

Concordance of patients' preferences and the actual outcomes

Place of death Preferences Actual outcomes Concordance (%)

Home 18 13 72.22
Hospital 10 10 100.0
Nursing home 2 1 50.0
Medical treatment
Comfort 30 30 100

*Six patients changed place of death to hospital due to COVID-19 infection required admission (2), and care giver burden (4). Overall concordance of place of death was 80% and all patients received comfort care. The mean length of care was 404 days (max 1,794, min 13 days)

Conclusion The patient preferences in our program were well respected. A comprehensive palliative care program is essential to improve outcomes and avoid medical futility in these patients.

PP13.004

EMPOWERING THE AGED AND PRIMARY CARE WORKFORCE TO INITIATE ADVANCE CARE PLANNING CONVERSATIONS WITH PEOPLE LIVING WITH DEMENTIA

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Background Dementia is the second leading cause of death in Australia. However, people living with dementia often miss out on the opportunity to discuss advance care planning (ACP) and access palliative care.

Frontline aged and primary care staff are well placed to initiate ACP discussions with people living with dementia. However, many staff report a lack of confidence and skills in ACP and palliative care for people living with dementia.

The Advance Project Dementia is funded by the Australian government and aims to improve aged and primary care staff confidence, capacity and skills in ACP and assessing palliative care needs of people living with dementia.

Methods A literature review, environmental scan, input from an expert advisory group and extensive stakeholder engagement informed the development of a dementia-specific model and guide for initiating ACP and palliative care needs assessment at various levels of cognitive capacity, a suite of practical resources and online training to explain how to use the resources in everyday practice. Stakeholder interviews were held with 56 participants across Australia, including people living with dementia, family members, general practitioners, aged and primary care nurses, aged care providers and peak bodies. **Results** The toolkit and online training are freely accessible and being disseminated to aged and primary care organisations across Australia. A train-the-trainer program is available to support implementation of the toolkit by aged and primary care organisations as part of routine practice. An evaluation is being conducted with train-the-trainer participants and a subset of implementation sites to inform ongoing quality improvement of the program.

Conclusion The Advance Project Dementia www.theadvance-project.com.au/dementia provides a suite of dementia-specific

training and resources that aim to make it easier for aged and primary care professionals to initiate courageous end-of-life conversations and assess palliative care needs of people living with dementia, to enable better care.

PP14: ACP in Palliative Care

PP14.001

ATTITUDES AND BEHAVIOURS TOWARDS COMPLETING ADVANCE CARE PLANS IN THE PALLIATIVE DEPARTMENT OF AN ACUTE CARE HOSPITAL

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Background A background review of the baseline rate of Advance Care Plan (ACP) completion in patients admitted to the palliative department of Tan Tock Seng Hospital (TTSH) was 4.9%. As part of an ongoing effort to increase the rate of ACP completion, an improvement project was embarked on in March 2022. Initial efforts were encouraging, but the rate dropped 5 months after the project had started. An online survey was conducted to ascertain the attitudes towards completing the ACP.

Methods The survey was conducted in November 2022. The survey targeted clinical staff of the TTSH Palliative department. Responses were collated by a medical student who was part of the team.

The questions posed pertained to confidence in conducting ACP discussions, reasons for not completing an ACP, barriers that significantly deter one from completing an ACP and what would help staff conduct ACPs.

Results There were a total of 22 medical staff who completed the survey. 91% of respondents were confident in conducting an ACP. Responses were divided on whether patient-related factors had a part to play with non-completion. At times, family or patients are not ready for ACP discussions. >50% of staff found entering data into the national ACP platform portal very cumbersome. 22% felt that there is a lack of reminders to complete ACP.

Conclusions In conclusion, the main barrier in completing ACPs was that the national ACP platform portal is too cumbersome. Majority felt that post ward round reminders to screen for suitable patients would be useful. This survey has helped the project team understand and implement more relevant measures in trying to prioritize ACP appropriately at the end of life.

PP14.002

FINAL DESTINATION: A FOCUS ON THE PREFERRED PLACE OF DEATH IN A PALLIATIVE HOMECARE SERVICE

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Background In developed countries, patients receiving Palliative Homecare (PHC) service are more likely to discuss care preferences and fulfilment of preferred place of death (PPOD). Amid Singapore's aging society, the Ministry of