

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.

**Objectives** From the perspective of the RIR team, as well as from family members of residents who were at end-of-life during the IMPART trial, this presentation will:

1. highlight the role of RIR in providing palliative care in RACFs
2. discuss how RIR can work collaboratively with the RACF and the General Practitioner (GP) to provide high quality palliative care
3. explain the RIR experience with the IMPART trial, an intervention that aims to improve palliative care in RACFs.
4. discuss the provision of palliative care via telehealth

**Methods** IMPART is an NHMRC-funded, 2.5-year pragmatic stepped wedge cluster randomised trial (ACTRN12622000760774) being conducted with 10 RACFs in Melbourne, Australia. The IMPART program is a telehealth program that consists of (a) an interactive, needs-based end-of-life care education program for staff and GPs working in RACFs, and (b) timely end-of-life support from RIR teams. The 6-month intervention includes the establishment of a Planning Ahead Team, incorporating the RIR, that identifies areas of practice in the RACF where there are opportunities to improve, and then works on an action plan to improve them. The primary outcome is unplanned hospital admissions. Secondary outcomes include reduction of emergency department presentations, reductions in length of stay of unplanned hospital admissions, and whether IMPART improves residents' quality of life, comfort, satisfaction, and quality of end-of-life care.

**Results** Two of five, 6-month intervention phases within four RACFs were completed in April 2024. A third phase started in May 2024 and will be completed in October 2024. The IMPART trial has facilitated RIR discussions with the RACF staff and the GPs, and the RIR expertise on palliative care has been conducive to telehealth consultations. The provision of palliative care support by the RIR team has included timely clinical assessment, symptom management, prognostication, facilitating conversations with families, education and consultations with staff, GP support, care coordination and referrals to local specialist outreach/community palliative care services (CPCS). Family members of recently deceased residents have reported the positive aspects of care and support provided by RIR.

**Discussion** This presentation highlights the important role of RIR in the provision of high-quality palliative care in RACFs. They provide a key service to RACFs and work together with the resident, their family, RACF staff, GPs and CPCS. An integrated care team is crucial for aged care staff to be supported and to optimise residents' quality of life at end-of-life, which also impacts positively on bereavement experiences of family and friends.

OP-38

#### IMPACT OF DELIRIUM ON PROGNOSIS IN PALLIATIVE CARE INPATIENTS UNDERGOING DISCHARGE PLANNING TO AN AGED CARE FACILITY: A RETROSPECTIVE COHORT STUDY

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**Background** Delirium adversely affects prognosis.<sup>1</sup> This study reviewed time to death in Palliative inpatients at defined intervals from discharge planning to post transfer to a Residential Aged Care Facility (RACF).

The study aimed to determine if delirium defined by a positive Confusion Assessment Method (CAM) or Assessment Test for Delirium and Cognitive Impairment (4AT) could be used as a prognostic marker in the decision to discharge plan palliative inpatients to RACF.

**Methods** Retrospectively collected CAM and 4AT scores from patients admitted to Concord Centre for Palliative Care (CCPC) Sydney over 18 months who underwent a discharge planning discussion and agreed to transfer to RACF where tabulated. 838 patients were admitted, and 124 patients (14.8%) agreed to transfer to a RACF. 1 patient wasn't delirium screened and excluded, and 123 patients separated into delirium present or absent cohorts and compared to outcomes in table 1.

**Results** 47 (37.9%) of patients were transferred to a RACF. No statistically significant difference was found between the proportion of patients with or without delirium who were transferred to a RACF, P value = 0.67, the survival time post transfer, P value = 0.38, the survival time from planning discussion to death, P value = 0.41, the proportion who survived until ACAT, P Value = 0.66 or survived 4 weeks post transfer. P value = 0.63. 58 (47.2%) patients had delirium. CAM suggested delirium in 49.4%, 4AT in 17.5%.

#### Abstract OP-38 Table 1

**Discussion** This study aimed to increase prognostic accuracy and appropriate selection of palliative inpatients for RACF placement. The prevalence of delirium was 47.2% and is consistent with a recent systematic review (1) indicating prevalence in palliative inpatients of 6–74%. This study shows that delirium defined by a positive CAM or 4AT is not a prognostic factor in the decision to discharge plan palliative inpatients to RACF however invites further preferably prospective research relating delirium to prognostic outcomes.

#### REFERENCE

1. Watt CL, Momoli F, Ansari MT, Sikora L, Bush SH, Hosie A, *et al.* The incidence and prevalence of delirium across palliative care settings: a systematic review. *Palliat Med* 2019 Sep;**33**(8):865–77.