

**24 STRUCTURED ADVANCE CARE PLANNING AND ITS
IMPACT ON PATIENTS AT END-OF-LIFE: A REVIEW**

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Introduction Following the trial conducted by Detering et al (2008), Respecting Patient Choices implemented a formal process for advance care planning (ACP) provided by dedicated ACP staff. The intention was to review the impact of ACP on end of life care 12 months after implementation.

Aim A systematic evaluation of deaths of patients who underwent ACP.

Methods We reviewed the end of life care of patients over a 12 month period. The review included ACP documentation, patient acuity, demographics, legal capacity, location at death and medical interventions prior to death.

Results Of 108 patients 68% had formal ACP while the other 32% were introduced to the concepts of ACP. Median age was 78, 47% Male with both genders comparable in ACP completion; 76% had 2–4 comorbidities, however less ACPs were completed in those with more comorbidities. 73% lived at home with others and were less likely to complete ACP (67%) than those living alone (83%). 70% had legal capacity on admission. Location of death showed that 40% of patients died in a palliative care unit, 32% died in an acute ward, while of patients who died at home 100% had completed ACP. Only 2/73 patients who completed ACP had ICU admissions versus 6/35 who only received a brief introduction to ACP.

Conclusion (1) Using dedicated staff is an effective way of delivering ACP to patients. (2) A completed ACP process ensures that end of life wishes are known and respected.