ABSTRACT P01 – P09

CODE	TITLE
PO1	Improving the Patient-Centred Approach to palliative care through strengthening Multidisciplinary Approach, Primary Care Utilization and Mobilization of Linkages in a Tertiary Hospital
PO2	Characteristics of Unplanned Readmission to an Inpatient Palliative Unit (IPU) service in Brunei Darussalam
PO3	Doctor, I Cannot Lie.
PO4	Withdrawn
PO5	Enhancing Conversations Through Communication Skill Workshop: Pre- and Post-workshop Surveys
PO6	Early Impact of Palliative Care on Patients Referred for Palliative Care Review in a tertiary Hospital in Malaysia
PO7	Rapid hospital discharge for dying patients: A need for greater focus on early palliative care referral and community palliative care
PO8	Home as preferred place of death in patients with advanced illnesses
PO9	Pain Free Audit Among Oncology and Palliative Care Staff in Tertiary Hospital

MHCC Poster Number: P01

Improving the Patient-Centred Approach to palliative care through strengthening Multidisciplinary Approach, Primary Care Utilization and Mobilization of Linkages in a Tertiary Hospital

Madonna R. Bacorro, MD [1], M.T.G. Bautista, M.D., [2] M. Mejia, M.D., [3] J. Diaz, M.D., [4] W. Bacorro, M.D., [5] M.C.A. Maranion, M.D., [6] M. M. Valencia, M.D., [7] A. Fernando, M.D., [8] M.P.R. Pasicolan, MD [9]

[1, 2, 8]Dept. of Family and Community Medicine, University of Sto. Tomas Hospital, Metro Manila City, Philippines
[2, 4,] Dept. of Radiation Oncology, University of Sto. Tomas Hospital, Metro Manila City, Philippines
[3]Dept. of Neurology and Psychiatry, University of Sto. Tomas Hospital, Metro Manila City, Philippines
[5]Dept. of Internal Medicine , University of Sto. Tomas Hospital, Metro Manila City, Philippines
[6]Dept. of Pediatrics , University of Sto. Tomas Hospital, Metro Manila City, Philippines
[7] Dept. of Otolaryngology- Head and Neck Surgery , University of Sto. Tomas Hospital, Metro Manila City, Philippines

Corresponding Author's e-mail: drmadonnabacorro@gmail.com

Background: Timely and relevant to the present trend in globalization, the national implementation of RA 11223 (Universal Healthcare Law) integrates the primary care level into the UHC mandate and therefore brings even the integration of palliative care to the forefront of the Family Medicine specialty. A quality improvement on the palliative framework in University of Sto. Tomas Hospital involving 3 domains of palliative care service provisions has reformulated and recontextualized into the following: 1)Primary Palliative Care (biopsychosocial provisions /interdisciplinary care); 2)Multidisciplinary team approach, conceptualized to address that part of physical pain and other distressing symptoms contributory to it; 3) Linkages facilitation as the accessory component. Routine procedural guidelines were satisfied before the approval of its pilot implementation. The target aim of 75% by the 3rd quarter has been reached, providing a positive trend in the projected outcome of an identified palliative "patient-centered-care " need in the institution.

Objectives:

To improve the the quality of life of palliative care patients through :

1) The reduction of unnecessary hospital stays by giving community-based options of care;
2) Empowerment of the principle of autonomy among palliative care patients in all life stages, through informed consent,
3) To facilitate transition care referrals from one institution to corresponding compassionate community concept of linkages necessitated by the conditions.

Methods:

DMAIC (Define/ Measure/ Analyze/ Improve/Control) for long term goals/stability); FMEA (failure mode and effect analysis)–continuously identifying areas that needs to be modified and improved , KAIZEN methodology, for immediate action, Integrated with PDSA Cycle (Plan/Do/Study/Act) , then eventually identifying and reducing waste processes in order to finally, streamline process flows.

Results:
Implementation of the USTH Palliative Referral framework proposal for the pilot of 20 patients established the incorporation of the primary palliative care in the tumor board meetings and MDM. Remarkable include synergism with collaborative MDT approach ; extension of QOL services through realistic telecommunication services at the community level; continuous structured communication of teams; periodic evaluation and monitoring of innovative routines and programs interdisciplinary team activation. and vigilance in endorsement process.

Conclusion:
Proactive planning approaches such as individualized algorithms and referral flows are integral to the materialization of target deliverables. Its alignment with institutional vision, mission and goals actually facilitate the aim which is improvement of holistic quality of life among patient, their family and carers towards its feasibility. Activation of linkages accentuates the provision through the compassionate communities.

Key words:
Primary Palliative Care, Multidisciplinary Approach, Quality of Life

MHCC Poster Number: P02

Characteristics of Unplanned Readmission to an Inpatient Palliative Unit (IPU) service in Brunei Darussalam

Muhammad Yusuf Shaharudin MBBChMRCP [1]
Dept. of Medicine, RIPAS Hospital, Bandar Sri Begawan, Brunei Darussalam

Corresponding Author'se-mail:usopan@gmail.com

Background:
One of Palliative goals is reducing unnecessary hospital visits and admission. To achieve this goal, community/home-based support services need to be developed and empowered. Examples of home-based support services including phone call/telemedicine follow ups and home visits, to name a few. Palliative Medicine is a relatively new subspecialty in Brunei. Information on patients' care needs and co-morbidities are important for service planning.

Objectives:
1. To assess the incidence of 30-day readmission
2. To explore the reasons for readmission and possible preventability
3. To identify points of improvement

Methodology:
A retrospective electronic records of Inpatient Palliative Unit (IPU) RIPAS Hospital patients during a period of three months 1/8/2019 – 31/10/2019.
Exclusion criteria:
- Patients who were readmitted beyond 30 days
- Patients who do not have life-limiting illnesses

Preventable admission is defined as illnesses that can be managed at home or advised via telemedicine eg: care issues, medications related confusion
Unpreventable admissions are illnesses that needed inpatient management eg sepsis, electrolyte imbalances, seizure

Results: Total of 51 patients included in this study. 72.5% are patients with advance malignancy followed by patient suffers with debilitating stroke and neurological condition at 15.6%. Other end-organ failures makeup the rest of patients.
19 out of 51 (33%) patients readmitted to our IPU within 30 days of discharge. Average days to readmission is 9.89 days (Range 1-24 days). Average length of stay (ALOS) of those readmitted patients is 14.26 days compared to 16.0 days for those not readmitted during the initial admission.
Most common cause of readmission is infection/sepsis at 42 % (21% due to nosocomial infection and 21% due to hospital acquired pneumonia). This is followed by disease progression at 31.5%, 10.5% of terminal illness and 1 case each for malignant bowel obstruction, status epilepticus and gastrointestinal bleed

Conclusion:
The majority of unplanned readmission (58%) is potentially reversible with sepsis (42%) accounted for majority of cases. However, there are group of patients with terminal illness and disease progression may potentially be managed at home if community and home-based palliative services can be delivered effectively. Pre-discharge assessment and early post-discharge review should be done more comprehensively to reduce down further the readmission rate. It is important to strengthen our home-based community services with adequate training and man-power so that palliative patients able to achieve optimum care for their end-of life journey at home.

Keywords: MeSH: Readmission, Community, Palliative

MHCC Poster Number: P03

Doctor, I Cannot Lie.

Wei Ming Tan[1], *Navin Francis Susinadan*[2]
[1]Dept. of Internal Medicine, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Nilai, Malaysia
[2]Dept. of Palliative Medicine and Supportive Care, National cancer Institute, Putrajaya, Malaysia

Corresponding Author's e-mail: drtanweiming@usim.edu.my

Introduction:
Malignant spinal cord compression (MSCC) is the compression of spinal cord caused by either the vertebral body collapse or the direct tumour invasion into the vertebral column, causing cord oedema.

Case presentation:
We report a case of diagnostic and therapeutic challenges in a 57-year-old lady with right breast invasive lobular carcinoma, who underwent right mastectomy and axillary clearance, followed by adjuvant chemoradiotherapy. Despite being on hormonal and targeted therapies, extensive bone metastasis was found, affecting the cervical vertebra. She currently presented with worsening severe neuropathic pain for the past 2 weeks, mainly at the nape, radiating to both shoulders and upper limbs with the worst pain score of 8/10. She was unable to lie flat for computed tomography simulation, albeit on intravenous dexamethasone, regular subcutaneous oxycodone with breakthrough doses, oral amitriptyline, and oral gabapentin for the suspicion of cervical cord compression. Acute Pain Service team was referred. After the addition of patient-controlled intravenous analgesia (PCIA) of fentanyl to the regular oxycodone, she was able to lie flat with the average pain score of 2/10. PCIA was converted to equivalent dose of continuous subcutaneous infusion of fentanyl during palliative radiotherapy. She was pleased with the pain control and was discharged with transdermal fentanyl patch later.

Discussion:
The inability to lie flat due to pain poses a great challenge for diagnostic imaging and subsequent palliative radiotherapy. However, prompt diagnosis and definitive treatment of MSCC are pivotal as they improve pain and avert irreversible functional loss. In this case, the application of PCIA effectively provides pain relief by delivering opioid at the patient's preferred dose and schedule while overcoming the common delay in administering breakthrough opioid subcutaneously whenever necessary. It also allows the calculation of daily requirement dose of opioid for satisfactory analgesia. Nonetheless, it is predominantly the modality of opioid delivery that has facilitated the pain control rather than the choice of opioid as fentanyl demonstrates very low-level quality evidence of benefit in pure neuropathic pain. Hence, the individualisation of analgesic option and delivery modality in each patient is vital.

Conclusion:
The multidisciplinary collaboration of the anaesthesiology, oncology and palliative medicine departments streamlines care and promotes achievement of treatment goals. This has been made possible with the high degree of suspicion for MSCC from the oncology team, coupled with the expertise of managing acute pain from the anaesthesiology colleagues and the proficiency in chronic pain optimisation from the palliative care clinicians.

Key words: Spinal cord compression

(400 words)

MHCC Poster Number: P05

Enhancing Conversations Through Communication Skill Workshop: Pre- and Post- workshop Surveys

***Yoke Yeng Leong*[1], *Zi Jian Chiew*[1], *Yoke Ling Choo*[1]**
[1]Radiotherapy, Oncology and Palliative Care Department, Sarawak General Hospital

leong@moh.gov.my

Background:
Patients with cancer express communication needs that remain unfulfilled, particularly regarding information on disease progression, prognosis, available treatments and potential side effects. Effective communication mitigates dissatisfaction and anxiety levels among patients and families. The Palliative Care Unit of Sarawak General Hospital (SGH) organised a half day communication skill workshop to empower healthcare professionals in delivering effective communication.

Objectives:
Pre- and post-workshop surveys were sent to participants, aimed at evaluating their confidence in managing common communication scenarios.

Methodology:
A pre- and post-workshops online questionnaire were sent to a total of 16 participants. Participants would voluntarily rate their confidence level when faced with communication scenarios on a numerical scale between 0 - no confidence to 10 - very confident. They rated 3 common scenarios: delivering bad news, communicating prognosis and discussing end-of-life to patient and family.

Results:
The workshop had 16 slots with 16 participants responding to the pre-workshop survey and 15 in the post workshop survey.

1. Rate your confidence level in “Delivering bad news to patient and family”
The participants reported an increase in confidence level in delivering bad news with an average score of 5.75 to 7.33. in pre and post workshop respectively.

2. Rate your confidence in “Communicating prognosis of disease to patient and family”
The participants showed improved confidence levels in communicating disease prognosis, with the average score rising from 5.19 to 7.33 post-workshop.

3. Rate your confidence in "Discussion about end-of-life to patient and family”
Participants' confidence increased from an average of 5.19 to 7.33 after attending the workshop.

Feedback received from participants are:
- Real life coaching from role play is very helpful
- Valuable and informative feedback from facilitators
- All participants find the workshop highly relevant and intend to apply learned communication skills daily

Suggestions by participants to improve our workshop:

- To organise more communication skills workshops in future
- More role play scenarios and allocate more time for each scenario
- To have another session for participants' experience sharing opportunities

Conclusion:

The workshop empowers participants to enhance their self-perceived confidence levels in communicating various clinical scenarios. To further evaluate the long-term impact, conducting a follow-up assessment and survey questionnaire six months after the workshop, from both patients and their families, would provide additional insights into the effectiveness of the communication skills workshop.

Key words:

Communication needs unmet, Effective communication, Communication skill workshop

(393 words)

MHCC Poster Number: P06

Early Impact of Palliative Care on Patients Referred for Palliative Care Review in a tertiary Hospital in Malaysia

Paul Andrew Ong Chong Yew[1], Look Mei Ling[2], Tan Peh Yi[3]
Department of Internal Medicine, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

paulandrew90@yahoo.com.my

Background:
Palliative care is an approach that aims to improve the quality of life of both patients and their families, when face life-limiting illnesses. The aim is to relieve suffering, in all aspect of care including alleviating physical, psychosocial and spiritual distress.

Objective:
The aim of this study is to evaluate the impact of palliative care on patient symptoms, by looking at the difference in Edmonton Symptom Assessment Scale (ESAS) scores pre and post palliative care involvement.

Commented [ML1]: Am thinking we leave out this part first as the analysis did not include the spiritual screening results, can always add into the poster later on.. but if mentioned now then we cant exclude it later

Methodology:
Retrospective data of ESAS scores of adult patients referred to the palliative care service in Hospital Sultanah Aminah were collected. Only patients with both day one and day three ESAS scores and spiritual distress screening were included in this study.

Results:
Among the preliminary 22 patients included in the study, the mean age was 59 years old. 81% of the patients had an oncological diagnosis, while the other 19% had either advanced heart or kidney failure. Paired T test was used to analyse the difference in ESAS scores on both day one and day three of palliative care encounter. Results showed significant improvement in the shortness of breath component between Day 1 (M=3.14, SD=3.681) and Day 3 (M=0.95, SD=1.889), with p value of 0.008 and 95% confidence interval (0.636, 3.728). The well-being component also showed significant improvement comparing Day 1 (M=5.32, SD=2.885) and Day 3 (M=3.27, SD=1.956), with p value of 0.014 and 95% confidence interval (0.465, 3.636). The other components demonstrated a trend of improvement though not statistically significant; tiredness Day1 (M=3.41, SD=3.319) to Day 3 (M=2.86, SD=3.044), drowsiness Day 1 (M=3.23, SD=3.531) to Day 3 (M=2.14, SD 2.606), Nausea Day 1 (M=0.82, SD=1.918) to Day 3 (M=0.55, SD=1.438), Lack of appetite Day 1 (M=3.86, SD=3.603) to Day 3 (M=2.09, SD=2.635), Depression Day 1 (M=2.73, SD=3.575) to Day 3 (M=2.23, SD=2.724), Anxiety Day 1 (M=3.41, SD=4.113) to Day 3 (M=2.41, SD=3.142).

Commented [ML2]: Need to include either the p-value or confidence interval to show that difference is significant for Sob and well being

Conclusion:
Palliative care provision is effective in improving immediate symptom burden in patients with serious illnesses identified to have palliative needs and referred to the palliative care service. Studies of longer duration will be useful to evaluate the long term outcome and sustainability of improvement following palliative care involvement.

Keywords: Palliative care, symptoms, early impact

MHCC Poster Number: P07

Rapid hospital discharge for dying patients: A need for greater focus on early palliative care referral and community palliative care

Julia Ho Fee Voon[1], Nur Syuhadah Monica Meseng[1], Viknaswary Kaneisan[1], R Suntara Valli Raman[1], Nur Syafiqah Marzuki[1], Logkeswary Mallnaidu[1], Albert Lum Yin Khek[1], Caryn Khoo Shiao-Yen[1], Grace Low Sook Hoon[1], Shanice Gan Wei Cheen[1], Hayati Yaakup[1]
[1]Supportive & Palliative Care Service, Sunway Medical Centre, Subang Jaya, Malaysia

Email:juleswen@gmail.com

Background:
Fulfilment of patients' preferred place of death is a component of a good death. A successful rapid discharge for dying patients requires not only a multi-disciplinary team approach but also efficient execution of various discharge processes.

Objectives:
To identify factors that may contribute to a delay in rapid discharge, so as to implement effective changes to improve current practice and patient outcome.

Methodology:
A retrospective review of the rapid discharges from February 2023 to January 2024 was conducted as part of service evaluation of the palliative care service at a quaternary private hospital in Malaysia. Data on patient demographics, diagnosis and discharge processes were collected and analysed using descriptive statistics.

Results:
Overall, 67 of 69(97.1%) patients completed rapid discharge; two patients passed away before finalisation of discharge plan. Of these 67 patients, 100% of them were discharged within 24 hours, 15(22.4%) were discharged to destinations outside of Selangor and Kuala Lumpur, and 36 of 67(53.7%) were discharged to community hospice follow-up. The median age was 62(Interquartile range (IQR):19) years, 36 of 69(52.2%) were women and 54 of 69(78.3%) had solid tumour malignancy. The median interval between referral to palliative care and death was 12(IQR: 46) days; 28 of 69(40.6%) patients were referred within 1 week of the patient's death, and 4 of 69(5.8%) patients died on the same day of the referral. The median interval between discharge and death was 2 (IQR: 5.5) days. The median time interval between finalization of discharge plan to completion of discharge was 248(IQR:225) minutes (4.1 hours), and time delay between planned and actual discharge was 20(IQR:45) minutes. Factors contributing to delay include long preparation time for discharge medications and delay in ambulance transport and billing processes.

Conclusion:
Although all of the planned rapid discharges were completed within 24 hours, the short interval between referral to palliative care and death would have likely resulted in inadequate time for comprehensive preparation for end-of-life care at home, which may lead to poorer quality of care and support for the patient and family caregivers. Furthermore, a large proportion of patients were not supported by community palliative care services. Further research on barriers to early palliative care referrals, gaps in access to community palliative care services, and the experiences of the carers and bereaved may help to identify areas for improvement to achieve better quality of care and outcomes.

Key words:
Hospital discharge, dying patient, palliative

(391 words)

MHCC Poster Number : P08

Home as preferred place of death in patients with advanced illnesses

Leong Poh Mun [1], Oo Loo Chan[2]
[1] Charis Hospice 26&28 Lintang Paya Terubong 3, Bandar Baru Air Itam,11060, Pulau Pinang , Malaysia

Corresponding Author's email: leongpohmun@gmail.com

Background
Dying and death at a preferred place is mentioned as an important consideration for a good death, but there is discordance between preference and actual place of death. Advance care planning is important for all persons, particularly patients with chronic illnesses, to ensure the care they receive is aligned with their values, priorities, and preferences.

Objectives:
This paper aims to study patients' preference for home as the place of death and whether their preference was fulfilled.

Methodology
This is a quantitative study conducted through the analysis of Charis Hospice data of patients who passed away at home in 2020 and 2021. The preference for place of death was explored with the patient, or the family if the patient was not able to make a preference. The hospice team provided support to facilitate home death.

Results
Data was collected on 362 patients. 252 patients preferred home death. Out of this, 210 patients (83.3%) had their preference to die at home fulfilled. 42 patients (16.7 %) did not have their preference fulfilled. We identified four main reasons: family overrode the patient's preference (34%), patient changed preference (26%), no available caregiver support (9.5%) and excessive emotional distress of family in seeing the loved one dying (9.5%)

Conclusion
Helping people to die at their preferred place is a part of end-of-life care. Preferences for place of death can change depending on the support available from the family and hospice team. Achieving a home death need not be a key determinant of a good death.

Key words
home death, advanced illnesses, patient's preference

MHCC Poster Number: P09

Pain Free Audit Among Oncology and Palliative Care Staff in Tertiary Hospital

Salleh A, Choo YL
Department of Palliative, Oncology and Radiotherapy, Sarawak General Hospital, Kuching, Sarawak

Email : ninizawani@gmail.com

Introduction

Effective pain management represent fundamental aspects of comprehensive cancer care that not only aim to alleviate pain and suffering but also mitigates the societal burdens stemming from disability, loss of person-hood and healthcare cost. Understanding the basic principles of pain and tailored interventions, healthcare providers can improve cancer patient’s quality of life, treatment tolerance as well as their psychological well-being in a holistic manner. However it is still underecognized and inadequately addressed among healthcare workers. This study aims to assess the level of basic knowledge about pain among healthcare staff specializing in oncology and palliative care within Sarawak General Hospital.

Objectives

A survey study was conducted among 121 medical staffs, including doctors, nurses and *jururawat masyarakat (JM)*, working in the oncology and palliative care unit of Sarawak General Hospital. The study utilized questionnaires to investigate the relationship between years of experience and profession (less or more than 10 years of service) with respect to pain knowledge. A total of 10 questions constructed to assess subject understanding on pain.

Results

Among the 121 medical staff surveyed, the majority of those with more than 10 years of service exhibited a better understanding of pain management, with 100% of specialists, medical officers, and nursing sisters demonstrating adequate knowledge. However, there remains a poor level of pain knowledge among staff nurses with more than 10 years of service, with a failure rate of 20%, and among *JM*/community nurses with a failure rate of 30%. Furthermore, 55% of staff nurses with less than 10 years of service failed to demonstrate adequate pain knowledge.

Conclusion

The study reveals a generally poor level of basic knowledge on pain management, particularly among nurses. The findings indicating a lack of recognition among healthcare workers regarding the effectiveness of multidisciplinary approach in pain management highlight the need for targeted interventions to enhance understanding and promote collaborative care. Nevertheless, it’s important to acknowledge that this study’s limitations extend to the potential oversight of other influential factors affecting knowledge acquisition and retention, including formal education, training programs and opportunities for professional development.

MesH words

Healthcare pain knowledge, pain management, education and training