FRAILTY SCORING FOR INPATIENTS OVER 65 YEARS ON AN ONCOLOGY WARD

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Background Population ageing is leading to more cancer diagnoses in individuals aged over 65, including those with concomitant frailty. Individuals with frailty have been shown to have palliative care needs, whilst frailty is also associated with need for adapted chemotherapy regimens or supportive care in patients with cancer. Older adults with cancer diagnoses are recommended to receive holistic assessment, such as comprehensive geriatric assessment, to evaluate unaddressed problems including frailty and palliative care needs. The aim of this audit was to assess whether frailty scoring was being completed for inpatients on an oncology ward, and to research the extent of frailty and discharge outcomes for this cohort.

Method Retrospective data collection for all inpatients ≥ 65 years on an oncology unit in North-West England over 4 months. Data collection included frailty score completion, degree of frailty, length of stay and changes in care/home circumstances on discharge.

Results 54% of patients admitted were ≥ 65 years of age. 69% of these patients had a frailty score completed on admission. 84% of patients ≥65 had at least mild frailty (clinical frailty score [CFS] of ≥4). Mean length of stay was 13 days for those with a CFS ≥4 compared to 7 days for those with a CFS <4. In total 42% of patients with a CFS ≥ 4 were discharged with additional care or change of discharge destination. No patients ≥65 years with a CFS <4 had a change in discharge circumstances.

Conclusions Frailty is prevalent in this inpatient oncology cohort and is associated with longer inpatient stays and changes in care/discharge destination circumstances. This indicates that holistic assessment of these patients, including review of palliative care needs, is both feasible (due to longer stays) and likely to be required (due to evidence of higher burden of care needs).

THE RESPONSES STUDY – A QUALITATIVE EXPLORATION INTO PSYCHOLOGICAL RESPONSES TO, AND POTENTIAL INFLUENCES OF, ADVANCE CARE PLANNING DISCUSSIONS FOR PEOPLE LIVING WITH ADVANCED ILLNESS

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Background Advance Care Planning (ACP) discussions can be beneficial to people living with advanced illness. While research has focussed on ACP barriers, outcomes and completion, little is known about how ACP discussions influence thoughts, feelings and behaviours.

Aim To explore psychological responses to ACP discussions, and their potential influences on the thoughts, feelings and behaviours of people living with advanced illness.

Design Semi-structured, qualitative interviews with purposively sampled adults receiving hospice care. Data were analysed using framework analysis. Reflexive journaling and discussion of coding framework and emerging themes supported rigour.

Results 20 adults aged 30–93 with cancer (15) and non-cancer (5) diagnoses were interviewed. Participants described a range of responses to ACP discussions, including relief and satisfaction in expressing wishes, confidence in decision making, and appreciation of the support, expertise and honesty of clinicians and relatives. A smaller number of negative emotions such as worry, anger, and doubt about achieving wishes were expressed. Existential responses included acceptance of their illness, hopes and fears for the future, and difficulty of facing mortality. Responses were tied to factors such as attitudes towards having a terminal illness, previous thoughts about ACP, personality, and previous experiences of death and dying.

ACP empowered participants, confirming previous end of life wishes, allowing them to address existential concerns, promoting openness with relatives, and encouraging them to make the most of time left.

Conclusion Participants described positive, negative and existential responses to ACP discussions. When considering both how to approach and support people after ACP discussions, clinicians must sensitively navigate their potential impact, being aware that they encourage people to consider their future, and their own mortality.

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THE ROLE AND IMPACT OF PALLIATIVE CARE CLINICAL NURSE SPECIALISTS IN THE DELIVERY OF ENHANCED SUPPORTIVE CARE FOR PATIENTS WITH HEPATOPANCREATOBLIARY CANCER

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Background This abstract is taken from an article that was under review by International Journal of Palliative Nursing which was accepted for publication in late November 2022. At present, the article is in press. Integration of care between palliative care and oncology offers improvement in patient outcome and is increasingly recommended. There is evidence of improved patient and healthcare outcomes including quality of life, tolerability of systemic anticancer treatment in the last year of life and reduced healthcare cost. Alongside discussions of early palliative care integration, supportive care and its integration into oncology care has also come into focus. Supportive care is the prevention and management of the adverse effects of cancer and its treatment, including management of physical and psychological symptoms associated with cancer, its treatment and associated post-treatment care. Enhanced Supportive Care (ESC), led and delivered by palliative care clinical nurse specialists is a potential model to achieve this but is currently unevidedned.

Aim To investigate the impact of a nurse-led integrated ESC model within the hepatopancreatoablitory (HPB) cancer care setting.