

pharmacological management in 88%. A change in disease directed management was enacted for 46% of patients, while 42% of patients were referred for further investigation(s). Psychosocial/spiritual assessment and support was provided for 96% of patients. Discussion of formal community supports was common (71%), with 46% of patients requesting referral for supports. Serious illness communication was offered to all patients and accepted for diagnostic/illness discussion by 88% of patients, while 58% engaged in a prognostic discussion. The majority of patients had an advance care planning discussion (83%); 38% of patients completed an advance care directive, 46% completed a medical power of attorney, and 8% had a voluntary assisted dying discussion. Interdisciplinary discussion was prominent, with 83% receiving informal multidisciplinary discussion, and 33% formal multidisciplinary discussion. 17% of patients accessed palliative care unit for admission, while 29% were under community palliative care, and two (8%) patients died.

Discussion This is first integrated palliative care clinic for systemic sclerosis described internationally. This clinic provided attention to symptom management alongside interdisciplinary discussion, and disease orientated care. Patients accepted the opportunity to discuss their illness and plan for their future. Further research is planned to evaluate the outcomes of the clinic, and understand the patient, caregiver and health care perspectives of this model of care.

OP-36 VOLUNTARY ASSISTED DYING (VAD) AND PALLIATIVE CARE IN QUEENSLAND

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Introduction Voluntary assisted dying (VAD) became enacted in Queensland January 1st, 2023. VAD gives eligible people diagnosed with life-limiting conditions, who are suffering intolerably and dying, an additional end-of-life choice allowing them to choose the timing and circumstances surrounding their death. Implementation is still in an iterative phase and there is much to learn: baseline demand is unknown and the relationship between VAD and palliative care services is embryonic. These and other considerations need careful research to ensure optimal outcomes for those seeking VAD, their significant others and related services' development. The Queensland VAD Support and Pharmacy Service (QVAD SPS) was established to support all eligible Queenslanders seeking VAD and those involved in their care. This presentation concerns aspects of the activity of QVAD SPS.

Aim To commence exploration of VAD in Queensland and the volume of VAD patients simultaneously accessing Specialist Palliative Care Services (SPCS).

Methods 2023 data related to numbers of individual VAD enquires, patients requiring linkages to local VAD Authorised Practitioners (APs), statewide prescriptions received and dispensed and numbers of APs writing prescriptions were extracted from the QVAD SPS REDCap data repository. A prospective consecutive case series of patients referred to the Director QVAD SPS between 3/01/2023 and 8/05/2024 was conducted. Deidentified data including patient demographics, public/private health status, eligibility for VAD and SPCS involvement were collected as was feedback regarding the

relationship between palliative care and VAD services. Quantitative data were analysed using descriptive statistics.

Results In 2023, QVAD SPS assisted with 3,835 individual enquires; 62% from people seeking information or referral for VAD: 153 Queenslanders were unable to access an AP through their local area and were assisted by QVAD SPS.

QVAD SPS dispensed 888 prescriptions (O961 received), equating to 36% higher activity than was modelled: over 1/3 of requests (302) were for immediate supply; 89% of self-administration substance deliveries and 94% of practitioner administration substance deliveries occurred on the requestors' preferred date or sooner. At end 2023 there were 181 APs: 25% had written 93% of VAD prescriptions, 98 have never prescribed.

The case series comprised 97 patients: median age 71 years (range 28- 90), 38 females, 35 resident in the South-East corner of Queensland, all eligible for VAD and nearly 80% (77) were current SPCSs' patients. Feedback indicated that the relationships between SPCS and VAD services were non-standardised.

Discussion In Queensland the demand for VAD is increasing and has surpassed modelled expectations, especially in regional areas. Further, while the number of trained APs is relatively high, the active workforce is limited, which may impact accessibility in the future. Interestingly, although the case series only relates to a single AP, it appears many patients are linked with SPCSs at the time of referral for VAD.

Importantly, the relationship between VAD services and SPCSs is not yet standardised. Potentially, this can lead to inequity for palliative patients wishing to access VAD, communication challenges between patients and service providers and carer stress before and after a VAD death.

OP-37 THE ROLE OF SPECIALIST IN-REACH TEAMS IN PROVIDING PALLIATIVE CARE: THE IMPART (IMPROVING PALLIATIVE CARE IN RESIDENTIAL AGED CARE USING TELEHEALTH) TRIAL

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Background Residential aged care facilities (RACFs) are high-mortality settings and the provision of high-quality palliative and end-of-life care is crucial for residents due to their limited life expectancy, medical comorbidities, frailty and complex care issues.

Residential In-Reach programs (RIR) provide care, consultation, referral, education and support for clients and care providers in RACFs. They assist staff to develop their clinical skills and knowledge, and ensure care is delivered at the right place and time, thereby helping to prevent avoidable hospital presentations. They provide expertise in many aspects of care, including palliative/end-of-life support and advance care planning.