

42 **A COMPLEX REGIONAL INTERVENTION TO IMPLEMENT ADVANCE CARE PLANNING IN ONE TOWN'S NURSING HOMES: RESULTS OF AND LESSONS LEARNED FROM A CONTROLLED INTER-REGIONAL FEASIBILITY STUDY**

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Background In Germany, recent legislation confirms that advance directives (ADs) have to be followed if they apply to the medical situation, but regional implementation of advance care planning (ACP) has not yet been described.

Methods In a longitudinal controlled study, we compared 1 intervention region (4 nursing homes (n/hs), altogether 421 residents) with two control regions (2×5 n/hs, altogether 985 residents). Resident inclusion went from 1 February 2009 to 30 June 2009, observation lasted until 30 June 2010. Primary endpoint is the prevalence of ADs at follow-up, 17 (12) months after the first (last) possible inclusion. Secondary endpoints compare relevance of ADs, involvement of general practitioners (validity), process quality and clinical outcomes. The regional multifaceted intervention on the basis of the US program Respecting Choices, *beizeiten begleiten*, addressed the related caregiver network.

Results Of 1406 residents reported to live in the 14 n/hs plus an estimated turnover of 176 residents until the last possible inclusion date, 645 (41%) were willing to participate. Response rates were 38% in the intervention region and 42% in the control region. Non-responder analysis shows an equal distribution of sex and age but a bias towards dependency on nursing care in the responder group. Analysis of outcome data will be completed by May.

Discussion To our knowledge, this feasibility study is the first to implement a comprehensive ACP approach to regional n/hs and the related caregiver network in a controlled design. System factors are identified that seemed to promote / impede implementation of the ACP program and that may inspire further research.