



Abstract P-44 Figure 1

outcomes associated with the use of different opioids and opioid doses in kidney disease are warranted.

P-45 TAKE HEART – LESSONS LEARNT FROM DEVELOPING A CARDIAC SUPPORTIVE CARE SERVICE

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10.1136/spcare-2024-ANZSPM.93

Background Guidelines published in 2018, from the National Heart Foundation and the Cardiac society of Australia and New Zealand, recommend early palliative care referral for patients with advanced heart failure.¹ However, there is a gap for this population accessing traditional palliative care services. A Cardiac Supportive Care Service (CSCS) was introduced at a tertiary metropolitan hospital in early 2020.

Population Patients with end-stage heart failure (ESHF) are eligible for referral to CSCS following a heart failure admission to the acute hospital or a positive result on the Supportive and Palliative Care Indicators (SPICT) tool for breathlessness or chest pain at rest or on minimal exertion or as a direct referral from a cardiologist.

Aims The CSCS aims to provide symptom assessment and management, provision of breathlessness action plans, and advance care planning discussions. Patients are offered a seamless transition to traditional community palliative care services and direct access to inpatient palliative care unit.

Model The integrated CSCS offered initial home visits from a palliative care physician and heart failure nurse practitioner. Follow up home visits conducted by the nurse practitioner, with the palliative care physician as required. Readmissions to an acute hospital occurred under the treating cardiologist, with the palliative care physician providing inpatient consultations. Admissions to the Palliative Care Unit for symptom management or end-of-life care occurred under the care of the palliative care physician. In 2023, the model was extended to include a monthly collocated clinic in the cardiology outpatients by the palliative care physician using the same referral criteria, with 2–3 monthly follow up visits.

Results and lessons learnt Over 225 new patients have been seen by the community and clinic CSCS. The service has strengthened the relationships between cardiology and

palliative care. The following outlines some of the key learnings to be discussed.

1. Barriers and enablers to developing an embedded care service
2. Symptom burden, prognosis and the relationship to ejection fraction in ESHF
3. Impact of the CSCS on place of death and hospitalizations.
4. The use of opiates and benzodiazepines in cardiac breathlessness.
5. Fluid balance and use of diuretics on referral and when entering the terminal phase with ESHF
6. Challenges in advance care planning and deactivation of defibrillators
7. Flow on effects of embedded care service to cardiology inpatient referrals to CSCS and palliative care services and documentation of ceilings of care.

Conclusion The development of a CSCS has resulted in early provision of supportive care to patients with ESHF in line with the guidelines and has allowed seamless transition to traditional palliative care services. The bidirectional learning has increased the skill base of both cardiology and palliative care clinicians and has seen fringe benefits for all cardiology inpatients. The model has been replicated across the Local Health District and continues to grow.

REFERENCE

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P-46 SUPPORTIVE CARE SERVICE: A MULTIDISCIPLINARY APPROACH TO MANAGING CHRONIC ILLNESS IN THE LAST 24 MONTHS OF LIFE

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10.1136/spcare-2024-ANZSPM.94

Background Approximately 70% of deaths in Australia are due to non-malignant illnesses, however, only 25% of these patients receive palliative care input according to Palliative Care Outcomes Collaborative data. This highlights a significant

gap in palliative care service provision in Australia. In 2022, funding was allocated to the South-Eastern Sydney Local Health District to address this gap through enhancement of community-facing palliative care services. The model of care that emerged through consultation was a multidisciplinary hospital clinic targeting a patient cohort with chronic non-malignant diseases and an expected prognosis of 12–24 months.

Objectives This study presents a description of the model of care, demographics and clinical profile of the patient cohort and early outcomes in the first 12 months of operation of the St. George Hospital Supportive Care Service (SCS).

Methods A prospective observational study was conducted using patient data obtained from the SCS over a one-year period. We measured symptom burden and quality of life with the IPOS and the EQ-5D-5L. Descriptive statistics were used to analyse demographic and clinical data. IPOS and EQ-5D-5L data completed at the patient's initial appointment and at follow up were compared for improvement, decline or stability of symptom burden and quality of life.

Results A total of 74 patients were reviewed by the St. George Supportive Care Service between April 2023 and April 2024. The mean age of the patient cohort was 79.4 years and there was an equal split between male (n=37) and female (n=37). Majority of patients had a primary diagnosis of cardiac failure (39%), followed by end-stage respiratory disease (28%), neurodegenerative disease (16%) and liver failure (10%), renal failure (4%) and other illnesses (3%).

The Palliative Medicine Specialist had advanced care planning discussions with 100% of patients. At the time of writing, 43 (58%) patients had completed an Advance Care Directive or Advanced Care Plan. All patients had initial IPOS and EQ-5D-5L surveys completed, however only 12 patients (16%) completed follow-up surveys. Outcomes from the IPOS demonstrate that symptom burden either improved or remained stable for 85% of patients who completed an initial and follow up IPOS survey. For 82% of patients who completed an initial and follow up EQ-5D-5L survey, their symptoms either remained stable or there was improvement in their quality of life.

Of the patients seen by the SCS, 21 (28%) died during the 12-month period. The mean survival for these patients from referral to the service was 2.7 months. Of those patients, 10 (48%) died in a palliative care unit (PCU); 8 (38%) died at home; and only three (14%) died in an acute hospital setting.

Discussion Our study describes a new model of care for palliative care service provision targeted at patients with chronic, non-malignant illnesses who have an estimated prognosis of 12–24 months. The results so far demonstrate that early intervention by a multidisciplinary palliative care team leads to high rates of advanced care planning discussion and documentation, positive impact on patients' symptom burden and quality of life and reduces likelihood of death in an acute hospital setting.

Overview This abstract provides an overview of the experience and challenges encountered in sharing palliative nursing knowledge in East Asia. As palliative care gains recognition globally, an increasing number of healthcare workers value the importance of implementing palliative care in their practices to improve the quality of life for people with advanced illnesses in East Asia.

Background With the increasing need for palliative care in China, Yunnan Province saw the need to raise the standards of palliative care delivery in their practices. Therefore, a professional training program supported by Kunming Health and Family Planning Commission and medical institutions in China and Singapore was commenced. The participants selected were doctors, nurses, and medical social workers from palliative, oncological, and geriatric departments in Yunnan and other provinces.

Purpose The training was targeted at building the capability of healthcare professionals to provide end-of-life care services in Yunnan, which then improves the quality of care for terminally ill patients in this province.

Methods A 3-year project, 'Enhancing Palliative Care in Yunnan, China', was initiated by Singapore International Foundation (SIF), First People's Hospital of Yunnan New Kunhua Hospital (New Kunhua), and Yunnan Health and Development Research Association (YHDRA) in January 2019, and extended to 4 years due to COVID-19. There was a total of 60 regular trainees in this project.

The training sessions were held in person in Yunnan in 2019 and subsequently, virtually due to COVID-19 in 2020 and 2021, concluding with a virtual Objective Structured Clinical Examination (OSCE) conducted in 2022 as a summative assessment of the participants. The training took the form of lectures, case studies, skill practices, group discussions, and role-playing. Pre-reading materials were provided before the training days. Two virtual training sessions were conducted over 2 half days.

Challenges The project faced several obstacles, including language barriers, limited prior exposure to palliative care concepts among participants, and logistical constraints, especially during COVID-19. These issues required adaptive teaching strategies and additional resources to ensure effective learning to take place among participants.

Results This project successfully promoted professional and technical exchange between Singapore and China in the field of palliative care and improved the service skills and quality of palliative care in Yunnan. The trainees found the training methods were flexible and diverse. The report indicated the highest score for 'Training skills and methods of teachers'. As a result, the trainees also made use of lectures, case studies, and group discussions to enhance palliative care knowledge at their institutions.

Conclusions The 'Enhancing Palliative Care in Yunnan, China' project was completed successfully despite COVID-19 because of all the collaborative efforts and contributions among different organizations. The project has achieved its goals of promoting palliative care in Yunnan, and raising the capacity of the healthcare professionals to care for people with advanced illnesses.

Appropriate and relevant teaching strategies play important roles in disseminating knowledge among participants so that they are equipped and empowered with confidence to implement palliative care principles in the workplace.