|  |
| --- |
| **End-of-life care during COVID-19 case surges at a tertiary hospital** |
| Annette Huang1, Lewis Holmes1, Julia Fattore1, Kelly Chen1, Zinta Harrington1, Yewon Chung1 |
| *1Department of Respiratory Medicine, Liverpool Hospital, NSW, Australia* |
| **Introduction/Aim:**  In 2022, COVID-19 infection was the third leading cause of death in Australia. Liverpool Hospital in New South Wales faced unprecedented demand during the Delta and Omicron waves, with anecdotal strain on service provision and quality of care. We sought to describe clinical and psychosocial indicators of end-of-life care during this time, with the goal of identifying key domains in which future care might be improved.  **Methods:**  This was a retrospective, single-centre study of adults who died with COVID-19 from 1st June 2021 to 30th June 202. Patients were identified using diagnosis codes. Demographic and clinical data were manually collected from medical records and descriptive analysis performed using Microsoft Excel.  **Results:**  Of 294 identified patients (mean age 76.4 ± 13.1 (SD) years), the majority were male (62%), of a non-English speaking background (59%), and possessed at least three comorbid conditions (78%). Advanced care planning discussions were held for 65% of cases on admission, and review by specialist palliative care services provided in 35%. Symptom relief with opiates and benzodiazepines were prescribed in 88% and 72%, respectively. Pre-mortem family contact (in-person or virtual) was facilitated in 82% and bereavement counselling was provided in 72% of cases.  **Conclusion:**  Despite increased demand on health services, most patients who died with Covid-19 infection received appropriate crisis medications and psychosocial support. Family contact in some form was possible for most despite lockdowns and visiting restrictions. Future research should focus on the impacts on patient families, as well as staff involved in care of patients during this distressing period.  **Grant Support:**  Nil  **Key Words:**  COVID-19, Palliative Care, End-of-life Care |