

and organisations, and local resource constraints. The difficulties that we have encountered, and the strategies that we have employed to resolve them, act as a model that other states and services can use in constructing their own teletrial network. Additionally, the qualitative data that we are collecting concerning stakeholder experience of the teletrial network will guide future use and ensure its sustainability, thereby transforming the scope of clinical palliative care trials in Queensland and reducing health inequity.

OP-34 EMPOWERING END-OF-LIFE CHOICES: FIVE YEAR EVALUATION OF AN INNOVATIVE MODEL OF INTEGRATED PALLIATIVE CARE FUNDED BY A PRIVATE HEALTH INSURER

^{1,2}Gammanage Malkanthi Hewage*, ¹Amanda Fischer, ^{1,2,4}Phillip Good. ¹St Vincent's Private Hospital Brisbane, Brisbane, Australia; ²Ipswich Hospital Ipswich, Australia; ³Mater Research Institute-University of Queensland, Brisbane, Australia; ⁴Mater Health, Brisbane, Australia

10.1136/spcare-2024-ANZSPM.34

Background Recognising patients' preferences and enabling them to die in their preferred place is a critical aspect of effective palliative care delivery. It is crucial to recognise that not all patients wish to die at home. Everyone's end-of-life preferences are unique. Therefore, the decision about where to receive end-of-life care should be based on the patient's individual preferences and needs, made in consultation with healthcare providers and carers.

Objectives The primary aim of this study was to evaluate whether patients in the Bupa Palliative Care Choices Program (BPCCP) at St. Vincent's Private Hospital Brisbane (SVPHB) achieved their preferred place of death over five years. Secondary aims included assessing patient and carer satisfaction with the support provided by BPCCP in achieving these preferences.

Methods This study employed a single-centre, prospective cohort design and surveyed patient and carer experiences. The study population included patients admitted to the SVPHB Community Specialist Palliative Care Service (CSPCS) from August 1, 2016, to July 31, 2021, who were eligible for BPCCP (prognosis of six months or less and were insured under Bupa Private Health Insurance).

Data on the patients' demographics, preferred place of death, and actual place of death were collected from electronic patient records. Patient and carer satisfaction was measured using the FAMCARE-2 survey, a validated tool assessing satisfaction in symptom management, information provision, family support, and psychological care.

Results A total of 779 patients were admitted to BPCCP over the five-year period. The cohort had a median age of 77 years, with 50.3% male, 49.7% female. The majority (81.3%) had malignant diseases, predominantly lung cancer, while 18.7% had non-malignant conditions such as cardiovascular disease. Out of the 608 patients who died during the study period, 39.5% died at home, 40.1% in an inpatient palliative care unit, and 20.4% in an acute hospital setting. Of the 558 patients who stated a preferred place of death, the majority of BPCCP participants preferred to die at home (53%), and overall, 85.7% achieved their preference. Specifically, 79.0% of those who preferred to die at home, 91.5% who preferred to die in an inpatient palliative care unit, and 100% who preferred an acute inpatient setting achieved their goal.

Discussion The study found that 85.7% of BPCCP participants died in their preferred place, indicating a high level of success in aligning end-of-life care with patient preferences. Common barriers to achieving the preferred place of death included acute medical events, active treatment requirements, carer stress, and sudden deterioration. The high satisfaction rates from the FAMCARE-2 survey highlighted the program's effectiveness in managing symptoms, providing information, and supporting families and caregivers.

Conclusion The BPCCP demonstrated the potential to significantly improve access to high-quality palliative care and support patients in achieving their end-of-life preferences. The program's success underscores the importance of integrated care models and partnerships between healthcare providers and private insurers to facilitate patient-centred end-of-life care. Future research should explore similar models across different regions and settings to further validate these findings and improve palliative care delivery.

OP-35 DESCRIPTION OF AN EARLY, INTEGRATED PALLIATIVE CARE CLINIC FOR PATIENTS WITH SYSTEMIC SCLEROSIS AND THEIR CAREGIVERS

¹Julie McDonald*, ¹Carolyn Wicks, ^{1,2}Laura Ross. ¹St Vincent's Hospital Melbourne, Fitzroy, Australia; ²University of Melbourne, Parkville, Australia

10.1136/spcare-2024-ANZSPM.35

Background Systemic sclerosis, also known as scleroderma, is a complex, multi-organ disease which causes substantial and progressive fibrosis of the skin and internal organs, including the heart and lung. It is an uncommon disease, associated with early onset of significant and persistent symptoms, impaired quality of life, and shortened lifespan. International guidelines recommend early, integrated palliative care for patients with advanced cardiopulmonary disease such as heart failure, and interstitial lung disease, as this care can improve patient, caregiver and health care outcomes. However, there is no evidence examining the role of palliative care in systemic sclerosis. St Vincent's Hospital Melbourne has piloted a clinic of early, integrated palliative care for patients with advanced systemic sclerosis.

Aim This study aims to describe the model of care provided within the clinic, by describing the tasks completed by the palliative care physician for each patient over the course of their palliative care reviews.

Methods This pilot program was conducted at St Vincent's Hospital Melbourne. Triggers for referral to the clinic included patients with a high symptom burden, physician-perceived poor prognosis, or who requested advance care planning or future care discussion. Descriptive data quantified the care provided at each review.

Results Between 06/07/23 and 16/05/24 twenty-four patients received 51 clinic reviews (61% face to face, 31% phone, 8% telehealth). Nineteen patients identified a primary caregiver, and caregivers attended 22/51 (43%) of reviews. The median patient age was 67 years (range 19–87), and 58% were female. 54% of patients had diffuse disease subtype, with the median time since systemic sclerosis diagnosis 9.5yrs (range 0–40). Most patients had limited function, with a median Australia-modified Karnofsky Performance Status of 60 (range 40–80). Non-pharmacological symptom management was discussed with 83% of patients, and