

between November 2022 and July 2023 were approached to participate in semi-structured, face-to-face interviews. A reflexive thematic analysis approach guided the data analysis.

**Results** Fifteen clinicians participated in the study. Four themes were derived from the qualitative data set – the evolution of the role of gynaecological-oncologist in advanced cancer from a more ‘holistic’ care provider to being ‘the surgical person or assessment decision maker’; the challenges of symptom management; the importance and challenges of difficult communication tasks, and how different models of care influenced the involvement of palliative care services.

**Conclusion** Both gynaecological-oncology specialists and fellows described a role for palliative care involvement in symptom management. They highlighted personal and institutional preferences for the management of all patients approaching end of life to be undertaken by specialist palliative care teams. Participants discussed the many communication tasks they undertook and how specific training could improve their skill-set in this area. Palliative care integration with gynaecological-oncology care is service dependent, which has implications for future service planning.

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#### PATIENT AND CAREGIVER PERSPECTIVES OF AN INTEGRATED SCLERODERMA AND PALLIATIVE CARE SERVICE: A QUALITATIVE STUDY

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**Background** St Vincent's Hospital Melbourne cares for the largest cohort of patients with scleroderma (also referred to as systemic sclerosis) in Australia, and physicians recognised potential unmet supportive and palliative care needs of patients and their caregivers. In response, a pilot integrated palliative care outpatient clinic (the Scleroderma Supportive Care Service (SSCS)) was commenced, collocated within the usual rheumatologist-run Scleroderma Clinic.

**Aim** This qualitative study explored patient and caregiver satisfaction of the SSCS. It aimed to identify what interventions were perceived as helpful and if further modification of the pilot clinic was needed.

**Methodology** Patients and their caregivers who attended at least one SSCS appointment were contacted post attendance and invited to participate in a semi-structured interview conducted via telephone. Interviews were audio recorded, transcribed and analysed. A reflexive thematic analysis approach guided the data analysis.

**Results** Twelve interviews were completed.

Five major themes described the data set:

1. **Communication Style.** Patients reported the palliative care physician was supportive, encouraging and empathetic. Difficult conversations were approached gently and respectfully and if requested, discontinued. The time and opportunity to explain their unique experiences and those of the caregiver was highly valued.
2. **Coping with scleroderma.** Many patients spoke of their resilience in the face of chronic disease and future uncertainty. Loss of function, loss of social agency and increasing dependency were spoken about with mixed feelings: patients described appreciation of the caregiver, finding joy in each day, and acceptance of a new normal.

Denial, sadness and grief associated with living with scleroderma were frequently expressed.

3. **Caregiving Role.** Caregivers reflected on their responsibility to provide practical care, medication and symptom management, and coordination of care. They described their desire to be involved in clinical discussions and highlighted the impact of the unpredictability of this chronic disease.
4. **Role of the SSCS.** Some patients and caregivers were confronted by the ‘palliative care’ label, yet this was balanced by the value gained from symptom management, disease explanation and future care discussions. Patients valued coordinated and specialist care from the inter-disciplinary clinic team who they voiced understood the complexity of their rare condition.
5. **Serious Illness Conversations.** There were diverging views regarding acceptance of discussions relating to the seriousness of the disease, prognosis, advance care planning and future care supports. Patients and caregivers varied from pragmatic acceptance, and being well prepared, to fearful denial of any future care discussion and a strong preference to avoid any discussion about any future, increased care needs.

**Discussion** This integrated inter-disciplinary palliative care clinic was found to be both acceptable and valued by patients and caregivers. Those interviewed emphasized they appreciated time to describe their experience, discuss their disease and explore symptom management. Future palliative care engagement should be sensitive to the diversity of responses to serious illness conversations, and further explore patient and caregiver perceptions of palliative care.

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#### CHALLENGES OF ACUTE TRANSITIONS FROM HOSPITAL TO HOME FOR END-OF-LIFE CARE (EOLC): LESSONS LEARNT FROM A COLLABORATIVE SPECIALIST PALLIATIVE CARE AND HOSPITAL-IN-THE-HOME (HITH) SERVICE PILOT

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**Background** Although population surveys suggest that 60–70% of Australians would prefer to die at home, only 14% of them achieve this. This is comparatively low compared to other developed countries. Home-based palliative care programs increase the chance of patients dying at home through models of care providing multidisciplinary support for a complex range of care needs at the end of life.<sup>1</sup>

**Aim** To support more patients transitioning home for EOLC through the delivery of a specialist palliative care and HITH hybrid model.

**Methods** The collaborative program included a team of HITH doctors and nurses; palliative care physicians and clinical nurse consultants; and allied health practitioners including an occupational therapist, physiotherapist and social worker. Referral criteria encompass patients admitted to the inpatient palliative care ward at the Royal Melbourne Hospital who express a preference for home-based palliative care and have an