

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

elderly. The objective of this study is to examine the readiness and awareness of ACP and demand for ACP referrals in a cohort of Asian stroke patients admitted to a rehabilitation centre.

Methods A single centre cross-sectional face to face structured interview conducted in a tertiary stroke rehabilitation centre in Singapore. Data collected on demographics, severity of stroke, functional status, health perception, awareness and keenness for ACP is obtained.

Results From June 2022 to Dec 2022, a total of 304 patients were screened and 41 patients were recruited of the 41 recruited participants, only 36.6% (n=15) are aware of ACP or other EoL directives. There are no significant association between ACP awareness and age (p=0.508), different ethnicity (p=0.225), education level (p=0.071), employment status (p=0.322), previous hospitalisation (p=0.393), and functional status (p=0.819). Despite this, 82.9% (n=34) are keen for further information, and 80.5% (n=33) are keen for an ACP referral.

Conclusions In this cohort of Asian stroke patients, there is a clear lack of awareness of ACP. What is encouraging though, is that the majority of stroke survivors are keen for further ACP discussion. As such, we propose that ACP discussion should be initiated in stroke patients admitted to rehabilitation. Furthermore, the extended inpatient stay required for rehabilitation (in our centre, the average rehabilitation length of stay is 1 month) allows for establishment of rapport and trust between the patient and rehabilitation which are important for honest and frank discussions of ACP.

PP18: ACP in Nursing Homes

PP18.001

ADVANCE CARE PLANNING INTERVENTION PROJECTS FOR DEMENTIA PATIENTS – JAMIYAH NURSING HOME (DARUL SYIFAA), SINGAPORE

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Batik Art Engagement with Sarkasi Said

In 2019, Jamiyah Nursing Home (Darul Syifaa) leveraged on the WeCare Arts Fund, a scheme by the National Arts Council (NAC) and Community Development Councils (CDCs) in Singapore that supports collaborations between artists and Social Service Agencies (SSAs). Through the Fund, Jamiyah Nursing Home (Darul Syifaa) collaborated with Sarkasi Said, an internationally renowned batik painter who has been practising this form since 1970, to allow the residents to experience and explore this art form. They were introduced to the batik culture and learnt a new skill working with tjantings (A tjanting is a tool for putting wax onto cloth before it is dyed.), hot wax and various fabrics over the course of 8 weeks.

Let's Grow @ JNH Orchid Garden

When COVID-19 hit the world, and Singapore exercised the Circuit Breaker in 2020, outings and visits for the residents were put on an immediate halt. The isolation and restriction measures that affected their physical and

psychosocial well-being tremendously impacted the residents. Residents started showing signs of depression and emotional disturbance.

As such, Jamiyah Nursing Home (Darul Syifaa) collaborated with its community partner, the West Coast Community Club, to start creating an Orchid Garden within the compounds of the nursing home as part of its overall effort to provide good palliative care.

PP18.002

PREVALENCE OF ADVANCE CARE PLANS AND CARE CONSISTENCY WITH CARE PREFERENCES: A CLUSTER-RANDOMIZED CONTROLLED TRIAL IN 44 GERMAN NURSING HOMES

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Background The risk of life-threatening illness increases with frailty, and comorbidities, as indicated by rising rates of life-sustaining treatments. These, almost automatically applied, may evoke suffering, risk of traumatization of relatives and strain on treatment teams. For carrying out treatments according to patients' preferences, instruments like advance directives have become established in Germany. Data presented here, show the prevalence of advance care plans and the rate of treatment decisions in which nursing home (NH) residents' preferences were known and honoured in life-threatening events before implementing advance care planning (ACP).

Methods Data were collected in the cluster-randomized controlled trial (BEVOR), which investigated the effects of a regional ACP program in 44 NH in Germany. The rate of advance care plans (advance directives, health care proxy designation, emergency orders) based upon aggregated routine NH data of 4350 residents and was collected by trained NH staff between 04–11/2020. The rate of 'care consistency with care preferences' based upon a data collection of 892 residents. It includes: records search, interviews with residents, surrogates and staff. The information is summarized in an integrated judgment by trained study staff.

Results 44% (±13%) of residents had an advance directive, 5% (±8%) an advance directive by proxy, and 3% (±7%) an emergency order. In 5% of life-threatening events, these documents applied. 63% (±22%) had a health care proxy on file. On average, the documents date back to 2014. In 15% of all treatment decisions in the event of a life-threatening decision the residents' preferences were known and honored.

Conclusion Great potential for improvement in the implementation of respecting patient preferences in life-threatening situations was shown. To achieve this, an improved decision-making culture in the sense of (advance) shared decision