

care, the majority of cancer patients do not engage in this initiative. A key barrier to this is

Aim To develop a multifaceted programme of service development, education, and research to meet specific organisational needs as well as national and accreditation requirements on ACP in Australia.

Method

Results We will present the successes and challenges of various interventions undertaken including:

1. Electronic enhancement of current Health Information Services to ensure visibility of information and to allow for a more dynamic system to document ongoing conversations
2. Design of ACP documents to reflect the complex nature of decision making in the cancer population
3. Design of appropriate information materials and interventions to allow for healthcare decisions to be documented throughout the cancer trajectory
4. Methods to identify and target learning needs for staff in a cancer centre
5. Policy development and identification of key performance indicators for the cancer populations.
6. Utilisation of a comprehensive research programme to inform and evaluate the above strategies

Conclusion The implementation of a cancer specific model of ACP is a complex intervention requiring the development of an organised clinical microsystem. Challenges which emerge throughout the implementation process will be delineated. Lessons learned will guide ongoing development of the disease specific ACP model in the cancer centre and its feasibility will be examined in a Phase II study of patients with advanced cancer.

153

DEVELOPING AND IMPLEMENTING A CANCER SPECIFIC MODEL OF ADVANCE CARE PLANNING IN AN AUSTRALIAN CANCER CENTRE: LESSONS FROM PRACTICE

Angela Baird,¹ Clare O'Callaghan,¹ Natasha Michael¹ ¹*Department of Pain and Palliative Care, Peter MacCallum Cancer Centre, Melbourne, Australia*

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Background Despite increasing evidence that Advance Care Planning (ACP) can improve end-of-life