

PP05.004

SHARED DECISION-MAKING AND ADVANCE CARE PLANNING IN PATIENTS WITH AORTIC STENOSIS: PATIENT EVALUATION OF AN INTEGRATIVE DECISION AID

¹Ana Rosca*, ²Ulrike Ehlers, ³Isabelle Karzig, ⁴Frank Scherff, ¹Tanja Krones. ¹Triemli Hospital, Clinical Ethics, Zurich, Switzerland; ²Surgical Intensive Care Unit, Cantonal Hospital St Gallen, St Gallen, Switzerland; ³University Hospital/University of Zurich, Clinical Ethics and Institute of Biomedical Ethics and History of Medicine, Zurich, Switzerland; ⁴Cardiology Unit, University Hospital Zurich, Zurich, Switzerland

10.1136/spcare-2023-ACP.62

Background Shared decision making (SDM) and advance care planning (ACP) are two patient-centered concepts that support patients, their relatives and healthcare professionals engage in a decision-making process in which patient autonomy is best put into practice. Combining the two complex interventions into one process may support patients with moderate and high treatment complication risks make better-informed choices. We therefore developed a novel integrative decision aid to support patients with aortic stenosis make better informed medical choices regarding their immediate and future care. The aim of this study is to assess the quality of the decision aid by patients.

Methods In this study, we included all patients that underwent a transcatheter aortic valve implantation (TAVI) intervention between January and September 2022 who agreed to a semi-structured telephone interview.

Results Of 130 patients that underwent TAVI, only eight agreed to participate in the study. They all assessed the decision aid positively with respect to layout, use of language and comprehension. Most participants assessed the use of statistical risk comparison of the three main treatment options (TAVI, surgical aortic valve replacement or palliative care) as 'too open' and 'brutally direct'.

We also collected the feedback of eleven patients that refused to participate in the study. They stated poor comprehension and length of the decision aid (32 pages) as reason for non-participation.

Conclusion For higher acceptability of decision aids for TAVI patients, a better contextualization and explanation of data on risk and complications and addressing loved ones in the decision aid besides patients is necessary. Shortening the length of the decision aid might also improve the acceptability and use of the decision aid by patients themselves.

PP05.005

SHARED DECISION-MAKING AND ADVANCE CARE PLANNING IN PATIENTS WITH AORTIC STENOSIS: STATUS QUO AND INTEGRATION IN A DECISION AID

¹Ana Rosca*, ²Selina Steiger, ³Robert Bauernschmitt, ⁴Frank Scherff, ¹Isabelle Karzig, ⁵Jürgen Kasper, ¹Tanja Krones. ¹Triemli Hospital Zurich, Clinical Ethics Unit, Switzerland; ²University Hospital/University of Zurich, Clinical Ethics, Institute of Biomedical Ethics and History of Medicine, Zurich, Switzerland; ³Cardiac Surgery University Hospital Zurich, Zurich, Switzerland; ⁴Cardiology Unit, University Hospital Zurich, Zurich, Switzerland; ⁵Department of nursing and health promotion Faculty of health sciences OsloMet Metropolitan University Oslo, Oslo, Norway

10.1136/spcare-2023-ACP.63

Background Shared decision making (SDM) and advance care planning (ACP) are two patient-centered concepts that support patients, their relatives and clinicians to engage in a decision-making process in which patient autonomy is better respected.

Integrating the two complex interventions into one may support patients with moderate and high treatment complication risks to make well-informed choices. The purpose of this study was a) to determine how the two concepts are currently applied in usual care and b) to build an integrative evidence based decision aid for patients with aortic stenosis (AS).

Methods For evaluating the status quo, a mixed methods approach was applied. We performed direct observations of patient-clinician consultations and analyzed patients electronic records to determine how SDM and ACP is being applied in current decision-making process. The data were analyzed using thematic analysis with focus on ACP and SDM elements. We further developed a decision aid according to the Decision Aid Factory approach.

Results 15 consultations were observed and 22 randomly selected patient records (from 299) were analyzed until saturation of topics occurred. It revealed that clinicians documented single SDM and ACP elements. Yet no integral process of 'full ACP or SDM procedure' was observed. The procedure in case of complications was often prescribed by clinicians due to urgency, instead of engaging in an ACP process with the patient. We used the results, supported by input from expert panels and patient representatives to develop a comprehensive decision aid, separated in three parts: overview, detailed information and graphical comparison of three most common treatment options: transcatheter aortic valve implantation (TAVI), surgical aortic valve replacement (SAVR) or palliative care.

Conclusions Meaningful integration of SDM and ACP into a decision aid may help patients make better medical choices regarding their immediate and advance care planning.

PP05.006

ROLE OF ADVANCE CARE PLANNING IN KNOWLEDGE OF PARTNER'S PREFERENCES FOR END-OF-LIFE ASPECTS

Sarah Vilpert*, Clément Meier, Ralf Jox, Gian Domenico Borasio, Jürgen Maurer. University of Lausanne, 1015 Lausanne, Switzerland

10.1136/spcare-2023-ACP.64

Background Surrogate medical decision-making at the end of life is common and the patient's partner is often the person who must make these critical decisions. The challenge of surrogate medical decision-making is to make decisions that best fit the patient's wishes. This study investigates subjective and objective knowledge of partner's preferences for the end of life, as well as the contribution of partner's advance care planning (ACP) to this knowledge in a nationally representative sample of older adult (58+) couples living in Switzerland (N=592).

Methods Subjective knowledge is based on self-rated awareness of partner's EOL preferences for the end of life. Objective knowledge is assessed by two standardized scores that are the sum of correct responses on partner preferences regarding eleven EOL care aspects and three medical treatments. The contribution of EOL discussion and ACP to subjective and objective knowledge of partner's preferences for the end of life is examined using regression models.

Results The vast majority of respondents thought they knew their partner's wishes for end of life (subjective knowledge). The proportion of wrong predictions of partner's preferences for the eleven EOL care aspects (objective knowledge) varied

between 6.5% and 45%, and for the three medical treatments between 11.5% and 34.5%. Respondents whose partner discussed their EOL preferences with them, completed an advance directive and designated them as a healthcare proxy were more likely to report a better subjective knowledge. Respondents whose partner completed an advance directive and designated them as a healthcare proxy were more likely to have better objective knowledge of partner's preferences for medical treatments.

Conclusion Being a couple is not enough to assess one's partner's EOL preferences correctly. Communication about EOL wishes among the couple and individual ACP should be encouraged, as they improve the level of subjective and objective knowledge of partners' EOL preferences.

PP05.007

SOCIAL, REGIONAL AND HEALTH DETERMINANTS OF ADVANCE DIRECTIVE ADOPTION: A FOUR-YEAR STUDY AMONG OLDER ADULTS IN SWITZERLAND

¹Maud Wiecezorek, ^{2,3}Sarah Vilpert*, ^{2,3,4}Clément Meier, ⁵Gian Domenico Borasio, ^{5,6}Ralf J Jox, ²Jürgen Maurer. ¹Swiss National Centre of Competence in Research LIVES – Overcoming vulnerability: Life course perspectives, Lausanne and Geneva, Switzerland; ²Faculty of Business and Economics (HEC), University of Lausanne, Lausanne, Switzerland; ³Swiss Centre of Expertise in the Social Sciences (FORS), University of Lausanne, Lausanne, Switzerland; ⁴Faculty of Biology and Medicine (FBM), University of Lausanne, Lausanne, Switzerland; ⁵Palliative and Supportive Care Service, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland; ⁶Institute of Humanities in Medicine, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland

10.1136/spcare-2023-ACP.65

Background While numerous cross-sectional studies reported that advance directive (AD) completion varies significantly by age, gender, and education level, little is known about the factors that prompt AD completion over time. This study aims to identify the social, regional, and health characteristics associated with AD adoption over four years in a population-based sample of adults aged 55+ in Switzerland.

Methods We used data from wave 6 (2015) and wave 8 (2019/2020) of the Survey of Health, Ageing and Retirement in Europe (SHARE) in Switzerland. AD adoption was defined as not having completed ADs in wave 6 while having completed ADs four years later. We used probit regression models to examine the associations between key social, regional, health characteristics and their change between wave 6 and wave 8 and AD adoption over the same period.

Results In wave 6, 842 respondents reported not having completed ADs. Among them, 269 (30.9%) reported the completion of ADs in wave 8. We found that older age (being 65–74 or 75+ vs 55–64 years) was the only social characteristic significantly and positively associated with AD adoption. Respondents living in French- and Italian-speaking Switzerland were significantly less likely to adopt ADs than those in German-speaking Switzerland. Self-rated health, having limitations with activities, and frailty status in wave 6 were not significantly associated with AD adoption between waves 6 and 8. Consistently, a change in partnership status, in self-rated health, in limitations with activities, in frailty status, and the occurrence of a major health event (stroke, cancer, heart attack) between wave 6 and wave 8 were not associated with AD adoption over the same period.

Conclusion Older age and living in a German-speaking region seem to be more critical determinants of AD adoption than

health status or change in health status in older adults in Switzerland.

PP27.001

I THINK IT'S EVERYONE'S CONVERSATION REALLY

Wendy Kinton*. Sunshine Coast Hospital and Health Service, Birtinya, Australia

10.1136/spcare-2023-ACP.66

Background Advance Care Planning (ACP) in the context of end-of-life care has been identified as 'everyone's responsibility'. However, the research literature tends to focus only on the roles and responsibilities of medical and nursing staff and students. The relative engagement and experiences of the diverse group of health professionals in providing ACP has been underexplored in the hospital setting.

Methods This research was conducted using Mixed Methods Phenomenological Research (MMPR). Three separate studies were undertaken: a retrospective chart audit evaluating the prevalence of ACP documents health records; a survey exploring perspectives of providing ACP; and an interview study investigating perceived roles and responsibilities in providing ACP. Participants were health professionals from medical, nursing, and allied health workforce groups across a regional health service in Queensland, Australia.

Results The Role Identity Equilibrium Process was used as a theoretical model for conceptualising ACP provision. The prevalence of ACP documents in the health records was low, with only 7% of records containing a formal document. Discussions about ACP with a patient or their decision maker were documented in 48.3% of health records. Health professionals did not share a common understanding of the end-of-life time frame, nor the full extent of activities considered part of ACP. Apart from doctors, other health professionals did not identify a legitimate role in ACP. Self-perceived confidence, knowledge, and skills were low, which contributed to lack of an individual or collective professional identity, and abdication of responsibility for conducting ACP.

Conclusion Implications for clinical practice include defining roles, responsibilities, and scope of practice for novice and experienced health professionals and including a broader range of health professionals in education programs. Changes to roles and responsibilities will need to be managed sensitively, slowly, and in a safe environment that respects and builds upon existing skills and knowledge.

PP07: ACP in the Era of Pandemic

PP07.001

AN EVALUATION OF TELE-ACP IMPLEMENTATION IN ACUTE CARE AND COMMUNITY SETTINGS IN SINGAPORE

Jane Chin Siang Lim*, Nur Amirah Bte Norjula, Kit Wan Yih Soh, Min Ru Chung, Wei Fen Liao, Winifred CK Lau. Agency for Integrated Care, Singapore, Singapore

10.1136/spcare-2023-ACP.67

Background Since May 2020, MOH and AIC have worked with the ACP Steering Committee to issue a set of tele-ACP guidelines to institutions during COVID-19. The guidelines include guidance on enrolment criteria, consideration for