documents developed as part of KT activities. Identified KT activities were mapped onto a theoretical framework detailing the Knowledge-to-Action (KTA) process and a thick, rich description of the intervention was developed. Additional