Palliative Care Physician (0.4FTE), Hepatologist, CNCs, Dietician and Social Worker. There is also a ward consult service which sees patients known to the service and accepts new referrals, who can then be followed up in the Outpatient Clinic on discharge. The service aims to manage symptoms of end stage liver disease, which are numerous and severe3 and then seamlessly transfer patients to the community team for end of life care. Preliminary statistics show that over the 14 months from February 2023 to April 2024, we received 87 referrals to the service. There were 134 inpatient occasions of service, and 201 outpatient occasions of service.

68 patients had a diagnosis of HCC (with or without pre-existing cirrhotic liver disease), 20 had non-malignant cirrhotic liver disease, and 2 had cholangiocarcinoma. At time of submission, 41 patients had died and 10 had been discharged (1 due to successful transplantation). Of those who died, the mean time of referral to death was 72 days (range 3 – 322 days) with the majority (90.3%) expected and appropriately planned for. Just under half of the deaths occurred in a Palliative Care Unit, and 41.4% were known to the Community Palliative Care Team prior to death. Only 2 patients died without an Advance Care Plan in place, both of whom were referred at the beginning of the service.

REFERENCES

1. Temel J S *et al*. Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal*. 2010.
2. Hui, D & Bruera, E. Models of integration of oncology and palliative care. *Annals of Palliative Medicine*.2015.
3. Potosek MD *et al*. Integration of palliative care in end stage liver disease and liver transplantation. *Journal of Palliative Medicine*. 2014.

OP-44 CARE PLUS – INTEGRATING EARLY PALLIATIVE CARE WITH MULTIPLE MYELOMA

[1]Jennifer Philip*, [2]Gregory Crawford, [1]Kylee Bellingham, [3]Brian Le. [1]*University of Melbourne, Melbourne, Australia*; [2]*University of Adelaide, Adelaide, Australia*; [3]*Royal Melbourne Hospital, Parkville, Australia*

10.1136/spcare-2024-ANZSPM.44

Background Patients with haematological malignancy frequently do not access palliative care, moreover, for those who do, access is frequently late in the illness.
Aims To understand the implementation of early palliative care integration for people with multiple myeloma across four cancer treatment centres in Victorian and South Australia.
Methods A stepped wedge, multi-site implementation clinical trial testing usual care (control) versus Care Plus (early palliative care integration as practice change) following the Consolidated Framework of Implementation Research. Care Plus (early palliative care) was introduced at a standardised point(s) in the illness, either at time of diagnosis or time of first relapse of multiple myeloma. Qualitative interviews with health professionals, patients and families were conducted to explore the implementation processes of Planning, Engagement, Practice Change and Evaluation across hospital sites. Interview transcripts were thematically analysed by making codes and categories with emerging themes. Consolidated criteria for Reporting Qualitative research guidelines were used to maintain rigour.
Results Nineteen semi-structured interviews via zoom referred to the care of people with multiple myeloma. These interviews involved haematologists (n=4), palliative care physicians (n=8), clinical nurses (n=3) and patients (n=4). Patients and clinicians reported satisfaction with the implementation of Care Plus. Major themes included (1) benefits of standardised points for referral to early palliative care, (2) development of strategies for introducing early palliative care to patients and carers; (3) enhanced collaborative practice between haematology and palliative care teams; and (4) the time and value of exploring goals and planning for the future available with early palliative care including asymptomatic patients.
Conclusions Care Plus facilitated enhanced access to palliative care for patients with multiple myeloma including at time of diagnosis. For haematology clinicians this Care Plus model appeared to provide an opportunity to 're-imagine' how palliative care may be delivered and the role it plays in patient care.
Funding source NHMRC/MRFF Keeping Australians Out of Hospital Research Grant 1174028.

OP-45 TOOLS THAT CAN ASSIST IDENTIFYING THE MOST SUITABLE PATIENTS FOR BEST SUPPORTIVE CARE AND AVOIDING POOR DIALYSIS OUTCOMES

[1]Rachel Frederick*, [3,4]Jennifer Weil, [1,2,4]Hilton Gock. [1]*Department of Nephrology, St Vincent's Hospital Melbourne, Fitzroy, Australia*; [2]*Department of General Medicine, St Vincent's Hospital Melbourne, Fitzroy, Australia*; [3]*Department of Palliative Medicine, St Vincent's Hospital Melbourne, Fitzroy, Australia*; [4]*The University of Melbourne, Parkville, Australia*

10.1136/spcare-2024-ANZSPM.45

Aim We investigated two prognostic tools, the Supportive and Palliative Care Indicators Tool (SPICT) and the Surprise Question (SQ) that may assist decision making on initiating chronic dialysis vs Best Supportive Care.
Background Older age, frailty and comorbidities negatively impact on dialysis outcomes. There is increasing concern that the burden and complications of dialysis may harm both quality-of-life and longevity in patients with limited life-expectancy. The SPICT has been validated for prognostication for the final year-of-life. The SQ, 'Would I be surprised if this patient died in the next 12 months?' If SQ positive, then the clinician is not surprised if the patient dies within 12 months. We applied both tools retrospectively on patients commencing dialysis to examine their potential to assist the decision-making around dialysis initiation, versus a Best Supportive Care without dialysis.
Methods A single centre retrospective cohort pilot study of consecutive dialysis patients from two periods January-February 2023 & August-September 2023 to study two separate groups one aimed at 12 months and the other at 6 months respectively following initiation of chronic dialysis. Demographics, SPICT criteria, SQ along with outcome measures including tertiary hospital admissions, dialysis complications and mortality to date were collected from their hospital e-medical file.
Results There were a total of 23 patients with mean age was 67.5 ± 12.3 years, 83% male. There were 52% SPICT positive (n=12) and 43% of patients were SQ-positive (n=10). SPICT-positive patients had more hospital presentations in both 6 month (2.4 vs 1.1, p=0.002) and 12 month (5.6 vs 1.7, p=0.0001) groups. SPICT-positivity was associated with dialysis complications with a relative risk ratio of 14.4x (95% CI 1.4 – 150.8).

By comparison, SQ-positivity had less statistically significant results but did trend in the same direction with more hospital

BMJ Support Palliat Care: first published as 10.1136/spcare-2024-ANZSPM.44 on 5 September 2024. Downloaded from http://spcare.bmj.com/ on November 3, 2024 by guest. Protected by copyright.