

**BOS4b.002 ADVANCE CARE PLANNING WITH A CONVERSATION GAME: A FEASIBILITY AND ACCEPTABILITY STUDY**

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**Background** We have developed 1) a card game (Anticip'ation) to help patients clarify their values and priorities in life and develop aligned action plans, and 2) a three step ACP intervention involving the use of the game to be routinely implemented in the nephrology unit.

We will present preliminary results of an ongoing study (start date: January 2022; expected end: sept 2023) designed to 1) evaluate the acceptability and feasibility of this intervention, from patients and health professionals' points of view, and 2) observe the effect of the intervention on ACP documentation in patient's medical record.

**Method** We include patients on dialysis (with or without transplant project) & nurses working in the nephrology unit who are responsible for conducting ACP with those patients.

Two ACP discussion sessions with the use of the game Anticip'action are offered by trained nurses (n=10) to their patients (expected n=30), followed by an ACP consultation, involving the patient, the nurse, and a nephrologist. During discussions, the patients' electronic medical record is updated.

We record inclusion and dropout rates, difficulties encountered, evaluate the pre-post quality of information in patients'

medical record, and conduct semi-structured interviews with 10–15 patients, one focus group with the nurses and one with the interprofessional team.

**Results** By the time of the conference, we will have collected enough data to present substantial preliminary results about the number of nurses trained, the number of patients included, dropouts in both groups, barriers encountered during the recruitment and ACP procedure (e.g. nurses lack of compliance to the procedure, and patients' death before completion of the process are difficulties we can already highlight), qualitative feed-backs from patients and nurses.

**Conclusions** This study will help us assess the feasibility of our ACP procedure, identify what can be improved, and provide background data for future efficacy studies.

**BOS4b.003 A DEFINITIONAL FRAMEWORK OF ADVANCE CARE PLANNING IN DEMENTIA ACHIEVED A CONSENSUS IN A 33-COUNTRY DELPHI STUDY**

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**Background** Available advance care planning (ACP) definitions are for individuals with decision-making capacity. We aimed to conceptualise ACP in dementia in terms of its definition and issues that deserve particular attention.

**Methods** Delphi study in which a task force of the European Association for Palliative Care (EAPC) prepared content based on adaptation of a generic ACP framework. Next, we convened four online surveys, presenting it and providing general and personalized feedback to a panel of 107 experts from 33 countries between September 2021 and June 2022. Conservative criteria for consensus were determined a priori and registered in the WHO International Clinical Trials Registry Platform, ID NL9720.

**Results** ACP in dementia was defined as 'a process of communication about future care and treatment preferences, values and goals with the person with dementia, family, and the healthcare team, preferably with ongoing conversations and documentation. This process is continued when the person with dementia becomes unable to make their own decisions.' We specified pragmatic boundaries regarding participation and capacity, and regarding time window; 'in advance' meaning that current care can be discussed as a stepping stone to discuss preferences in advance, and not necessarily so discussing the end of life. Three issues of particular importance with dementia emerged from adaptations of the generic framework: capacity, family, and engagement and communication. Its interrelationships were visualized over time, and it all achieved a consensus, mostly after multiple iterations.

**Conclusion** ACP in dementia was defined as a communication process adapted to capacity and continued with family. A relationship-centered definitional framework of ACP in dementia evolved in international consensus supporting inclusiveness of persons with dementia and their family.



Abstract BOS4b.002 Figure 1