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.

P-20 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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P-21 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