95 **ADVANCE CARE PLANNING EVALUATION IN HOSPITALISED ELDERLY PATIENTS: A MULTICENTER, PROSPECTIVE STUDY (THE ACCEPT STUDY)**

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We conducted a multicenter, prospective audit to evaluate the quantity and quality of advance care planning (ACP) in 12 cities in Canada. Using validated questionnaires, we conducted face to face interviews with hospitalised patients who had advanced illness and/or their family members about their pre-hospital ACP. 123 patients (average age 80±9 years) and 77 family members (average age 62±13) participated. Preliminary data documented that, in the event of future incapacitation due to illness, 84 (68.3%) of patients had formally designated someone to represent them concerning medical treatment decisions; 67 (54.5%) had written documentation describing the medical treatments they would want or not; 100 (81.3%) had ever thought about what kinds of life-sustaining treatments they would want or not and 84 (84.0%) had discussed their wishes with family members, or with their doctor (27 (27.0%). In 77 family members (average age 62±13), we found that in the event of future incapacitation due to illness, 51 (66.2%) reported that their relative (the patient) had formally designated someone to represent them concerning medical treatment decisions; 40 (52.0%) reported that their relative had written documentation describing the medical treatments they would want or not; 67 (87.0%) had ever thought about what kinds of life-sustaining treatments they would want for their relative and 55 (82.1%) had discussed these wishes with the patient, or with their family doctor (14 (20.9%). Large numbers of patients have not completed key components of ACP by the time that they are hospitalised and are at high-risk for dying.