

service. of those referred, the eventual completion of ACP discussions averages 12.3 patients per month.

The objective of our quality improvement project was to increase both the number of referrals for ACP from our inpatient service as well as the number of completed ACP discussions by 100% over a period of 5 months from July to November 2022.

Methods Interviews were conducted with 4 clinicians, 2 allied health staff, 1 patient and 3 family members to identify barriers in referral for ACP. Our clinicians had low levels of recognition of ACP as an important aspect of care. This was identified as the most impactful factor on root cause analysis.

Our intervention comprised firstly education of our staff through lectures on ACP. Secondly, emails tracking the individual number of ACP referrals were sent to our staff on a monthly basis.

Results The number of referrals for ACP increased to an average of 47.6 patients per month (185.6% increase). The overall number of completed ACP discussions increased to an average of 28 patients per month (127% increase).

Conclusion Improving clinician awareness of ACP through simple measures like education and tracking of referral numbers is effective in increasing ACP discussions. Areas to focus on in future would include addressing patient and family factors to ensure more patients who are referred for ACP eventually complete their ACP discussion successfully.

PP20.004

COLLECTIVE INTELLIGENCE FOR INFORMING THE DESIGN OF AN E-HEALTH INTERVENTION FOR ADVANCE CARE PLANNING IN IRELAND

¹Monika Pilch*, ²Catherine Hayes, ³Owen Harney, ⁴Frank Doyle, ^{1,5}Stephen Thomas, ⁶Victoria Cooper Lunt, ³Michael Hogan. ¹Centre for Health Policy and Management, School of Medicine, Trinity College Dublin, Dublin, Ireland; ²Public Health and Primary Care, School of Medicine, Trinity College Dublin, Dublin, Ireland; ³School of Psychology, University of Galway, Galway, Ireland; ⁴Department of Health Psychology, School of Population Health, Royal College of Surgeons in Ireland, Dublin, Ireland; ⁵Health Policy and Engagement, School of Medicine, Trinity College Dublin, Dublin, Ireland; ⁶Beaumont Hospital and St Luke's Radiation Oncology Centre at Beaumont Hospital, Beaumont Hospital, Dublin, Ireland

10.1136/spcare-2023-ACP.120

Background Engaging stakeholders in ACP is a challenging systemic problem that requires a social innovation approach and a clear conceptual framework guiding behavioural and social change efforts. This study aimed to generate, clarify, and structure stakeholders' perspectives on barriers to ACP engagement, options for overcoming these barriers, and end-user needs. Input from all relevant stakeholders was gathered to inform the design of a digital health behaviour change intervention for engaging older adults (50+) in ACP in Ireland. **Methods:** To advance co-production and intervention design goals, the current study used stakeholder-engaged collective intelligence and scenario-based design methods. A total of 22 participants were recruited to three collective intelligence sessions. **Results:** Identified barriers (n=109) were grouped into seven categories; including psychological, resources and supports, ACP process and methods, ACP literacy, interpersonal and inter-professional, cultural and societal and service-related. Stakeholders generated 222 options for overcoming these barriers, including (a) Changing Perceptions of ACP and Increasing Psychological Readiness, (b) Developing High Quality Resources,

Support Systems, and Infrastructure, (c) Using Creative Methods and Strategies to Facilitate stakeholders' Engagement in ACP, (d) Increasing ACP Literacy through Education and ACP Campaigns, (e) Facilitating Timely, Focused, and Meaningful Interaction between Stakeholders, (f) Promoting Cultural and Societal Transformation, and (g) Co-designing a Need and Value-based Service. Additionally, four domains of affordances (time, ACP training, conflict, and leadership) were highlighted. Participants identified a total of 230 end-user needs, grouped into five categories: Behavioural; Communication; Awareness, Information, and Knowledge; Decision; and Personal, Interpersonal, and Collaboration. **Conclusion:** Findings integration offered insight into the complexity of the design context and problem situation in Ireland and highlighted important directions for context-specific ACP intervention development. The use of design thinking methodologies is suggested in the next developmental phase. Implications for practice, policy, and future research are discussed.

PP20.005

IDENTIFYING FACTORS ASSOCIATED WITH ENGAGEMENT IN FUTURE CARE CONVERSATIONS WITH TRUSTED OTHERS IN IRELAND: AGE AND GENDER DIFFERENCES

¹Monika Pilch*, ²Mark Wards, ³Frank Doyle, ⁴Stephen Thomas, ⁵Rose Anne Kenny, ¹Peter May, ⁶Catherine Hayes. ¹Centre for Health Policy and Management, School of Medicine, Trinity College Dublin, Dublin, Ireland, Dublin, Ireland; ²The Irish Longitudinal study on Ageing (TILDA), Trinity College Dublin, Dublin, Ireland; ³Department of Health Psychology, School of Population Health, Royal College of Surgeons in Ireland, Dublin, Ireland; ⁴Health Policy and Engagement, School of Medicine, Trinity College Dublin, Dublin, Ireland; ⁵Medical Gerontology, School of Medicine, Trinity College Dublin, Dublin, Ireland; ⁶Public Health and Primary Care, School of Medicine, Trinity College Dublin, Dublin, Ireland

10.1136/spcare-2023-ACP.121

Background Ireland needs evidence-based strategies for meaningful engagement in ACP activities. This study aimed to identify factors associated with conversations with trusted others among older adults in Ireland. **Methods:** Data from the Irish Longitudinal Study on Ageing (TILDA), a nationally representative study of community-dwelling older adults (≥ 50 years old), was used. Participants who consistently reported ACP conversations with trusted others at Waves 4 and 6 (n=2764) were included. Binary logistic regression was carried out using these ACP conversations as a dependent variable (categorised as engagement/nonengagement). The results of a mixed-research synthesis informed selection of explanatory variables; including age, gender, education, pain, making a will, religiosity, wish to die, and marital status. Data were stratified by gender and age groups. **Results:** Although men (n=1242) were 58% less likely to engage in conversations with trusted others, there was a 4% increase in odds of their engagement per year older. Younger participants (≤ 64) who made a will were 99% more likely to report ACP conversations. Those who were ≤ 74 years old and reported pain were 42% more likely to engage. Men and younger participants (50–64) who ever experienced a wish to die were over twice as likely to report ACP. Similarly, men and those > 74 years old with a third level education were twice as likely to engage. for every additional score on the health literacy scale, women were 56% more likely to report ACP. Younger participants (50–64) for whom religion was