166 DOCUMENTATION OF ADVANCE END OF LIFE CARE WISHES IN TWO AUSTRALIAN RESIDENTIAL AGED CARE FACILITIES

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Background Healthcare professionals often lack awareness of patients' wishes regarding end-of-life care (EOLC). Existing data suggest low utilisation and poor application rates of advance care directives in Australian residential aged care facilities (RACF).

Southern Health RACFs use separate forms to document advance EOLC wishes, namely advance care wishes (ACW), terminal care wishes (TCW) and resuscitation status, however extent and quality of the documented information is unknown.

Aim

1. To audit the documentation rates of EOLC wishes in two low-level RACF in Victoria, Australia.
2. To assess whether documented EOLC wishes are likely to affect medical care in an emergency department (ED) presentation.

Methods Retrospective audit of medical records (n=88). Assessment of documented EOLC wishes by a consultant physician with expertise in advance care planning.

Results

- ACW including 'particular wishes', 'representatives' wishes' and 'cultural/religious EOL needs' were documented in 78.4, 53.4 and 69.3% respectively.
- Completion of TCW (form comprising 11 questions regarding EOLC preferences) ranged between 50–65%.
- Resuscitation management plans available in less than 30%. The majority were for those who did not want resuscitation (93%).
- Quality of documented EOLC preferences: 66% assessed as likely to influence decisions in the ED. This includes clear wishes for all active care.

Discussion/Conclusion This audit demonstrates poor documentation of End of Life care wishes in a RACF setting. Healthcare services should prioritise staff and consumer education in this area and improve procedures and forms that provide clear guidelines for the useful documentation of EOL care wishes.

Advance care wishes - form ACE01

Percentage of residents

- Particular wishes
- Representatives' wishes
- Cultural/religious EOL needs