Abstracts

information was provided, by whom it was provided and at what stage of their illness.

Methods From September 2020 to May 2022, a proforma was used to collect data from 30 hospice patients on the inpatient unit and in the community. A set of inclusion/exclusion criteria were used to ensure appropriate data collection.

Results 30 patients with 9 different malignancies were approached. 63% had known bone metastases. Of those who had received information about MSCC, 20/21 patients were told about MSCC after they had developed symptoms. 1/30 patients was informed by a GP, 18/30 were informed by the hospice team and 4/30 by the hospital oncology team. 3/30 patients were deliberately not informed. 17/21 patients had awareness of red flag signs once they had been informed of the risk MSCC.

Conclusion Information was frequently only given to patients regarding the possibility and red flag signs of MSCC once symptoms had developed. This will potentially lead to patients developing paraplegia and double incontinence which has a profound effect on quality of life. These results will be communicated to teams in the hospice and the Trust to ensure that this is addressed.

P-176 ABSTRACT WITHDRAWN

P-177 PALLIATIVE CARE FOR PATIENTS WITH A FAILING FONTAN CIRCULATION – DEVELOPING A COLLABORATIVE APPROACH

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Background The Fontan operation is a palliative procedure which increases the survival of patients born with an anatomical or functional univentricular circulation. The majority of individuals who have undergone Fontan palliation are now living into adulthood. More than 80% will survive 20 years beyond surgery. However, failure of the Fontan circulation is inevitable, and over time complications develop involving multiple organ systems.

Aims To identify the unique needs of this patient group and suggest potential models of collaborative working that could improve access to and delivery of supportive or end of life care.

Methods We present a review of the available literature and two in-depth case studies which emphasise the complexity of end of life care delivery and potential opportunities for improved management.

Results The literature suggests that adults with a Fontan circulation experience a significant burden of physical symptoms and a range of psychosocial issues, which negatively impact their quality of life. Many would welcome open discussions about end of life issues and express a wish for this to be initiated early. Despite this, healthcare resource use towards the end of life is high, with hospitalisation increasing dramatically in the last month. Input from specialist palliative care services is rare. A major challenge is balancing active treatment alongside discussions about end of life. Both cases we describe benefitted from ongoing holistic assessment by the cardiology team, early introduction to specialist palliative care services, and timely admission to the hospice, at a point where ongoing active management could be integrated into a symptom focused approach.

Conclusion The population living with a Fontan circulation is increasing rapidly. Over time, many of these patients will have significant supportive care needs which are currently not being met. The cases presented suggest models of collaborative care delivery that may help to address this gap.

P-178 THERAPEUTIC AND EARLY INTERVENTIONS IMPACT FOR PATIENTS SUFFERING WITH CONGESTIVE HEART FAILURE

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Background Heart failure, also known as congestive heart failure (CHF) is becoming a pressing health priority across all four nations of the UK. Those with the condition in addition to medical treatments benefit from holistic care which can be provided by a range of health and social care professionals working collaboratively.

Aims In Gravesham key partners came together to form a Task and Finish Group to agree a year-long pilot funded by contributions from across the system in response to this priority. ellenor formed part of this group to help provide a stronger focus on multi-disciplinary led care and the pilot started in January 2022.

Method The Therapy Team at ellenor recognised the benefit of providing early interventions with heart failure patients for their wellbeing and health promotion. Providing exercises classes, fatigue management and breathlessness groups, carer support and advance care planning. There was also the option to join other therapeutic activity groups such as mindfulness and music therapy.

Results Providing therapeutic input for patients earlier on in their heart failure journey supported patients to improve their quality of life, empowered them to manage their symptoms and maintain their independence. The emotional and psychological support they received from attending groups was very beneficial. For the first time they were able to explore how their diagnosis has impacted them emotionally and were able to share these feelings in a safe space. Their views of what a hospice is and does were also dramatically changed as they realised it is not just about dying but the focus at ellenor is very much about living and living well.

Conclusion The pilot is now finished, and the heart failure pathway is continuing long term. Due to the success of this pathway, ellenor is establishing itself within other pathways such as respiratory and frailty.

P-179 ADMINISTRATION OF INTRAVENOUS (IV) IRON TO HEART FAILURE (HF) PATIENTS IN HOSPICE DAY CARE

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10.1136/spcare-2023-HUNC.199

Background The prevalence of iron deficiency in heart failure (HF) is high (Okonko, Mandal, Missouris et al. J. Am. Coll. Cardiol. 2011;58:1241–1251) and found in patients with/

**Aim** To set up a service to give palliative IV iron to HF patients, to deliver this care closer to home and support the NHS.

**Methods** Patients were discussed at HF MDT to assess suitability for referral, initially during the pandemic when patients had difficulty accessing this treatment in hospital. A policy and Standard Operating Procedure were written to ensure safety of patients receiving treatment. The Lead Nurse for the IV Day Care Service screened referrals, carried out holistic pre-assessments, was responsible for running the service, provided follow-up and ensured other hospice services were offered.

**Results** From March 2022 to April 2023, 42 patients were referred. 20 did not meet the referral criteria. 23 iron infusions were administered with no adverse reactions. 17 patients received treatment. Of these, 8 required a second dose although two patients were unable to receive this as they became acutely unwell. Three patients who completed treatment chose to access other hospice services. Three patients were referred to the inpatient unit due to pre-assessment highlighting overwhelming symptoms. This avoided admissions to hospital. One patient received IV iron as an inpatient.

**Conclusion** Administration of intravenous iron in a hospice day unit is safe and will improve symptom control as well as reducing hospital admissions. It introduces the concept of hospice care to HF patients in a non-threatening way, demystifying what we do and reframing the organisation as one that can improve quality of life, rather than being focused on death.

**P-180 IMPLANTABLE CARDIOVERTER DEFIBRILLATORS AND THEIR MANAGEMENT AT THE END OF LIFE: THE EXPERIENCE OF A HOSPICE TEAM**

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10.1136/spcare-2023-HUNC.200

**Background** Increasing numbers of patients with Implantable Cardioverter Defibrillators (ICDs) are being referred to the hospice; they may not be identified early enough to enable deactivation in an outpatient setting. There are differences in the two local hospitals’ community deactivation provision. A magnet may be needed for emergency deactivation at the end of life to prevent unnecessary shocks. One in three people with ICDs will receive multiple shocks in the last days of life; these can be painful, futile and distressing for patients and their families (Kinch Westerdahl, Sjöblom, Mattiasson, et al. Circulation. 2014; 129(4):422–9). Integrated working with local cardiology services is important for optimal patient care (Hodson, DeCourcey, Karwatoski, et al. BMJ Support Palliat Care. 2019; 9:A4).

**Aim** To highlight the increasing number of patients with ICDs and identify the complexities that arise. To improve early identification of these patients and ensure staff are confident to initiate timely advance care planning conversations. Ultimately, to improve pathways, enabling ICD deactivation at an appropriate time and place.

**Methods** Collection of data over two years on referral identification, time from deactivation request to actual deactivation and case studies illustrating patient journeys to deactivation and death. Teaching session to clinical staff to present data.

**Results** 22 pts referred to hospice with active ICD (16 in year 2).

6/22 documented ICD on referral.

16 deactivated since referral: 3 discharged, 13 died.

5/16 deactivated at home.

1/16 deactivated on hospice IPU.

5/16 deactivated using emergency magnet at home (despite deactivation being requested; range 7–17 days prior).

3/16 deactivated whilst inpatient in hospital.

2/16 deactivated in cardiology outpatients.

1 received multiple shocks in week prior to death.

**Conclusions** Consistent with other centres (Nolan, Smyth, Nash, et al. Heart. 2019;105:A3-A4), an increasing number of people with active ICDs are being referred to the hospice. They are often not identified early enough to allow timely discussions and deactivation. Staff value education and support on managing emergency magnet placement at the end of life. Resource boxes are now in place across hospice sites. The resource boxes contain local guidelines, contact numbers and emergency magnets and tape. Further liaison is planned with the two local pacing teams.

**P-181 RETICENCE IN THE FACE OF DEATH: COMMUNICATION EXPERIENCES OF BEREAVED RELATIVES IN ACUTE STROKE CARE**

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This research study sought an understanding of the availability, provision and delivery of palliative and end of life care in a stroke ward, whilst exploring thoughts and views about the quality of palliative and end of life care practices. The study aimed to determine whether palliative and end of life care needs for both patient and family members were met; whilst also examining the transition from acute to palliative and end of life care within an acute stroke ward. This study drew together the experiences of bereaved family members of patients cared for within an acute stroke ward. Adult primary relatives of patients who died in hospital following an acute stroke were interviewed using a 16 question semi-structured interview schedule.

Data from 6 participants were analysed using Attride-Stirling’s (2011) analytic framework with data presented utilising two global themes: The Family Experience and Dying & Death. Amongst the findings was evidence of variable communication between professionals, patients and family members, especially in relation to conversations around dying and death. Whilst there is a strong evidence base supporting the benefits of end-of-life conversations (Brighton and Bristowe. Postgrad Med J. 2016; 92: 466–470; Ekberg, Parry, Land, et al. BMC Palliat Care. 2021; 20(186): 1–12), mirrored alongside some improvement in local palliative and end of life care provision.