

added to an overwhelming list of health care professionals' responsibilities.

Methods Innovative Approaches

Results Fraser Health Authority had 1 FTE dedicated ACP systems level HCP for 13 years. In 2019, FH expanded its ACP program from a single HCP to three nurses and three social workers. The team works at a regional level to improve ACP practice across 12 hospitals, 20 communities, in all settings of care and with all health care disciplines – a first for Canada!

Conclusion Recognizing that education alone is not sufficient to improve HCP engagement in ACP, the team developed an innovative systems improvement approach. In addition to education, this approach prioritizes the following:

- systems and needs assessment;
- cohorted education;
- systems and workflow redesign;
- coaching and mentoring; and
- outcome measurement.

This poster will highlight how this unique team was built and more importantly, the innovative approach to their work: the Fraser Health Advance Care Planning Systems Approach Model.

PP19.002 DEVELOPING AN INTERACTIVE ADVANCE CARE PLANNING FRAMEWORK

Cari Borenko*, Lauren Thomas, Andrew Saunderson. *Fraser Health Authority, British Columbia, Canada, Canada*

10.1136/spcare-2023-ACP.107

Background Fraser Health Authority (FHA) has had an Advance Care Planning (ACP) Framework since 2017. The model served as a guide to support health care professionals (HCPs) expand their understanding and support evidenced based practice. It supported HCPs with questions such as:

- When do I start ACP conversations with clients?
- Where do I document these conversations?
- What kinds of questions should I be asking clients?
- What is the link between ACP and Medical Orders for Scope of Treatment (MOST)?
- What other HCP resources are available for me and for clients?

However, a traditional text-based structure is not adequate for the current needs of busy HCPs in 2022.

Methods Innovative Approach

Results Together with provincial partners, the Regional FHA ACP team co-created an interactive illustrative framework and an accompanying toolkit to support consistent understanding of ACP.

Conclusion While the nautical graphics assist with 'big picture' understanding, the complementary HCPs toolkit outlines 'what to do and when'. Both contain clickable direct links to clinician tools, documentation forms, contact information for advice, and informational resources to pass on to clients. The intention of this two-part framework is to address:

- A variety of ways of learning: visual (professionally designed graphics; links to videos), auditory (converted to pdf for pdf readers, links to podcasts), read/write (text based information), kinaesthetic (examples of conversations and documentation).

- Practicality: quick, need to know information.
- Links to exactly what they need, when they need it.

PP19.003 ACP BARRIERS AND ENABLERS FROM THE LENS OF THE NURSES

Faye Man-Yu Chan*. *CUHK Institute of Ageing, Hong Kong*

10.1136/spcare-2023-ACP.108

Background Advance care planning (ACP) has the potential to address patients' end-of-life care needs. In Hong Kong, ACP is relatively new to the public. Older adults and patients with progressive and life-limiting illnesses are beginning to embrace the concept. As such, frontline healthcare professionals, need to have a good understanding of the concepts and the skills to initiate such conversation. The end-of-life care capacity-building program of the CUHK Institute of Ageing, is part of the Jockey Club End-of-life Healthcare Professionals of the public hospitals in the New Territories East Cluster. And since 2022, the training sessions are extended to the Hong Kong West and East Clusters. Although the Hospital Authority has guidelines for clinicians in promoting ACP to the appropriate patients, there are barriers. It is important to have a thorough understanding of the barriers and the facilitating factors to enhance the progression of ACP to meet the patient and family's end-of-life care needs.

Methods A cross-sectional, self-administered survey will be conducted on nurses of public hospitals in March 2023. The survey is being promoted through the hospital's central nursing division. The questionnaire is adapted to the Hong Kong culture from a recently published questionnaire in Canada. Data will be collected in Mar and Apr. The results will be statistically analyzed using SPSS.

Results The results of the perceived barriers and enablers will be categorized as clinician, patient, and system factors, rating on a 6-point Likert scale from 0 (a minimal extent) to 6 (an extreme amount), and the enablers by using an open-ended question.

Conclusion There are barriers to engaging patients and families in ACP at the clinician, patient, and system levels that could potentially be addressed through the development of multidimensional ACP implementation.

PP19.004 END-OF-LIFE CARE CAPACITY BUILDING PROGRAM – TRAINING TO HEALTHCARE PROFESSIONALS TO FACILITATE ACP

Faye Man-Yu Chan*. *CUHK Institute of Ageing, Hong Kong*

10.1136/spcare-2023-ACP.109

Background Advance care planning (ACP) has the potential to address patients' end-of-life care needs. ACP is relatively new to the public in Hong Kong, but older adults and patients with progressive and life-limiting illnesses are beginning to embrace the concept. As such, frontline healthcare professionals need to have a good understanding of the concepts as well as the skills to initiate such conversation. The end-of-life care (EOLC) capacity-building program of the Institute of Ageing, The Chinese University of Hong Kong, is part of the