

PP14.005

SUCCESSFUL RATE OF ADVANCED CARE PLANNING AT FIRST PALLIATIVE CARE ADMISSION IN A SUPER TERTIARY HOSPITAL

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Background Palliative care is medical care that focuses on relieving symptoms, improving quality of life, and assisting with decision-making through Advanced care planning(ACP). An individual ACP reflects value and preference of each patient. Patients with an advanced disease usually refer to a super tertiary hospital for diagnosis and advanced treatment before referring back to primary care. The challenge for palliative care team is advance care planning at the first admission with limited time.

Methods This retrospective article retrieved data from all hospitalized non-ICU patients who were treated under Karunruk Palliative Care Center in Srinagarind Hospital, Khon Kaen University, Thailand between 1 October 2021 to 30 September 2022. Descriptive data were presented with frequency and percentage. Association factors with home death preference were analyzed by univariate and multivariate logistic regression.

Results A total 819 inpatients data were collected, 450(54.95%) male, age <60 285(34.80%), age 60–70 266(32.48%), age >70 268(32.73%), married 566(69.11%), single 67(8.18%), other marital status 186(22.71%), no co-morbidity 454 (55.43%), 1–2 co-morbidities 290(35.41%), >2 co-morbidities 75(9.16%), cancer 608(74.24%) and non-cancer 211 (25.76%). Palliative performance scores for cancer patients were 10–30% 132(21.71%) 40–60% 415(68.26%) and 70–90% 61(10.03%). Most family and/or patients (801/819, 97.80%) participated ACP discussion in the first consultation session; 727/801(90.76%) chose full comfort ACP and 623/801(77.78%) preferred home death. Multiple logistic regression found married, others marital status, cancer and full comfort ACP had odd ratio 0.76, 2.63, 2.98, 2.80 and 4.36 respectively. 95%CI were 1.49–4.65, 1.55–5.74, 1.83–4.29, 2.61–7.30 and p-value = 0.001, 0.001, <0.001 and <0.001 respectively.

Conclusion In the first palliative consultation session, ACP can be conducted and got impressively high full comfort ACP and home death preference. Factor associated with home death are married, others marital status, cancer and full comfort ACP.

PP14.006

FUNCTIONAL AND SOCIOECONOMICAL STATUS ASSOCIATED WITH ADVANCED CARE PLANNING COMPLETION

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Background Advance Care Planning (ACP) aims to establish shared understanding of patients' values and preferences, that acts as a guide for future medical care decisions. However, promoting conversations through ACP have come under scrutiny as patients' preferences are rarely static and influenced by

a variety of factors. Though barriers of healthcare professionals regarding initiation of ACP have been investigated, how patient factors influence ACP completion have not been well reported.

Methods We conducted a retrospective review of patients discharged or demised from 1st January 2019 to 31st December 2021 at HCA Hospice Limited, the largest home hospice palliative care service provider in Singapore. Completed ACP was defined as completion of all four domains: Resuscitation status, Extent of medical interventions, Preferred place of care (PPOC) and death (PPOD). Demographics and socioeconomic factors were studied. Duration of illness, length of stay (LOS) under home hospice service, and place of documentation were also compared.

Results Among a total of 7588 patients, 2249 (29.6%) had completed ACP. It was observed that patients with lower ECOG status, higher socioeconomic status, and those who were separated tend to have lower completion rates. There were no observed differences in age, gender, race, education, religion, or cancer versus non-cancer primary diagnoses. Patients with shorter LOS were also observed to have higher incompleteness rates. Among those incomplete ACPs, most had discussions that were in progress (23.6%), while other reasons included patients being terminally ill or cognitively impaired. Patients with any unfilled ACP domains were also observed to have lower PPOD honoured rates as compared to those with their respective domains filled.

Conclusion Only a minority of patients have completed ACPs. This preliminary data may guide better identification of patients with 'risk factors' for incomplete ACP. Strategies to improve completeness can include education of healthcare professionals and streamlining documentation processes.

PP16: ACP in Paediatrics

PP16.001

THE EXPERIENCE AND CHALLENGES OF PAEDIATRIC ACP IMPLEMENTATION

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Background Parents often have to make difficult medical decisions during crises for their children with life limiting conditions. An advance care plan (ACP) allows parents to discuss their children's preferences and treatment options early. Since September 2015, an ACP programme was launched in KK Women's and Children's Hospital. We describe our experience with introducing paediatric ACP in our institution.

Methods From July 2015 to December 2022, 371 children were identified by their primary care team and ACP conversations were conducted by in-house trained facilitators who are healthcare practitioners (HCP) like medical social workers, nurses and doctors.

Results A total of 471 records with 21% of the children being reviewed on their completed documents or re-attempting to engage parents who had previously discontinued/rejected the ACP conversation. of the 471 records, 227 were completed, 5 ongoing, 150 discontinued and 89 rejected discussion. 79% of the completed records are children from neurology, neonatology, haemato-oncology and cardiology. Less than 20% of the

children, who are either too young or lack mental capacity, participated in the ACP conversation. For the others, parents do not want their children be involved as they may not be aware of their condition or the severity.

Discussion/Conclusions To increase outreach and awareness on ACP, strategies like holding roadshows for hospital staff; developing collaterals such as brochures to facilitate the communication with parents; incorporating initial ACP exploration as part of MSW's standard of care and embedding facilitators in high-risk clinics to identify patients suitable for ACP introduction.

With an ACP discussion, parents are engaged early and have the opportunity to act as their child's proxy by articulating preferences, thus allowing the medical team to clarify their wishes before any medical crises. Nevertheless, ACP is a complex and sensitive conversation, particularly in the child-parent-HCP triad.

PP16.002 EFFECT OF FACE[®]-TC ON ADOLESCENTS' DECISIONAL SUPPORT, PREPAREDNESS, AND SYMPTOMS AT 3 AND 12-MONTHS POST-INTERVENTION

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Background and Aims Pediatric advance care planning (pACP) is a process of preparation and skill development to facilitate discussions about future medical care choices. We evaluated the efficacy of FACE[®]-TC on adolescents' decisional support, preparedness, and quality of life (QoL).

Methods Single blinded, intent-to-treat randomized clinical trial. Adolescents with cancer/family dyads were randomized at a 2:1 ratio to either FACE[®]-TC or Treatment as Usual (TAU) at four pediatric hospitals. Dyads received 3 weekly 60-minute FACE[®]-TC sessions: pACP Survey; Respecting Choices[®] Next Steps[™] ACP; and Five Wishes. Control dyads received Treatment As Usual (TAU). All received pACP information. Outcome measures were: Decisional Support and Preparedness; FACIT-Spirituality; and PROMIS measures.

Results 126 dyads underwent randomization (83 FACE-TC and 43 TAU). Compared to TAU, FACE-TC adolescents were significantly more likely to agree or strongly agree to 'I feel prepared for the future' (76%vs.94%, $p=0.025$) and to 'I feel we are now on the same page' (76%vs.94%, $p=0.044$) at 3 months post-intervention (N=107). There was no intervention effect at 12-months (N=104). Compared to TAU, FACE-TC had no significant effect on meaning/purpose or peace at 3-months, but significantly decreased meaning/peace at 12-months [Mean, SD=28(4) vs.26(5), $p=0.029$]. Compared to TAU, FACE-TC had no effect on the PROMIS measures at 3 months, but significantly increased Pain Interference [Mean, SD=40(80) vs.4 (10), $p=0.030$]; Anxiety [42(12) vs.52(10), $p=0.001$]; Depressive symptoms [43(8) vs.49(11), $p=0.007$] at 12-months.

Conclusions Although FACE-TC increased adolescents' feelings of being prepared and supported. By 12-months FACE-TC adolescents had poorer quality of life. The outbreak of COVID during the 12-month follow-up visits may have made pACP more salient, given this effect was not observed at 3-months post-intervention.

PP16.003 FACILITATORS' EXPERIENCE AND CHALLENGES IN PAEDIATRIC SETTING

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Background Paediatric advance care planning typically involves parents for surrogate decision-making as many children do not have the capacity to consent due to developmental immaturity or communication impairment in view of clinical condition. It requires effective communication to clarify goals of care while focusing on the future wishes, and establish agreement on preferred treatments with the development of an advance care plan document.

Methods Paediatric Palliative Care Service (PPCS) has health care professionals (HCP) who provide palliative care for children aged 0–18 years. All members are qualified facilitators and the number of completed advance care planning (ACP) document for all new referrals to the service is measured annually. Conversation with them where appropriate is set as a measure to effectiveness of the care rendered. The present study will be the analysis of discussions with parents of children (non- oncology group and oncology) referred to palliative team from 2020–2022.

Results The previous analysis in 2018, 5 (21%) new patients referred to PPCS completed advance care planning documents of which 8% (2) of patients were from oncology and 13% of patients were from non-oncology group. Two children (40%) had their wishes respected. Most parents were reluctant to engage the discussion initially however stated a relief once the document was completed. Majority of them would like medical team updates and assistance in their decision making. Some did not feel comfortable, not ready and refused participation while some did not complete the session. Few were not averse to escalation of care as afraid physicians are giving up. The detailed analysis for 2020–2022 on parents' preferences and challenges will be presented.

Conclusion Though ACP provides an action plan for everyone, future care plan around end-of-life (EOL) for children is most challenged by high emotional impact related to end-of-life care decisions.

PP17: ACP in Special Populations

PP17.001 ARE STROKE SURVIVORS READY TO TALK ABOUT ACP? A CROSS-SECTIONAL STUDY OF STROKE PATIENTS IN A REHABILITATION CENTRE IN SINGAPORE

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Background Stroke is often associated with long term morbidity and increased mortality risks of up to 30% within the first year. Advance Care Planning (ACP) has a role in ensuring good delivery of care by considering one's values and preferences. In Asian cultures, it may be considered taboo to talk about end-of-life (EoL) issues, especially among the