

P-17 **ENHANCING PALLIATIVE CARE: INSIGHTS FROM A NEWLY ESTABLISHED INDEPENDENT PALLIATIVE CARE FACILITY**

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Background Although a high proportion of Australians would prefer to die at home, many people are hospitalised at the end-of-life. It is vital that the environment in which inpatient palliative care is provided supports the needs of patients and their families.

Objectives This study aims to describe the design, set up and operation of an independent palliative care facility, including the model of care and challenges encountered.

Methods This study presents findings and reflections derived from our experience in setting up a stand-alone independent palliative care facility in regional Victoria.

Results Anam Cara House Geelong (ACHG) is a not-for-profit palliative care facility. It is architecturally designed to provide a homely environment whilst being purpose-built to hospital grade. It has 12 completed single rooms with ensembles and views of nature. Medical equipment for oxygen delivery, suction and hoists are hidden. Pets are welcome and loved ones are supported to stay overnight with movable furniture and fold out beds. There are multiple open communal areas to encourage social interaction, an on-site kitchen, a library and resource centre, as well as a contemplation room with a mobile aquarium which provides a quiet space for reflection. The landscaped gardens and outdoor areas are easy to traverse and navigate for people with limited mobility. All patients with a life limiting illness are eligible for admission for symptom management or end-of-life care, regardless of their geographic location. Holistic person-centred care is provided by an interdisciplinary team which includes palliative care physicians, registered nurses, trained volunteers, and a spiritual care practitioner. Palliative care physicians are on site seven days a week including public holidays, and are on call when they are off site. The facility also provides a Living Well Day Palliative Care Program, led by nursing staff and trained volunteers. Patients in this program participate in activities such as memory making, arts and crafts, yoga, music and art therapy. There are also outpatient clinics where patients and their families can be seen in consulting suites by palliative care physicians and a spiritual care practitioner to assist with symptom management, coordination of care and advance care planning. Additionally, ACHG has a close partnership with Deakin University and facilitates placements for medical and nursing students. Ensuring the financial sustainability of an independent palliative care facility involves a multi-faceted approach with diverse funding sources, strategic partnerships and community support. ACHG works closely with various stakeholders, including local community organisations and healthcare providers to ensure the facility meets the needs of patients and their families.

Implication of findings The need for palliative care will continue to increase with our ageing population and the rising burden of chronic diseases. As such, it is likely that more new palliative care facilities will be required. Setting up a unique palliative care delivery model has required extensive design and planning. The learnings from our recent opening will provide valuable insights and strategies for healthcare leaders and policy makers aiming to establish similar independent facilities to improve the provision of end-of-life care in our community.

P-18 **COLLABORATIVE GOAL SETTING IN PALLIATIVE REHABILITATION: A CASE REPORT**

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Background Palliative rehabilitation amalgamates the principles of palliative care and rehabilitation to enhance patients' quality of life by restoring physical function and maximizing autonomy despite advancing illnesses.¹ It emphasizes the importance of personalized goal setting and its transformative impact through open dialogue and negotiation throughout the duration of physiotherapy.

Case Description A 85-year-old male with angioimmunoblastic T-cell lymphoma on best supportive care was referred to physiotherapy after admission to home hospice. He was wheelchair bound with restricted mobility compounded by a fear of recurrent falls. His primary goal was to regain modified independence in his mobility with a suitable walking aid. Through collaborative discussions including the use of a conversation guide, his preferences and motivation were sought and validated. This patient-centred approach allowed therapeutic interventions align with his needs and provided holistic palliative care; appropriate strengthening exercises that maximised the benefits from his exercise programme were prescribed. Within a month of enrolment, he had significant improvements in both his level of dependency and self-performance satisfaction scores. Achieving his goal validated his perseverance through therapy and provided motivation to continue working on his mobility and strength.

Discussion Even with life-limiting conditions, individuals receiving guided therapy interventions can make significant improvements in their physical and mental well-being. The palliative rehabilitation approach allows physiotherapists to actualize goals while respecting individual preferences. By fostering confidence and allowing for flexibility in decision-making, they empower individuals to make choices that align with their values. Exercise remains valuable throughout the palliative care continuum, but clear and achievable goals are essential to optimize these benefits while conserving limited physiological reserves. This approach empowers patients to take an active role in their rehabilitation journey, enhances their sense of control and ultimately complements exercise interventions to improve their overall quality of life.²

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P-19 **ADVANCE CARE PLANNING IN GERIATRIC PALLIATIVE CARE VERSUS GENERAL GERIATRIC INPATIENT POPULATION: A RETROSPECTIVE ANALYSIS**

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Background Advanced care planning (ACP), the practice of discussing and documenting patient preferences, goals and values and aligning this with appropriate medical care is a focus point in Australia. This is considered of particular importance

amongst those with palliative care diagnoses and the older population.

Aims To compare completion rates of ACP documentation between older patients (age greater than 65 years) admitted to a palliative care unit (PCU) and geriatric unit (GU). The secondary aim was to assess the factors influencing completion of ACP.

Methods A retrospective chart analysis of electronic records was conducted, examining 50 consecutive charts each from a PCU and a GU, spanning July to August 2021. The data was analysed using both descriptive statistics and inferential statistics including Pearson's chi-squared test, Fisher's exact test, the two-sample t-test and the Mann Whitney U test.

Results 100% of PCU and 96% of GU inpatients had at least one form of ACP documentation. All PCU inpatients had an acute resuscitation plan by discharge compared with 64% in the GU cohort. 74% of PCU and 70% of GU patients had an enduring power of attorney. PCU inpatients were more likely to have an AHD than GU inpatients (26% vs 2%; $p = < 0.001$). Within the GU cohort, factors associated with ARP completion were reason for admission (< 0.001) and location prior to ward admission (< 0.001). Dementia was not associated with completion of ACP.

Conclusion There were high rates of ACP in the study cohort. Despite this, improvements could be made, particularly for documents outlining values, preferences, and treatment decisions. Opportunistic ACP may be most beneficial in the GU population compared with a proactive approach for a palliative care population.

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BUILDING CAPACITY IN PALLIATIVE CARE PARAMEDICINE: A NEW NATIONAL PALLIATIVE AND END-OF-LIFE CARE CURRICULUM FOR PARAMEDICINE IN AOTEAROA NEW ZEALAND

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Background Aotearoa New Zealand has an ageing population with the number of patient deaths requiring palliative care projected to increase by 51% to 2038 (Ministry of Health, 2017). As a service available to patients and families out-of-hours in the community, palliative and end-of-life care is an increasingly important component of paramedic practice. Paramedics often support patients at times of transition or crisis and their role requires understanding patients' goals of care, supporting family and managing symptoms across care settings (Juhrmann et al., 2022.)

Objectives Among paramedics there is a desire for further training in palliative and end-of-life care (Munro et al., 2023). The recognition of this transformation in paramedic practice together with the increasing need for palliative care, has led to the development of a new national paramedicine palliative and end-of-life care curriculum (PEOLC) in Aotearoa New Zealand.

Methods A working group, including representation from all paramedicine tertiary training institutions together with primary and specialist palliative care practitioners, met over a two year period. An iterative process with consultation led to

the construction of the national PEOLC paramedicine curriculum.

Discussion Paramedics are increasingly central to the delivery of primary palliative care. However, confidence in providing end-of-life care is lowest in paramedics of less than three years' experience with further education required to support confidence and optimise patient care (Kirk et al., 2017). Developing a shared curricula to embed and standardise palliative care education for undergraduate and extended care paramedics will ensure that our paramedic workforce is enabled to support the growing palliative care needs of our communities.

Summary The new national curriculum will be presented together with learnings from the development process and how this can be adapted for working with other health practitioner groups.

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SERVICE DELIVERY AND CLINICAL CARE FOR PATIENTS WITH SUBSTANCE USE KNOWN TO A CONSULTATION-LIAISON PALLIATIVE CARE SERVICE: A RETROSPECTIVE AUDIT

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Background With improvements in health care provision and increased access to Opioid Agonist Therapy (OAT), people are living longer, and we are seeing higher rates of morbidity and mortality for individuals with chronic disease and concurrent or historical substance use disorders. The interface between palliative care and addiction medicine/substance use disorders is emerging.

Aim To describe service delivery and clinical care for a group of patients with substance use known to a Palliative Care Consultation Liaison Service in a quaternary teaching hospital.

Methods Retrospective audit from data collected at weekly palliative care multi-disciplinary team meetings between October 2019 and September 2021. Descriptive analysis was utilised, and institutional ethics approval was obtained (138/21).

Results Sixty-eight patients with a mean age of 56 years, male (n=45, 66%), principal diagnosis of malignancy (n=45, 66%) were included. Common substances included alcohol (n=27, 40%), heroin/street opioids (n=26, 38%), non-prescribed cannabis (n=25, 37%) and methamphetamines (n=22, 32%). Thirteen (19%) patients were on opioid agonist treatment with methadone (n=11) or buprenorphine (2). Teams involved in care included social work (n=56, 82%), spiritual care (n=20, 29%), psychiatry (n=16, 24%), addiction medicine (n=13, 19%) and acute pain (n=8, 12%). The following were seen among this patient group: challenges in achieving