factors can predict the exact survival time of end-of-life patients. Although previous studies have shown that elevated serum creatinine (Scr) is associated with lower survival rates in patients with various cancers, little is known about the relationship between Scr and survival in end-of-life patients. We, therefore, investigated the association between Scr and survival in end-of-life patients at an acute palliative care unit.

Methods We analyzed the medical records of 281 patients admitted to the palliative care unit at Korea University Guro Hospital from July 2019 to June 2021. Patients were divided into low (<0.5mg/dL), normal (0.5-1.1mg/dL), high (>1.1mg/dL) Scr groups. The log-rank test of the Kaplan-Meier method was computed to evaluate the median survival time for each variable. Finally, multivariable Cox hazard analysis was performed by selecting statistically significant variables through stepwise selection in the univariable model.

Results The median survival time was short in the order of high Cr group, low Cr group, and normal Cr group. (p=0.002) Multivariable analysis identified that factors including male (HR=1.81; p=0.010), ECOG 4 (HR=3.43; p=0.032), TPN use (HR=1.84; p=0.023), low Scr (HR=1.22; p=0.046), high Scr (HR=2.74, p=0.001) were significantly related to poor survival time.

Conclusions We found that low Scr, as well as high Scr, is significantly associated with poor survival time in terminal cancer patients. A readily available and simple biomarker might be helpful to predict the prognosis in a palliative care setting.

P-168 THE BARRIERS AND FACILITATORS TO ADVANCE CARE PLANNING IN HAEMATOLOGICAL MALIGNANCIES

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10.1136/spcare-2022-HUNC.184

Background Advance care planning helps individuals clarify preferences for future care, identifying key decision makers should they be unable to make their own decisions (Freeland & Wu, 2019. Curr Geriatr Rep. 8:12). The field of haematological malignancies is an area in which advance care planning is frequently overlooked (LeBlanc, 2017. J Oncol Pract. First published 2017 Oct 5). It is a challenging specialism, where transition from curative to end of life can be rapid (Moreno-Alonso, Porta-Sales, Monforte-Royo, et al., 2018. Palliat Med. 32:79).

Aims An exploratory study aimed at understanding the perceived barriers and facilitators to advance care planning at a large haematology centre. In understanding the perceived barriers, ways to improve advance care planning in haematological malignancies were identified.

Methods Single centre exploratory study.

Literature review. Questionnaire developed and sent electronically to clinical practitioners in varied patient-facing roles within haematological malignancies. Results compiled using analysis software. Data analysed using thematic analysis.

Results 26 responses. Seven identified themes: education, communication, disease and treatment, time, support and environment. Education featured as a theme central to the others.

35% of respondents had no training in advance care planning. Only 12% of respondents mentioned non-clinical aspects. Responses indicated a focus on clinical decisions around resuscitation. Aspects of advance care planning including social, financial and therapeutic aspects not considered.

Conclusion This study along with the existing literature recognises the challenges associated with defining the end of life phase in a patient with a haematological malignancy, given its unpredictable course (McCaughan, Roman, Smith, et al., 2018. BMJ Support Palliat Care. 8: 78). It saw an overwhelming list of barriers, with significantly fewer facilitators highlighted. Limited education around advance care planning was identified as having a detrimental effect on staff understanding thus impacting on implementation of advance care planning. Advance care planning needs to be considered in circumstances where the outcome is unclear. It should not be confined to times of crisis, but discussed in the face of 'living with dying', preparing for all eventualities (Abel, Kellehear, Millington Sanders, et al., 2020. Palliat Care Soc Pract. 13:1).

P-169 UNDERSTANDING MALIGNANT SPINAL CORD COMPRESSION PATHWAYS TO IMPROVE CARE FOR HOSPICE PATIENTS

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10.1136/spcare-2022-HUNC.185

Background Early detection of malignant spinal cord compression (MSCC) is essential to minimise the severe consequences arising from this condition (Macdonald, Lynch, Garbett et al., 2019. JR Coll. Physicians Edinb. 49:151). Unfortunately, a patient in the community with neurological signs of MSCC did not get a spinal MRI done for several days. We therefore suspected that the local MSCC pathway was unclear and not well understood.

Aim Our aim was to prevent other patients having a delay in getting a spinal MRI by understanding and improving the MSCC pathway; and developing and delivering education about the new pathway to multi-professional clinical teams at Dorothy House Hospice and the Royal United Hospitals, Bath NHS Foundation Trust (RUH).

Method A team from Dorothy House Hospice and the RUH delivered questionnaire surveys to clinicians in both settings involved in the care of patients with suspected spinal cord compression. Questions sought to identify the strengths and weaknesses of the current MSCC pathway.

Results Survey responses were received from N=46 medics, therapists, and nursing staff (Dorothy House n=39, RUH n=7). Using a 10-point numerical rating scale (0=not at all confident, 10=extremely confident), 80% of hospice clinicians reported confidence in recognising potential MSCC (rating $\geq$7); 77% reported confidence in knowing what to do (rating $\geq$7). However, a variety of subsequent actions was identified, and methods for recording suspected MSCC were not always consistent. RUH clinicians reported MSCC pathways in the community were unclear and responses highlighted variability in the timing of MRI scans following referrals from the hospice. Findings have informed the re-design of the MSCC to make it clearer, more concise and with well-defined responsibilities. Teaching to nursing staff is underway.

Conclusion MSCC pathways in community care can be ambiguous and sub-optimal. Understanding clinicians' perceptions locally has enabled the development of a clearer pathway for implementation within the hospice. Evaluation of its impact is planned.

BMJ Support Palliat Care: first published as 10.1136/spcare-2022-HUNC.185 on 19 November 2022. Downloaded from http://spcare.bmj.com/ on April 9, 2024 by guest. Protected by copyright.