

Conclusion There is a need for structured policy coupled with appropriate funding as well as further education of both public and health professionals.

143 **AN AUDIT OF THE PREVALENCE AND CHARACTERISTICS OF ADVANCE CARE PLANNING FOR PATIENTS FROM RESIDENTIAL AGED CARE FACILITIES (RACFS) REFERRED TO THE MOBILE ASSESSMENT AND TREATMENT SERVICE (MATS)**

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Background Advance Care Planning (ACP) ensures recognition of a person's wishes and promotes autonomy, however, completion and implementation has been a challenge.

Aim To assess the prevalence of ACP in patients from Residential Aged Care Facilities (RACFs) referred to the 'Residential In-reach' service of Alfred Health known as Mobile Assessment and Treatment Service (MATS), and to assess how the process of ACP has been approached by the managers of those facilities.

Methods Part A: Prospective audit of documentation of ACP for 100 patients referred to MATS

Part B: De-identified, paper-based surveys of the managers of the RACFs where the patients from part A of the study were residing.

Results Part A: The prevalence of ACP, Medical Enduring Power Of Attorney and 'Not for Resuscitation' form were 38%, 37% and 35%, respectively. Patients with ACP or a separate 'NFR' form were significantly more likely to be living in high care compared to low care facilities (79% vs 21%, $p=0.049$ and 80% vs 20%, $p=0.032$, respectively).

Part B: There was a significant inconsistency between the facilities with regards to 'facility requirements' for ACP, 'person responsible', 'documentation' and 'GP involvement'.

Discussion This study found a low prevalence of ACP, MEPOA and 'NFR' form in patients from RACFs referred to MATS. There was also lack of a systematic approach in the process of ACP.

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