

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 ACP 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

symptom control (n=22, 32%), behaviours of concern (n=16, 24%), carer distress (n=16, 24%) and reluctance about opioid/medication use (n=12, 18%). Admission outcome of death occurred for 25 (37%) patients.

Conclusions and future directions Concurrent substance use can increase the complexity and needs of patients and families. Further work to develop strategies and models of care for collaboration between primary care, community and hospital-based teams is needed to enhance outcomes for this potentially complex and vulnerable population.

P-22 COPD PATIENTS' AND CARERS' PERSPECTIVES OF THE ACCEPTABILITY OF A BREATHLESSNESS ACTION PLAN

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Background Many people with Chronic Obstructive Pulmonary Disease (COPD) experience acute episodes of breathlessness that are highly distressing and are often overlooked and undermanaged. Episodic breathlessness pervades into multiple domains of patients and carers lives, resulting in emotional distress, social isolation, and ultimately, disability. As the breathing-thinking-functioning cycle of breathlessness is highly interdependent, managing breathlessness requires shifting an individual's construct around, and response to, the sensation. A written Breathlessness Action Plan (BAP) consists of a list of simple and sequential steps for relieving the intensity of episodes of breathlessness. BAPs have been widely created in response to perceived needs by independent organisations and contain similar content on non-pharmacological and pharmacological strategies. Despite their use the evidence for the uptake and efficacy of a written plan is unknown in the literature.

Objectives The rationale for this study is to bridge the existing knowledge gap of COPD patients' and carers' perspectives of the acceptability of a written BAP for managing acute episodes of breathlessness, and to challenge and transform current self-management strategies.

Methods This feasibility study with mixed methods (qualitative and quantitative) was conducted over four weeks for each patient, whilst they remained at home. Patients with a COPD diagnosis who were experiencing episodic breathlessness and were not currently using a BAP were included, along with their carers. Participants received an individualised BAP, face-to-face breathlessness education, and a hand-held fan. COPD Assessment Tool (CAT) scores were measured at baseline and after 4 weeks. The intervention group received weekly check-in calls. Perceptions of BAP acceptability was reported using a 7-question Likert at the exit interview at 4 weeks. Ethics approval for this study was granted by the AWH Human Research Ethics Committee (HREC) (review reference HREC/103469/AWHEC-2023-402985).

Summary of Results Not currently available. Responses to structured questionnaires will be quantitatively summarised as number and percentage. From the open-ended responses, themes will be derived and qualitatively presented. CAT scores will be compared at baseline and at 4 weeks. The primary research question seeks to evaluate COPD patients' and carers' perspectives of the acceptability of a written BAP for managing acute

episodes of breathlessness, whilst the secondary research question seeks to determine if written BAPs are useful on their own or require further support with weekly telephone calls.

Implications of Research Written BAPs are a simple self-management tool that could be widely and easily used; however, the evidence base is sparse with only one published feasibility study suggesting efficacy. This study attempts to contribute to the evidence base by assessing whether COPD patients and carers find BAPs to be an acceptable intervention for managing acute and distressing episodes of breathlessness. Further research may prompt the creation of standardised, evidence-based guidelines to which all written BAPs should adhere.

P-23 NEUROGENIC BOWEL MANAGEMENT AT ST JOSEPH'S HOSPICE, UK A QUALITY IMPROVEMENT PROJECT

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Background Neurogenic Bowel (NB) is defined as dysfunction of the colon or rectum due to loss of normal sensory or motor control.¹ Symptoms such as constipation, diarrhoea or incontinence can severely impair an individual's physical, psychological, social, recreational and sexual wellbeing.² Guidelines dictate the standard for NB management in acute, neurorehabilitation and community settings.³ We felt knowledge, skills and guidance were comparatively lacking at St Joseph's Hospice (STJH), where management was often reactive, rather than proactive, despite the high prevalence of neurological conditions.

Objectives To raise awareness of NB at STJH and improve the quality of life for patients through coordinated, multidisciplinary care.

Methods Employing Plan-Do-Study-Act (PDSA) quality improvement methodology, a multidisciplinary team (MDT) was assembled to plan how to improve NB management at the hospice. Initially, meetings were held with stakeholders, including the Practice Development Nurse and the Quality and Patient Experience Lead. Subsequently, a retrospective notes review of hospice inpatients at risk of neurogenic bowel was conducted over six months, gathering data on diagnosis, Palliative Care Outcome Scale (IPOS) scores, bowel charts, and prescribing practices. The first intervention comprised small-group teaching sessions at the hospice, accompanied by pre- and post-intervention questionnaires to assess staff knowledge and confidence. Collaborating with specialists at the National Spinal Injuries Centre, UK, a hospice-wide NB guideline was developed and implemented. Additionally, a patient information leaflet was created, and the Neurogenic Bowel Dysfunction Score (NBD) was integrated into the hospice's electronic records system. Ongoing assessments will include repeating an inpatient note review and charting of weekly NBD scores. Future plans include a simulation session to improve practical skills and collaboration with the hospice.

Results Baseline mean IPOS constipation score was 2.5 (SD=1.4, n=10). Pre- and post-teaching surveys showed only 10 of 25 staff had any knowledge of NB at baseline, with staff confidence in NB management increasing from 2.2