PP21.002 REVIEW OF THE ADVANCE CARE PLANNING (ACP) 2.0 PROGRAMME IN TTSH ON TRAINING, PRACTICE AND IMPLEMENTATION
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10.1136/spcare-2023-ACP.124

Aim(s) To evaluate ACP 2.0 programme in TTSH by doing comparative evaluation of 3 aspects namely, training, practice and implementation from FY2017 to FY2022, and the effects of COVID-19 pandemic on the programme.

Methodology Retrospective analysis of ACP data in TTSH and historical developments of the TTSH ACP 2.0 programme was conducted. New developments that were implemented included:

- Trial of Tele-ACP in FY21–22
- Implementation of ACP FYI-flag in EPIC system
- Self-registration of access to AIC ACP IT portal by TTSH ACP facilitators
- Virtual ACP training in FY20–22
- Physical and virtual ACP talks and webinars in partnership with community partners

Results The following results were observed:

- 1121 participants attended ACP facilitation training from FY17–21. There was a 39% decrease in training enrolment in FY20 due to COVID-19 pandemic but a 52% increase was recorded in FY21 after training was converted to virtual format.
- Reduction in number of completed ACP with 12% drop in FY20 and 14% decrease in FY21. Total number of 5312 ACP were completed from FY17–21.
- 240 staff were trained as ACP advocates from FY17–21.
- 24 tele-ACP were conducted from April 2021 to March 2022 with monthly average of 2 tele-ACP sessions.

Conclusion COVID-19 pandemic has affected ACP training and facilitation significantly due to nation-wide strict no-visitaton policy in hospital, safe distancing measures and general uneasiness of patients and families to visit hospital. In spite of these challenges, the ACP team persevered with continual engagement with different clinical disciplines. The implementation of virtual training, Zoom meetings, webinars and tele-ACP helped to improve the overall outcomes in awareness, educational talks, training and facilitation.

PP24: Law and Ethics in ACP

PP24.001 A NARRATIVE LITERATURE REVIEW OF MORAL DISTRESS EXPERIENCED BY ACP FACILITATORS AND FRONTLINE CLINICIANS
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10.1136/spcare-2023-ACP.125

Background Since 2011, the Respecting Choices framework of Advance Care Planning (ACP) has been rapidly implemented as a nationwide programme named Living Matters in Singapore. Despite numerous trained ACP facilitators and documentations completed, anecdotally, there were reports of strain in inter-professional teamwork in the ACP process, moral distress of ACP facilitators as well as healthcare providers at point of care and ethical conundrums faced. As part of an empirical study on moral distress and coping of healthcare professionals in ACP, a narrative review was first undertaken to investigate on this topic.

Method Literature relating to moral distress among ACP facilitators and frontline clinicians was systematically retrieved from PubMed, using keywords search as such Advance Care Planning, ethical dilemmas, ethical considerations, ethical conflicts, surrogate decision making, Moral Distress, Decision making. We included original studies, case studies, reviews and expert opinion pieces on the topic from 2011 to 2021 and excluded articles written in other languages than English.

Results Research in moral distress is limited mainly to case reports and opinion pieces. Sources of moral distress were purported to arise from discordance in views amongst healthcare professionals, patients and/or family caregivers in the following contexts: goals of care; operationalization of preferences; changes in preferences; professional responsibilities; definition of best interest; purpose of ACP facilitation; type of subjects to broach; choice of narratives; sources to incorporate in ACP discussion; interpretation of personhood of the patient; types of recommendations to adopt; understanding of risks; range of outcomes; temporal priority of preferences; ethical and moral values; content for documentation. There are no studies examining adaptive coping of clinicians in ACP work.

Conclusion Review established the lack of empirical research on the extent and depth of moral distress and future studies are needed to elucidate this construct and also adaptive coping of clinicians in ACP.