

PP10.006

### ATTITUDES, FACILITATORS AND BARRIERS TOWARDS ADVANCE CARE PLANNING UPTAKE AMONG COMMUNITY-DWELLING RESIDENTS WITH CHRONIC DISEASES IN SINGAPORE: A QUALITATIVE STUDY

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10.1136/spcare-2023-ACP.76

**Background** The overall rates of Advance Care Planning (ACP) discussed and uptake have remained low in Singapore. Therefore, this study aimed to explore the attitudes and barriers towards the uptake of ACP among our community-dwelling residents with chronic diseases.

**Methods** A descriptive exploratory qualitative study involving face-to-face and semi-structured interviews were conducted between July and December 2022. Purposive and convenience sampling were used to recruit community-dwelling residents who were aged 50 years and above, with chronic diseases, spoke English, and resided in the Southeast region of Singapore. Basic sociodemographic data including marital status, living arrangement and number of chronic diseases were collected. Interviews were audio-recorded and transcribed verbatim. Data were analyzed inductively using thematic analysis.

**Results** Ten participants were recruited and interviewed either at a community nurse post or in their own home. Four themes were identified: 1) Attitudes towards life and past experiences, 2) Knowledge on ACP, 3) Family relationships and socialization opportunities, and 4) Psychological readiness. Participants' own attitudes towards life and past experiences of family members and friends who were seriously ill shaped their perceptions and uptake of ACP. Being an ACP advocator and receiving information from other healthcare professionals and media encouraged uptake. Lack of insights was associated with confusion with other advanced healthcare directives and ACP workflow as well as ambivalence towards personal care preferences. Maintaining harmonious family relationships encouraged uptake while the lack of socialization opportunities hindered uptake. Without psychological readiness, participants felt that ACP evoked fear of the unknown and death which led to denial and procrastination.

**Conclusions** The findings shed light on the complexity of factors affecting ACP uptake. The implementation of ACP need to address specific facilitators and barriers, including increasing awareness and knowledge on ACP, encouraging socialization opportunities, and broaching about psychological readiness, personal self and family members' past experiences.

PP10.007

### ASSOCIATIONS BETWEEN GOALS OF CARE DESIGNATION ORDERS AND HEALTH RESOURCE UTILIZATION: PROSPECTIVE COHORT STUDY OF OLDER, SERIOUSLY ILL HOSPITALIZED ADULTS

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10.1136/spcare-2023-ACP.77

**Background** One ACP aim is achieving goal concordant care. The Goals of Care Designation (GCD) is a medical order communicating the focus of a patient's care in Alberta, Canada. GCDs are created to align patient values and beliefs with clinicians' medical expertise in determining care goals. We sought the association between GCD type (resuscitative, medical or comfort) and in-hospital resource use.

**Methods** Prospective cohort study of newly hospitalized in-patients,  $\geq 55$  years with chronic obstructive pulmonary disease, heart failure, cirrhosis, cancer or kidney failure; prospectively  $< 6$  month survival by a healthcare provider; or  $\geq 80$  years with any acute condition. The exposure of interest was GCD. The primary outcome was health resource use during admission, measured by length of stay (LOS), intensive care unit hours, Resource Intensity Weights (RIWs), flagged interventions, and palliative care referral. The secondary outcome was 30-day readmission. Regression analyses were adjusted for age, sex, race, frailty, and comorbidities.

**Results** Of 475 participants, median age 83 years (interquartile range 77–87), 93.7% had a GCD at enrolment. Relative to patients with resuscitative GCD, patients with medical GCD had a longer LOS (1.42 times, 95% confidence interval [CI] 1.10–1.83) and a higher RIW (adjusted ratio 1.14, 95% CI 1.02–1.28). Patients with comfort or medical GCD had a higher likelihood of palliative care referral (comfort GCD adjusted relative risk (RR) 9.32, 95% CI 4.32–20.08; medical GCD adjusted RR 3.58, 95% CI 1.75–7.33) but not flagged intervention use (comfort GCD adjusted RR 1.06, 95% CI 0.49–2.28; medical GCD adjusted RR 0.98, 95% CI 0.48–2.02). Last recorded GCD was highly associated with death and discharge location ( $p < 0.001$ ) but not 30-day readmission.

**Conclusion** GCD early during admission was associated with LOS, RIW and palliative care referral. This suggests an alignment between health resource use and the focus of care communicated by each GCD.

## PP11: ACP in Primary Care Services

PP11.001

### COMMUNITY NURSES' PERSPECTIVES ON BARRIERS TO EFFECTIVE UTILISATION OF ADVANCE CARE PLANNING FOR TERMINAL CARE IN JAPAN

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10.1136/spcare-2023-ACP.78

**Background** Advance care planning (ACP) allows individuals to plan the health care which dignifies their personal values at the terminal phase of their illnesses. The Japanese government previously endorsed the concept of ACP in the guideline on end-of-life care and community nurses in Japan could play an increased role to improve its utilization by patients.

**Objective** The study aimed to identify challenges surrounding ACP practice in the home environment in Japan from community nurses' perspectives.

**Methods** Qualitative interpretive description design. The semi-structured interview was performed on eleven community nurses working in metropolitan areas in Japan. Qualitative data was collected and analysed using Braun & Clarke's six-step framework of thematic analysis (2006).