

of their twilight years in ill health, there is therefore growing impetus and efforts to bring these important conversations on life and health earlier upstream in the community.

Methods A 4-session psychoeducation group programme was conducted with community dwelling seniors. Session content focuses on life values, experiences, care goals and preferences. Pre-planning tools such as ACP were included, and the participation in the programme culminates in the actualisation of ACP.

Results 7 runs were conducted across two active ageing centres with a total of 60 community dwelling seniors (mean age 71.6 years old) participating in the programme.

Pre-post self-evaluation highlighted an overall increase in participants' awareness of personal values and preferences, confidence in discussing about future healthcare needs, and knowledge on pre-planning tools. Thematic analysis of participants' qualitative sharing highlighted the following themes: (i) sense of preparedness and control, (ii) discoveries in knowledge and awareness, (iii) contemplations on life/death, and (iv) communicating wishes/preferences. Overall, feedback survey reported that all participants strongly agreed or agreed that the sessions were useful and relevant to plan for their future healthcare needs. 89% of participants who completed the programme had their ACP actualised.

Conclusion Community engagement using group work as an approach has shown promising results in promoting early conversations surrounding values, preferences and goals of care. Future plans will focus on scaling up outreach and collaboration with community partners to engage residents in planning for their future healthcare needs.

PP04.009

OVERESTIMATING SUCCESS RATES OF CARDIOPULMONARY RESUSCITATION IS ASSOCIATED WITH HIGHER PREFERENCES TO BE RESUSCITATED: EVIDENCE FROM OLDER ADULTS IN SWITZERLAND

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Background End-of-life medical decisions regarding life-supporting treatment frequently include questions on cardiopulmonary resuscitation (CPR) preferences, where individuals have to decide whether they would like to be resuscitated in case of cardiac arrest. However, knowledge of CPR survival rates in the general population is low, which may influence individuals' decisions. This study explores the association between knowledge of CPR survival rate and preferences to be resuscitated in case of a cardiac arrest among a representative sample of older adults aged 58+ living in Switzerland.

Method We used data from 1,469 respondents from a paper-and-pencil self-completion questionnaire administered as part of wave 8 (2019/2020) of the Survey on Health, Ageing, and Retirement in Europe (SHARE). Respondents' knowledge of CPR survival rate was assessed by using a vignette asking how likely it is in general in Switzerland for a 70-year-old to

survive until hospital discharge from a CPR performed outside of a hospital following a cardiac arrest with four possible answers (very unlikely (0–25%), rather unlikely (26–50%), rather likely (51–75%), and very likely (76–100%). Preferences for CPR were assessed by asking respondents if they would wish to be resuscitated in case of cardiac arrest. The association between these two variables was assessed using a probit regression model, controlling for social, health, and regional characteristics.

Results Only 9,3% of respondents selected the right category of answer (very unlikely (0–25%)) regarding the CPR survival rate, and 65,2% wished to be resuscitated in case of a cardiac arrest. Respondents were less likely to want CPR when they correctly estimated the survival rate (AME: 0.18, $p < 0.001$).

Conclusions Given the association between knowledge and preference for CPR, overestimating the chances of success may lead individuals to seek this treatment. Thus, reducing misconceptions and knowledge gaps regarding CPR survival rate could change older adults' preferences for CPR.

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DEVELOPING A VOLUNTEER-LED ADVANCE CARE PLANNING REFERRAL SERVICE FOR HEALTHCARE PROFESSIONALS IN AUSTRALIA

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Background The awareness and uptake of advance care planning (ACP) amongst Australians remains low. National surveys assessing community understanding of ACP demonstrate that only 50% have heard of the term, and even less understand it. Although healthcare settings provide the opportunity to have ACP conversations, health practitioners lack the understanding, confidence and time to facilitate these.

Methods Following a rapid environmental scan and national consultation, ACPA developed a volunteer-facilitated ACP referral service whereby healthcare practitioners refer their patients for free, personalised and phone-based ACP discussions. Based on an initial needs assessment to determine the patient's current ACP knowledge base, numerous conversations will include information on thinking about values and preferences, how to have ACP conversations with loved ones, and the completion, witnessing and storage of documents if the person chooses this step.

Results Since its pilot launch in October 2021, 52 referrals have been made to the program primarily by registered nurses (35%), allied health staff (31%), general practitioners (9%), Aged Care Assessment Team assessors (8%), health administration officers (8%), and 9% from other referral sources. Of the 52 referrals, 13% have completed the program from start to finish, 26% have opted out at various stages within the process, and the remaining 61% are still in progress, as these iterative conversations take time and re-visiting.

Evaluation of the impact of the pilot program is pending, however patient feedback from health practitioners referring patients has been positive.

Conclusion Health practitioner utilisation of the referral service for their patients may help to improve the awareness and uptake of ACP conversations, and documentation. Further marketing and promotion of the program is required to provide further reach and impact across Australia.