



Oral Presentation: Awardees

OP-212_182

Medical Information Disclosure and Advance Care Planning Among Cancer Survivors: an Online Survey among Indonesian Cancer Support Groups

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Introduction: Medical information provision and advance care planning are both culturally sensitive.

Aim: This study explores Indonesian cancer survivors' experiences with and preferences on medical information disclosure and advance care planning.

Methods: An online survey was distributed to nine Indonesian cancer survivor support groups from July to September 2021.

Results: We received 1,030 valid responses. The majority of the participants were under 60 years old (92%), female (91%), married (78%), Muslim (75%), diagnosed with breast cancer (68%), and had completed higher education (64%). If diagnosed with life-limiting illness, participants preferred to be informed about their: diagnosis (74%), disease severity (61%), estimated curability (81%), expected disease trajectory (66%), and estimated life expectancy (37%). About 46-69% of the participants were willing to discuss different topics of advance care planning (i.e. end-of-life treatments, resuscitation, healthcare proxy, and what matters at the end of life), while 21-42% had discussed them. Among participants who wished to discuss advance care planning topics, 36-79% preferred to discuss them with their families without the presence of healthcare professionals. The main reasons for not being willing to engage in advance care planning were the wish to surrender to God's will and to focus on the here-and-now.

Conclusions: Participants' preferences for medical information and involvement in advance care planning broadly varied. Those who were

willing to engage in advance care planning rarely had done so. Culturally sensitive advance care planning involves healthcare professionals eliciting individuals' preferences for medical information and engagement in discussing different topics of advance care planning conversations.

OP-230_201

Successful Establishment of a Neonatal Palliative Care (PC) Program: Experience of a Quaternary Neonatal Intensive Care Unit (NICU) in India

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Introduction: Neonatal PC is an interdisciplinary framework focusing on physical, emotional and spiritual distress of patients, family and staff. We describe our journey of implementation of a PC policy in a quaternary NICU.

Aim: To describe the demographic profile of neonates who received PC and its impact on end of life care.

Methods: In our hospital, a PC policy was introduced in 2019 and Do Not Attempt Resuscitation (DNAR) orders in March 2020. DNAR, Do Not Escalate (DNE) and Home Palliation were the different forms of palliation offered. Retrospective audit of medical records from July 2019- June 2022 was done focussing on demographics, diagnoses, intensive care and comfort measures.

Results: 128/ 2231 (5.7%) neonates received PC. 82/128 (64%) were preterm (<37 weeks) and 79/ 128 (61.7%) were < 2500 gm. Male: Female ratio was 1.56: 1. 42/ 128 (32.8%) conditions were of neurologic etiology. DNAR orders were given in 61 (47.6%) babies, refused in 44 (34.3%). 7 (5.4%) families signed DNE orders. 12 (9.3%) babies were sent home for comfort care at end-of-life. A significant difference in the use of invasive ventilation (77.3% versus 33.5%, p<0.0001) and inotrope use (59.3% versus 44.5%, p=0.017) was noted before and after PC decision was taken. A trend towards earlier PC consult, quicker decision-making, increased use of opioids and comfort feeds was noted over the study period.

Conclusions: An established PC Program benefitted neonates with various life-limiting etiologies and reduced painful interventions at end of life.

OP-232_205**Patient needs and priorities guiding palliative care delivery: a quality improvement project**

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Introduction: Assessment and prioritization of needs of cancer patients seen in palliative care (PC) outpatient clinic through their disease trajectory is crucial to guide care. This can be compromised in busy outpatient settings due to various reasons.

Aim: To improve assessment and documentation of patients' needs and priorities at every visit to PC outpatient clinic from a baseline of 25% to 75% between August to December 2022.

Methods: The quality improvement project (QIP) used the A3 methodology. Fish-bone analysis and pareto charts were used to identify root causes and develop key drivers and interventions. The PC team was involved in the process. The interventions included; use of template for documentation, use of brochure and explanation to patient and caregivers on role of PC team, communication skill training to PC team, use of repository with terms of common PC needs in different languages for patients to chose from and weekly review meetings. Reliability and sustainability of interventions were ensured with delegation of ownership to team members.

Results: Assessment and documentation of patients' needs and priorities increased from baseline 25% to 75% by tenth week of the project. The maximum documentation achieved was 91%. The extra time taken to specifically assess document key needs and priorities was 4 minutes.

Conclusion: This QIP has improved assessment and documentation of patient's needs and priorities at every visit enabling provision of personalised care as directed by the patient. In-depth exploration of patient needs and priorities is feasible in a busy PC outpatient clinic.