15 THE EFFECTIVENESS OF EMPLOYING EXCLUSIVE ADVANCE CARE PLANNING (ACP) CLINICIANS

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ACP improves end-of-life care and patient/family satisfaction. Nevertheless, health professionals struggle to include ACP in their busy work schedule in a university hospital environment. In response, since 2008, the Respecting Patient Choices Program has employed nurses exclusively to do ACP. A prospective audit of the activity of these "ACP Clinicians" was conducted 1/1/2010 – 31/12/2011. The audit included patient demographics, reason for referral and ACP activity and outcomes. 1866 patients (median age 76 (18-110), 51% male) were referred. Their primary admission diagnoses were cancer 23% or renal-18%, respiratory-12% or cardiac-10% failure. The main reasons for referral were age/debility/multiple co-morbidities or poor prognosis. Prior to referral 11.5 % of patients had previously appointed a substitute decision maker (SDM), and 5% had completed an advance care plan. 1703/1866 (91%) referred patients were seen by an ACP Clinician. Of these 45% of patients completed ACP documentation: SDM alone (33%), advance care plan alone (11%) or a combination of both (56%). If documents were completed, the time spent per patient was longer (median 90 mins vs. 45 mins) and the number of visits were more (median 2 vs. 1). When patients completed an advance care plan outlining treatment preferences, 56% expressed a wish to not receive cardiopulmonary resuscitation, 45% did not want life-prolonging treatment at all, 45% only wanted treatment if a patient-defined reasonable outcome was expected, and a further 7% delegated the decision to others. Employment of ACP clinicians is an effective method of providing ACP, enabling patients to complete documents if desired.

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