

territories. For ease of reporting it will simply be referred to as the Model. The Model consisted of five domains: governance, advance care planning (ACP) education, ACP documentation processes, community engagement and quality processes. A sequential process for implementation was recommended to embed ACP into organisational practices. A variety of resources were designed to support the services in the process of organisational change. Four community palliative care services participated in the study. The sites differed in geographic location, staff profile, client and family demographics, services offered and different state-based legal and health care structures. Two services were located in Northern Australia and two in Southern Australia. The achievements of the project were in identifying factors in the successful transferability of the Model across different health care contexts. The identified domains of the Model were relevant to all services but what differed was the sequence in which they were implemented. The services worked through the components of the Model in their own ways and to their own timetables. It was clear that implementation resources designed as part of the Model were extremely useful to assist services in the implementation process. This flexibility in the Model design made it transferable to different local contexts. The findings also suggest the Model has potential relevance to an international audience.

126 **TRANSFERABILITY OF AN ACP MODEL ACROSS AUSTRALIAN COMMUNITY PALLIATIVE CARE**

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A study was undertaken to determine whether the Respecting Patient Choices Community Specialist Palliative Care Model developed for community palliative care services in Victoria, Australia was transferable to other Australian states and