

only provided in a hospice facility (60.6%). A minority knew that palliative care can be provided alongside life-prolonging treatment (29.8%) and that palliative care is not only for people who have a few weeks left to live (23.5%). Higher education level (OR ranging from 1.34 to 4.67 for the four statements), personal experience with palliative care (ORs from 1.35 to 2.44), being female (ORs from 1.00 to 1.88), and higher income (ORs from 0.95 to 1.81) were positively associated with knowledge about palliative care, while increasing age (ORs from 0.51 to 0.68) was negatively associated.

Conclusions Knowledge of palliative care is limited, stressing the need for population-wide interventions, such as information meetings. During such meetings, attention should especially be paid to timely utilization of palliative care. This might stimulate engagement in ACP and raise public knowledge of (im)possibilities of palliative care.

PP04.002 BUILDING CULTURE OF ACP IN WOODLANDS HEALTH GENERAL MEDICINE PRE-OPERATIONS WARDS

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10.1136/spcare-2023-ACP.48

Background Woodlands Health is a new integrated hospital planned to be opened in 2024. Its staff are currently nested in various hospitals in Singapore including within 4 acute general medical wards in Yishun Campus. These wards look after more than 400 patients per month in approximately 130 beds. Regular Advance Care Planning (ACP) training was conducted for physicians, medical social workers and nurses working within these wards in the last one year, however, the number of ACP completed within the wards remains very low. The objective of this quality improvement project is to build a culture of ACP within these wards and improve the rate of completion of ACP.

Methodology Meetings were held with the relevant stakeholders, including leads from nursing, general medicine and social work to understand barriers and needs, including feedback regarding current workflows in ACP and brainstorming on possible interventions. Workflows were simplified and consolidated based on feedback. A baseline survey of the knowledge of and attitudes towards ACP of the healthcare professionals will be conducted to understand prevailing perceptions and attitudes towards ACP. Best practices from general medicine of another hospital were shared. Outreach sessions to healthcare professionals and screening triggers for clinicians to initiate ACP are planned. Ongoing review of the project applying principles of quality improvement will take place.

Results The results of the survey, specific interventions of this quality improvement project as well as the changes in rate of ACP, if any, will be shared.

Conclusion Continual engagement of relevant stakeholders and multifaceted interventions targeting priority areas are important to build a culture of ACP and person-centred care.

PP04.003 A PUBLIC HEALTH APPROACH TOWARDS ADVANCE CARE PLANNING: THE JOURNEY OF AN UPCOMING HEALTH CAMPUS IN SINGAPORE

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10.1136/spcare-2023-ACP.49

Background With increasing recognition of Advance Care Planning (ACP) as a public health issue with the potential to benefit all individuals and is relevant throughout the life cycle, Woodlands Health (WH), a new integrated health campus set to open progressively from 2024 onwards embarked on its mission to support Singapore's national ACP movement from its pre-operational phase with the formation of its pioneering ACP team in 2022. We describe the approach taken and proposed strategy to build the foundation for a vibrant ACP culture at the population level, within the community.

Methods Adopting a public health approach, we applied insights from the understanding of ACP as a process of health behavior change using the Transtheoretical Model (TTM) to the broad framework provided by the Socio-Ecological Model (SEM) which considers the complex interplay among individual, interpersonal, community and societal determinants. Appropriate interventions were identified through stakeholders engagement and the Behavioural Change Wheel (BCW) model.

Results A multipronged strategy was contextualized for the community under WH's care, describing the specific behaviours to be targeted by the interventions, stakeholders categorization and management, intervention messages and functions targeting capability, opportunity or motivation, as well as modes of delivery tailored to population segments based on their readiness for engagement.

Conclusion With the hospital gearing up for operationalization in the new campus, the pre-operations phase presents a timely opportunity for a new organization like WH to channel its focus on strengthening community engagements to normalize and move ACP conversations upstream and into the community, setting the right culture for the right outcomes to follow.

PP04.004 EFFECTIVE DIALOGUE ABOUT INDIVIDUALIZED ADVANCE CARE PLANNING IN COMMUNITY THROUGH HUMANISTIC AND ARTISTIC ACTIVITIES

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10.1136/spcare-2023-ACP.50

Background Patient Right to Autonomy Act was valid in 2019 in Taiwan and over 40000 documents of advance directives (AD) with legal-bound were registered until 2022. However, these ADs looked similar on everyone's medical option and failed to demonstrate one's unique preference and special value. This study aims to reveal the fact to the public.

Methods We use phenomenology to proceed our study. We held series of activities called '好好死'(Good death, Peace

and safe) and recruited people from social media. The process is a delightful physical-psychological experience such as enjoy a tea banquet or making a aromatic candle, followed by thinking about five important terms in palliative care, ACCEPT, RECONCILIATION, CONNECTION, POWER, COMFORTABLE, then write down their own □□□(the letter of final wish) contained four domains: body, mind and spirit, relationship, and finance. We collect the letters for an exhibition which will be held in 2023 summer(we expect to collect 100 letters).

Results 11 people attended our activities currently and wrote down their □□□. All of them showed strong wills of discussing their end-of-life issues and gave feedback to us that our activities help them to clarify the values and instruct them to prepare advance directive naturally. Before entering a clinic to discuss with advance care planning consultation team and writing down the legal-bound AD, they were well prepared and even planed more beyond the information shown on AD.

Conclusion People's good death wishes are always impractical and far from the real clinical situations. AD is just a collection of choices of life-sustaining treatment but unable to help people to dig out their individualized preference and demonstrate their autonomy. Our study fulfills two goals: first, reveal the limit of the law and second, enhance the importance of the humanistic dialogue lead by experienced professionals before writing down AD.

PP04.005 **PILOTING A PERSONALISED SERVICE TO SUPPORT ADVANCE CARE PLANNING IN THE COMMUNITY**

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10.1136/spcare-2023-ACP.51

Background Uptake of advance care planning (ACP) statutory documentation in Western Australia is sub-optimal, at below 10%. A pilot ACP Support project, delivered in collaboration by the state's peak not-for-profit palliative care (Palliative Care WA, PCWA) and carer (Carers WA) organisations, aimed to improve individuals' capacity to progress ACP, including completion of ACP documents, through provision of one-to-one support after attending community-based ACP education workshops.

Method Participants were invited to make direct contact with PCWA to book the service or were engaged directly following attendance at a community ACP workshop presented by PCWA. Participants provided direct consent to access the service which was provided either in the participant's home, PCWA office or community setting. The ACP Support Officer, a non-clinical role, engaged with each participant to establish their values and preferences and to provide support to complete formal documentation if desired. PCWA's ACP model – 'Think, Talk, Write and Share' was used to guide the discussion (figure 1).



Abstract PP04.005 Figure 1