

4.13 An audit of access and barriers to palliative care services in deceased patients known to the interstitial lung disease service

E. Rigney*, S. Green* L. Fox, L. Chawke, S, L. Fox¹, S. Coyle², G. Murphy¹, Y. Flanagan², U. Molloy², C. McAleer², K Ryan², K.M.A O' Reilly¹

1. Department of respiratory medicine, MMUH, Eccles Street, Dublin 7.
2. St. Francis Hospice, Raheny, Dublin 11.

Background: Interstitial lung disease (ILD) is often progressive and associated with an increasing symptom burden and high mortality rates. Referral to community palliative care (CPC) often occurs late in the disease process.(1) This audit aims to understand if referral to CPC is equitable and identify barriers to referral.

Methods: A retrospective audit was performed on prospectively collected data on deceased patients known to the ILD service. Chart review was performed on electronic records of patients who passed away between 01/06/2021 and 01/06/2023. This audit assessed referral rates to CPC services & triggers for CPC referral.

Results: 51 patients (20 Female, 31 Male) with ILD passed away over the audit period. 61% (n=31) were referred to CPC. Location of death of patients with CPC referral – hospital (45%), home (41%), hospice (6 %). Referral's rose (71%) in year 2 from (52%) year 1. Referral rates varied with age with 70% of patients aged less than 70 referred compared to 47% of patients aged 71-80. Pulmonary function tests results didn't automatically trigger referral to CPC.

Conclusion: CPC referral's increased in this centre, possibly because of increased awareness from this audit. There are likely patients that are still not being referred appropriately.

Keywords: Interstitial lung disease, community palliative care

Disclosures: Authors have nothing to declare.

Conflict of Interest: The authors declare that they have no conflict of interest

*Authors contributed equally.