

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

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**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

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**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 Community Care Project since 2015. It has been training 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

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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

Jockey Club End-of-life Community Care Project since 2015. It has been training 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. Through the EOLC program, training sessions relating to ACP have been implemented to enhance the clinician's knowledge and skills. The participants' feedback on the ACP training can be used to enhance the quality of future training.

**Methods** Data of the evaluation feedback of the participants from 2020–2022 in ACP are analyzed and summarized.

**Results** The results are categorized in terms of the quality of the training, knowledge, and skills in ACP, and application to clinical settings.

**Conclusion** The overall quality and practicality of the training were well received. There is an enhancement in both knowledge and skills in addressing the training needs of healthcare professionals in ACP.

PP19.005

#### CONCEPTS OF ADVANCE CARE PLANNING PROCESSES IN DIFFERENT CLINICAL SETTINGS: EXPERIENCES FROM SWITZERLAND

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**Background** As discussed worldwide, Advance Care Planning (ACP) needs successful and feasible processes. Useful documentation needs to be viewed in relation to the specific healthcare context, as there are significant differences in clinical practice. **Methods** In Switzerland, ACP is used as a standardized advance health care planning tool adapted to a variety of settings. We describe current concepts and experiences of ACP in three clinical settings: palliative care, short-term preoperative planning, and for emergency situations in an intensive care unit. We illustrate these by case examples from our everyday experience.

**Results** In palliative care units, there are usually multiple contacts between ACP facilitators and patients over time, creating a deeper bond. ACP needs can be elicited and adjusted through repeated conversations. The result can range from brief conversations in which the care goal of maximizing palliative care is clear to complex palliative emergency and end-of-life care planning.

In preoperative ACP conversations the focus lies on adapting and integrating ACP in relation to emergencies before or during interventions. Hypothetical questions about general advance health care planning and end-of-life care goals in the event of incapacity are less important and therefore less frequently discussed.

Acute situations are dominant in the intensive care unit (ICU) and quick decisions are required. ICU patients who are capable of judgment experience the consequences of their decisions directly. Opportunities for joint communication,

information and decision-making are rare and must be seized.

**Conclusions** ACP is feasible as a standard of advance health planning done by trained ACP facilitators including physicians and nurses but must be adapted to various clinical circumstances and ACP processes. Content and documentation of ACP discussions depend on the time span from consultation to intervention, potential risk of future emergencies and capacity of decision-making.

PP19.006

#### FROM MEDICAL AND NURSING STUDENTS TO HEAD PHYSICIANS AND ADVANCED PRACTICE NURSES: ADVANCE CARE PLANNING COMMUNICATION SKILLS TRAINING IN SWITZERLAND

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**Background** Conversations about treatment goals, care planning and shared decision making are key to patient-centered care and rely heavily on specific communication skills. In Switzerland, Advance Care Planning (ACP) and shared decision making have been integrated into the curricula of many medical, nursing, and other health care professions and is increasingly addressed in postgraduate education. In Switzerland, there is yet no overarching concept for teaching communication skills regarding ACP.

**Methods** Based on the existing curriculum, we describe the development of ACP education in Switzerland from basic to postgraduate teaching and clinical training. The specific contribution of different disciplines, including teaching (e.g., serious moral games, simulated patients), domain-specific knowledge (e.g., critical care), and communication skills, is presented, as well as approaches to assessing learners' knowledge and skills through Objective Structured Clinical Examination (OSCE) and other feedback tools.

**Results** Based on our findings, we develop a generic concept for teaching ACP to students, ACP facilitators, experienced physicians and nurses that has been implemented in various institutions in German-speaking Switzerland (e.g., ETH Zurich Medical School, Bern University of Applied Sciences, Careum Postgraduate School Aarau, ACP Swiss interprofessional training, University Hospital Zurich). We present its core elements consisting of blended learning units (serious moral games, e-learning elements), thematic lectures and training sessions with simulated patients covering specific aspects of the ACP process. These core elements can be taught and trained in different educational contexts and deepened at various levels from 'beginners' to 'experts'. They help effectively to monitor learning outcomes and promote ongoing student engagement in using ACP application, demonstrated by our evaluation.

**Conclusions** A longitudinal curriculum for Advance Care Planning and goals of care can be successfully implemented and is rated as useful by learners, students, and professionals alike.