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.[1] 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.