

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.