

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](http://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

Health (MOH) is boosting palliative care in the community to enable more people to demise in their PPOD. A 2014 Lien Foundation survey on death attitudes found that over three-fourths of Singaporeans prefer home death, yet only a quarter of deaths in 2020 occurred at home. In comparison, Singapore Hospice Council (SHC) found that 55% of patients referred to PHC were able to die at home. This retrospective study aims to determine the rates of Advance Care Planning (ACP) discussion in a homecare setting, its associated rates of fulfilled PPOD, and possible reasons for unfulfilled PPOD.

**Methods** De-identified data of 402 patients from Dover Park Hospice (DPH) homecare who demised between January and December 2022 were reviewed. 12 patients were excluded due to inconclusive data. Data of 390 patients were analysed for completed ACP discussion initiated by the homecare team, and the fulfilment of PPOD.

**Results** ACP was initiated by the homecare team for 373 (95.6%) of 390 patients. Only 2 (0.5%) patients declined or were not ready, while the remaining 15 (3.9%) demised before the initial home visit. PPOD was fulfilled for 344 (92.2%) patients, of which 249 (72.4%) patients managed to demise at home.

**Conclusions** Majority of patients receiving PHC have ACP discussions, which may be attributed to consistent interactions and rapport between patients and the homecare team. The rates of fulfilled PPOD home deaths are higher than the national average (72.4% vs 55%), which suggests homecare patients and families referred to PHC are well-supported at the end-of-life. Hence, building the capacity to provide PHC service in the community may improve fulfilled PPOD rates.

PP14.003 **IMPROVING ADVANCE CARE PLAN COMPLETION AMONG PALLIATIVE MEDICINE INPATIENTS IN AN ACUTE CARE HOSPITAL**

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**Background** Advance care planning (ACP) enables patients' end-of-life wishes to be better known and followed, reduces caregiver burden in decision-making, and reduces use of invasive interventions at the end of life.

A baseline audit showed that the average ACP completion rate among inpatients of our acute palliative care unit who had no prior ACP done was 4.9%.

Surveys performed suggested a realistic target goal of 40%. The aim was to increase new ACP completion rate among Palliative Medicine inpatients from 4.9% to 40% over 6 months.

**Methods** Inpatients under the Department of Palliative Medicine with no prior ACP done were included, while patients under the department for 3 days or less were excluded.

A flowchart of the baseline work processes was developed. Root causes for poor ACP completion rates were elicited through brainstorming and root cause analysis. The top root causes were identified via multi-voting based on the Pareto principle. Interventions were implemented in a stepwise fashion and studied using the Plan-Do-Study-Act framework. Results were studied in 2-weekly intervals.

**Results** The top root causes that accounted for 80% of the votes were: (1) No organized system to initiate ACP; (2)

Goals of care discussion deemed sufficient; (3) Inadequate staff knowledge about ACP; (4) No protected time.

Interventions included staff education to correct misperceptions and clarify work processes, introduction of documentation templates indicating whether ACP has been done/offered with senior staff to oversee the screening process, and introduction of protected time for staff to conduct ACP discussions.

Over 6 months, the average rate of new ACP completion increased from 4.9% to 44.4%.

**Conclusions** It is feasible to improve ACP completion in an acute palliative care unit using targeted interventions, via a systematic approach to quality improvement.

Further work will be done to ensure sustainability and explore potential spread of the interventions.

PP14.004 **ADVANCED CARE PLANNING IN THE FIRST PALLIATIVE OUTPATIENT VISIT**

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**Background** Advanced care planning (ACP) is a key component of palliative care services. However, starting a discussion at the first outpatient visit is challenging due to time restraints and no prior relationship building with the patient.

**Methods** This research is a retrospective medical record review. The authors obtained data from all outpatients at Karunruk Palliative Care Center, Srinagarind Hospital, Khon Kaen University, Thailand between 1 October 2021 to 30 September 2022. Data analysis used frequency and percentages for descriptive data, and univariate and multivariate logistic regression for analyzing factors associated with home death preference.

**Results** There were 377 OPD consults; 198 (52.52%) were male, 74.27% were over 60 years of age and 75.33% were married. Most patients (80.11%) were diagnosed as cancer and their palliative performance status (PPS); 10–30% 19 (6.29%), 40–60% 216 (71.52%) and 70–90% 67 (22.19%). Over half the patients (58.09%) had no comorbid disease, 32.36% had 1–2 co-morbidities, and 9.55% had over 2. At the first visit, 335/377 (88.86%) patients were pleased to discuss ACP. 298/335 (88.96%) chose full comfort ACP, and 253/335 (75.52%) wished to die at home. After ACP discussion no patient preferred full code ACP. Univariate logistic regression analysis showed those with 1–2 co-morbidities, >2 co-morbidities, cancer and requesting full comfort ACP were associated with home death ACP. Odd ratios were 0.56, 0.41, 2.54 and 2.68. 95%CI were 0.32–0.97, 0.18–0.95, 1.44–4.48, 1.32–5.42 and P-value = 0.038, 0.038, 0.001, 0.006 respectively. Multivariate logistic regression found cancer and full comfort ACP were associated with home death ACP choice with odd ratios = 2.00 and 2.50. 95%CI were 1.01–3.97, 1.22–5.14, and P-value = 0.046, 0.013 respectively.

**Conclusion** ACP discussions can be performed with high success rate in the first OPD visit. Cancer diagnosis and full comfort ACP preferences were strongly associated with home death preference.