

reported outcomes are recorded in comparison to patients with other cancer types. Studies examining psychosocial functioning of those affected by sarcoma are needed to improve wellbeing.

**Aim** This study aims to explore the experiences of adolescents and young adults (AYA) with sarcoma.

**Methods** A total of 35 AYA diagnosed with soft-tissue and bone sarcoma (19 female) aged 13–39 years old (M=28.8; SD=6.7) participated in semi-structured telephone/face-to-face interviews (25 diagnosed within the previous 4 years; 4 had an amputation). Interviews were recorded and transcribed verbatim and analysed using Framework analysis.

**Results** The quality of life domains of physical, emotional and social wellbeing were the overarching themes of analysis. In addition to descriptions of the impact of sarcoma on these domains, results showed three influencing factors of AYA experience: healthcare professionals' role; social support and coping strategies. AYA described experiences of being reassured and receiving information at the right level from professionals. Healthcare professionals' expertise and accessibility was valued by AYA. Family, friends and interactions with peers with cancer were core elements of support. Adaptation after diagnosis, treatment and/or surgery was influenced by the way AYA dealt with stress and adversity, with some struggling with finding their 'new normal'. Rehabilitation and therapy/counselling services had a considerable role in AYA's physical and emotional wellbeing; however access to these services was not equitable.

**Conclusions** A sarcoma diagnosis disrupts normality and initiates a process of re-examining expectations for self, daily life, and future hopes and plans. This study shows the impact of sarcoma on AYA's wellbeing and identity development; protective/risk factors identified could guide future support interventions for AYA with sarcoma.

## P22 IMPROVING THE COMPREHENSIVE CARE OF PEOPLE WITH ADVANCED CHRONIC DISEASES IN ACUTE HOSPITALS

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**Background** One of the most relevant challenges of healthcare systems is to provide high quality and cost-effective responses in progressive advanced chronic conditions with limited life prognosis and palliative care needs (PACC). These populations represent 75% of the mortality in middle-high income countries, a prevalence of 1.5% of general population, and 35%–45% of hospital admissions. Over the last 10 years, a new perspective of palliative care has emerged, identifying needs earlier and addressing them across all stages of patient's pathway. Our study is informed by this perspective and based on the implementation of a screening instrument identifying needs of PACC 48 hours after their hospital admission.

### Objectives

1. Determine prevalence, clinical characteristics, and needs of PACC in acute care hospitals;

2. Identify barriers, difficulties, challenges and develop proposals to improve their attention;
3. Establish survival rates relating it to each illness trajectory (cancer, organ failure, frailty, and dementia).

### Methods

#### Quantitative Phase:

Observational, multicenter, cross-sectional descriptive study to determine prevalence and clinical characteristics of PACC in 3 acute hospitals (AH) of the Northeast of Argentina (NEA) using NECPAL-CCOMS-ICO<sup>®</sup> instrument. It will involve a longitudinal analysis of a cohort of recruited patients for 1.2 years.

#### Qualitative Phase:

Each hospital will undergo a self-assessment survey exploring their current care delivery models and potential barriers they might face in delivering continuous care to PACC. Focus groups will be carried out with a sample of healthcare professionals exploring these barriers in greater detail.

#### Expected results

- Prevalence of PACC in AH
- Characteristics of PACC in AH of the NEA
- Survival of PACC identified at 1.2 years and predictive model
- Definition of improvement areas to elaborate an integrated assistance proposal, including training, quality standards and organizational changes adapting the use of hospital resources to implement a more efficient model of care delivery.

P23

## FRAGILE SUCCESS: FINDINGS FROM A REALIST PROCESS EVALUATION OF OPT-OUT BLOOD BORNE VIRUS TESTING

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The elimination of viral hepatitis C in England by 2025, is predicated on the diagnosis of blood-borne virus (BBV) infections in high prevalence settings, such as prison. In response to historic low testing rates, opt-out BBV testing has been implemented across the English estate. As part of a wider realist process evaluation, a high and low performing prison in London were selected for qualitative data generation, with the aim of unpicking conditions that facilitate or hinder programme performance.

Data were used to test context-mechanism-outcome theories. Four months were spent within each prison. Documentary analysis and unstructured observation captured aspects of the broader social and physical context. Semi-structured observation focused on the sequence of events that constitute opt-out testing, which was supplemented using realist interviews, conducted with prison officers, health workers, and patients.

Support from the Governor was crucial to ensure scarce resources were directed towards programme enablement. The testing was spearheaded by a single health worker and differences in personal motivation, experience, and confidence were salient. However, stress from pushing the programme, in an environment where healthcare was not prioritised, risked burnout. Within the poor performing