DEVELOPING AN ADVANCE CARE PLANNING TOOL – OPPORTUNITIES AND CHALLENGES

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The advance care planning document developed acts as a framework for opening up a discussion between patient and the health or social care professional, and maintains the patient at the centre of the discussion.

It comprises three main sections; advance statement, advance decisions and contact information. Collating this information in one document facilitates a potentially difficult discussion to have with patients; prompting the palliative care team into asking the relevant questions and recording them in a logical, complete yet succinct format. This work builds upon other documents used by palliative care teams to guide such discussions but our plan is novel in it's inclusion of both advance statement and advance decision sections.

We have already generated quantitative and qualitative data from users and facilitators of the document which we are currently piloting in Worcester by asking them to complete a questionnaire evaluating the usability as well as practical and emotional relevance from the perspectives of the facilitator and user respectively. This data can then be used to reflect upon the effectiveness of this document both for the patient and the palliative care team and its value as a county wide document.