

**24** **STRUCTURED ADVANCE CARE PLANNING AND ITS IMPACT ON PATIENTS AT END-OF-LIFE: A REVIEW**

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**Introduction** Following the trial conducted by Detering et al (2008), Respecting Patient Choices implemented a formal process for advance care planning (ACP) provided by dedicated ACP staff. The intention was to review the impact of ACP on end of life care 12 months after implementation.

**Aim** A systematic evaluation of deaths of patients who underwent ACP.

**Methods** We reviewed the end of life care of patients over a 12 month period. The review included ACP documentation, patient acuity, demographics, legal capacity, location at death and medical interventions prior to death.

**Results** Of 108 patients 68% had formal ACP while the other 32% were introduced to the concepts of ACP. Median age was 78, 47% Male with both genders comparable in ACP completion; 76% had 2–4 comorbidities, however less ACPs were completed in those with more comorbidities. 73% lived at home with others and were less likely to complete ACP (67%) than those living alone (83%). 70% had legal capacity on admission. Location of death showed that 40% of patients died in a palliative care unit, 32% died in an acute ward, while of patients who died at home 100% had completed ACP. Only 2/73 patients who completed ACP had ICU admissions versus 6/35 who only received a brief introduction to ACP.

**Conclusion** (1) Using dedicated staff is an effective way of delivering ACP to patients. (2) A completed ACP process ensures that end of life wishes are known and respected.