121 Effect of hope-based program on the hope of people with palliative needs: a RCT pilot study in Portugal
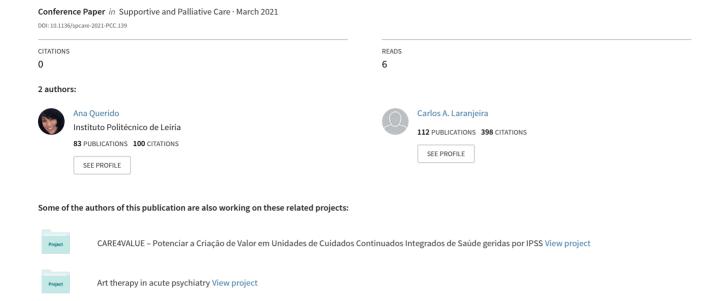
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119 **VTE PROPHYLAXIS FOR PATIENTS IN A SPECIALIST PALLIATIVE CARE CENTRE: A QUALITY IMPROVEMENT PROJECT**

Yuxuan Zhang. *Roxburghe House, NHS Grampian*

Introduction Venous Thromboembolism (VTE) is a source of significant preventable morbidity and mortality amongst hospital inpatients. NICE recommends considering VTE prophylaxis (VTEp) for patients receiving palliative care. This quality improvement project looked at the completion rate of VTEp assessment at Roxburghe House (RH), a Scottish Specialist Palliative Care Unit, where a VTEp pro forma was first introduced in 2018.

Aim To assess the completion rate of VTEp assessment and decision documentation amongst admissions to RH. To subsequently implement a modified VTEp assessment form to improve VTEp assessment and decision documentation according to NICE guidance.

Methods Admission documents for 36 consecutive patients to RH were reviewed from October to November 2020. Data including primary condition, admission medications, VTEp assessment, and VTEp decisions were recorded. A modified VTEp pro forma in an innovative flow chart format was introduced as the sole intervention. A further 27 consecutive patients' admission documents were subsequently reviewed.

Results 23/36(63.9%) of all admissions during the initial cycle had VTEp decision documented. 7/36(19.4%) were for VTEp and 13/36(36.1%) were not. Only 15/36(41.7%) had both VTEp assessment and decision documented. Amongst those with no VTEp prescribed nor decision documented, 9/36 (25%) may benefit from VTEp on review. The VTEp decision documentation rate increased to 23/27(85.2%) after the intervention. 14/27(51.9%) were for VTEp, 8/27(29.6%) were not. 23/27(85.2%) had both VTEp assessment and decision documented. Amongst those with no VTEp prescribed nor decision documented, 3/27(11.1%) may benefit from VTEp on review.

Conclusion Two years after the implementation of VTEp assessment pro forma in RH in 2018, the VTEp assessment completion rate has decreased to pre-2018 level. The redesigned VTEp form has led to an increase in VTEp assessment and decision documentation rate in RH. Further work is required to assess the review of VTEp decisions on an ongoing basis during admission.

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120 **ARTIFICIAL INTELLIGENCE IN PALLIATIVE CARE: A SYSTEMATIC REVIEW TO IDENTIFY HOW NOVEL DATA ANALYTIC TECHNOLOGIES ARE USED IN THE MANAGEMENT OF PEOPLE WITH SERIOUS ILLNESS**

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Background New technologies, such as artificial intelligence (AI), supported by novel ways of linking and analysing data, are transforming the way that healthcare data is analysed. AI is increasingly being used to support healthcare delivery, and examples of palliative care application are emerging. However, the current scope of (and potential) use of AI in palliative care delivery has not been fully explored. The aim of this project was to define the scope of use of AI methodologies in palliative care studies.

Methods A systematic review of literature was conducted in accordance with the PRISMA guidelines. Four electronic databases were searched, in addition to grey literature searches. AI was used as an umbrella term to include keyword searches for the following: machine learning, deep learning, neutral networks and natural language processing.

Results

Twenty-seven relevant articles were selected The majority of studies described people with cancer (n=10, 37%), from general palliative (n=8, 30%) and intensive care populations (n=4, 15%). Studies using natural language processing were most common (n=12, 44%), with others mainly utilising machine learning (n=10, 37%), deep learning (n=3, 11%) and neural network (n=2, 8%) methodologies. A variety of outcomes were covered, with most studies predicting survival (n=8, 30%), identifying goals of care (n=6, 22%), analysing serious illness conversations (n=2, 9%) and reporting if palliative care best practice recommendations had been followed in clinical care (n=2, 9%).

Conclusion Most palliative care AI studies report cancer, use natural language processing and machine learning methods, to predict survival and analyse goals of care. Future studies need to explore how different AI methods can support palliative care, whilst carefully assessing the risks and limitations, to ensure effective use in the management of serious illness.

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121 **EFFECT OF HOPE-BASED PROGRAM ON THE HOPE OF PEOPLE WITH PALLIATIVE NEEDS: A RCT PILOT STUDY IN PORTUGAL**

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Background Some studies have demonstrated the effectiveness of interventions in the levels of hope, however the relationship between these interventions and the results is still limited. The aim of the study was to evaluate the efficacy of a hope-based program in nursing on Portuguese adult outpatients with advanced and progressive chronic illness.

Methods A single-blind RCT was conducted to test the hypothesis that outpatients in the intervention group, who participated in the Hope Promotion Program (HPP), have higher levels of hope than those who did not participate in the program. Participants were recruited from Day Hospitals of two medical institutions. Following the individuals' agreement to participate, they were thoroughly screened for eligibility by the main researcher. Inclusion criteria: (1) adults diagnosed with advanced and progressive chronic disease; (2) accompanied by a health care team; and (3) ability to speak and comprehend Portuguese. Hope is measured by the Portuguese version of Herth Hope Index for chronic conditions. The time frames for assessment were at baseline

(T1), follow-up (T2 15 days after) and post-test (T3 30 days after).

Results A total of 56 patients were enrolled in the study. They were randomized assigned to either the intervention group [IG] (n=28) or to control group [CG] (n=28). Over time the hope indexes in the IG compared to the CG, suggest a positive effect of HPP in the increase of hope over time. The most expressive effect was observed in the total hope level and in the gains in positive interior disposition and expectations, with significant differences in each of the data collection points in time.

Conclusions Further research should create training programs for nurses and nursing students within the scope of the promotion of hope, in order to promote the development of personal and professional skills.

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122   WHAT ARE THE PALLIATIVE CARE NEEDS OF PATIENTS UNDERGOING CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL THERAPY FOR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA/PRIMARY MEDIASTINAL B-CELL LYMPHOMA AT A REGIONAL CENTRE?

Charlotte Stenson, Jennifer Vidrine, Felicity Dewhurst. *Newcastle-Upon-Tyne Hospitals NHS Foundation Trust*

Background Evidence suggests palliative care is often initiated late in patients with haematological malignancy; this is complicated by the challenging dichotomy of advanced disease and treatment with curative intent. Chimeric antigen receptor (CAR) T-cell therapy has recently been approved by NICE in some UK centres for diffuse large B-cell lymphoma (DLBCL) and primary mediastinal B-cell lymphoma (PMBCL) after failure of two lines of treatment. Outcomes of this group are poor and treatment may be the last hope for remission or cure. CAR T-cells are associated with unique toxicities, sometimes requiring aggressive supportive care. Little is known about the palliative care needs of these patients.

Methods Detailed quantitative and qualitative retrospective case note analysis of all patients receiving CAR T-cell infusion between January 2019 and June 2020 at the Northern Centre for Cancer Care, Newcastle-Upon-Tyne.

Results 33 patients received CAR T-cell therapy. Overall, symptom burden was significant. Four core symptoms were assessed: nausea/vomiting, pain, dyspnoea, and anxiety/psychological distress. All patients experienced at least one symptom, and 82% of patients experienced two or more symptoms.

6 month mortality was high (51%). A third of patients were admitted to Intensive Care due to treatment toxicity and this group had a higher mortality (64%). 8 patients were referred to the palliative care service during admission. Of the 8 patients seen by palliative care, 7 had evidence of advance care planning (ACP). There was no evidence of ACP for the patients who died without palliative care input.

Conclusions Patients undergoing CAR T-cell therapy for DLBCL/PMBCL have evidence of unmet palliative care needs with significant symptom burden and high mortality. The added challenge of many patients travelling from outside the region for treatment may be a barrier to initiation of ACP. More work is needed on the impact of integrated, upstream palliative care in this group.

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123   IMPROVING QUALITY OF LIFE IN MALIGNANT ASCITES WITH INDWELLING PERITONEAL DRAINS

Joanna Coleman, Leonie Armstrong, Jennifer Grieve, Jeanette Doran, Katie Frew, Sarah Robinson, Robert Johnston, Karl Jackson, Avinash Aujayeb. *Northumbria HealtCare NHS Foundation Trust*

Introduction Traditional management of malignancy related ascites (MRA) is via large volume paracentesis (LVP). NICE recommends indwelling peritoneal catheters, (IPCs) which are cost effective and patient centred. A service and practice guidelines were set up. Ongoing reviews assess safety and efficacy and inform future pathways.

Methods A single centre retrospective analysis of patients requiring IPCs between October 2018 and August 2020 was performed. Demographics and outcomes were collected. Descriptive statistical methodology was applied. IPCs are placed in theatre or dedicated clean spaces, with pre-operative antibiotics.

Results 27 patients (14 male, 13 female) underwent 28 IPC placements. [1 patient had 2 IPCs (this will not be discussed as case is published)]. Diagnoses were gastrointestinal (13), breast (2), ovarian (5), prostate (1), thymic (1), unknown primary (4) cancers and 1 mesothelioma. 3 had no preceding LVP; 24 had a mean of 2.2 LVPs before. 6 developed post-operative leaks. 2 patients developed cellulitis. Bacterial colonisation occurred in 1 patient. 4 IPCs were removed: 2 as ascites resolved, 1 for tumour infiltration, 1 for non-resolving site cellulitis. 24 patients have died: mean number of days to death: 56.4 (range 6–262). Integrated Palliative Care Outcome Scale scores collected in 20 patients consistently show sustained reduction in pain, dyspnoea, nausea, vomiting, drowsiness, distension and improvements in body image and appetite.

Conclusions IPCs are safe and efficient. More formal evidence is required on some aspects. A grant application has been submitted to the Royal College of Physicians for the Dorothy Whitney-Wood scholarship to perform a systematic review of the literature, a survey through the APM and an open labelled prospective study to determine if patients with MRA should have an IPC at first presentation and correlate with quality of life outcomes. We also propose sequential analysis of peritoneal fluid to assess bacterial colonisation and effect on outcomes.

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124   ULTRASOUND USE IN THE COMMUNITY SETTING

Leena Patel, Lara Wood, Kirsty Cowper, Isobel Morton. *St Joseph's Hospice*

Background Ultrasound is an increasingly important diagnostic and therapeutic tool in palliative care. Ultrasound use within the community, prevents hospital admissions and supports preferred places of care. Few studies describe the indications, outcomes and complications of ultrasound use in a community setting.

Aim Review and evaluate the use of Focused Abdominal Ultrasound (FASP) at St Joseph's Hospice, over six years.

Methods A retrospective review of data from ultrasound logbooks and computerised clinical records between May 2012 - April 2020.