

Conclusions Preliminary data collection is proving feasible and meaningful in measuring the impacts of this Compassionate Communities-based public awareness initiative on individuals, communities, and systems of care.

BOS2c.002 WHAT MAKES ACP EFFECTIVE? NECESSARY ELEMENTS DETERMINED BY A THEORY OF CHANGE

¹Berend Feddersen*, ²Jan Schildmann, ³Georg Marckmann, ⁴Jürgen in der Schmitt, ⁵Kornelia Götz, ⁶on behalf of the BEVOR study group. ¹Department of Palliative Medicine, Ludwig Maximilians University Hospital, Munich, Germany; ²Institute for History and Ethics of Medicine, Martin-Luther-University Halle-Wittenberg, Halle, Germany; ³Institute of Ethics, History and Theory of Medicine, Ludwig Maximilians University, Munich, Germany; ⁴Institute of Family Medicine/General Practice, Medical Faculty, University of Duisburg-Essen, Essen, Germany; ⁵Institute of General Practice, Medical Faculty, Heinrich-Heine-University Düsseldorf, Düsseldorf, Germany

10.1136/spcare-2023-ACP.14

Background International consensus definitions of Advance Care Planning (ACP) typically capture well the scope and purpose of ACP, and central characteristics of the ACP conversation. At an operational level, however, the elements of ACP that are necessary and sufficient to ensure care consistency with care preferences remain unclear. Recent debates about the evidence supporting ACP reflect a confusion about what constitutes an effective ACP program.

Methods In the multicenter BEVOR trial, a Theory of Change (ToC) was developed, beginning with the overarching goal (impact) and the long-term outcomes to be achieved by an ACP program. From there, the necessary requirements at a management and operational level, and effective corresponding interventions, were developed step by step in multi-professional workshops with stakeholder participation. The theoretical derivation is based on scientific findings and expert knowledge (rationales). Necessary contextual factors for the success of ACP are formulated as assumptions. The ToC is visualized as a map.

Results As goals of ACP, we identified care consistency with care preferences when patients are incapable of decision making, and the relief of both related family and caring professionals. To achieve this, preconditions must be fulfilled at the individual level (conversation: empowerment for autonomous anticipatory care planning), institutional level (organizational development of relevant facilities and services to ensure implementation) and regional level (creating a regional network involving all relevant stakeholders). Treatment preferences must be (i) documented in a meaningful and valid manner, (ii) up-to-date and at hand in life-threatening situations, and (iii) respected by all relevant system players.

Conclusion A series of complex, targeted interventions at all levels, involving all relevant system players, is required to ensure the cultural change required for effective ACP. If an ACP intervention addresses only partial aspects, the goals of ACP cannot be expected to be reached.

BOS2c.003 FACILITATORS AND BARRIERS TO STAKEHOLDER ENGAGEMENT IN ADVANCE CARE PLANNING FOR OLDER ADULTS IN COMMUNITY SETTINGS: A MIXED-RESEARCH SYSTEMATIC REVIEW

¹Monika Pilch*, ²Victoria Cooper Lunt, ³Anneka Hickey, ^{1,4}Stephen Thomas, ⁵Catherine Hayes, ³Bartosz Kamieniecki, ⁶Julia Korpak, ⁷Frank Doyle. ¹Centre for Health Policy and Management, School of Medicine, Trinity College Dublin, Dublin, Ireland; ²Beaumont Hospital and St Luke's Radiation Oncology Centre at Beaumont Hospital, Beaumont Hospital, Dublin, Ireland; ³Independent Researcher, Dublin, Ireland; ⁴Health Policy and Engagement, School of Medicine, Trinity College Dublin, Dublin, Ireland; ⁵Public Health and Primary Care, School of Medicine, Trinity College Dublin, Dublin, Ireland; ⁶Independent Researcher, The Hague, The Netherlands; ⁷Department of Health Psychology, School of Population Health, Royal College of Surgeons in Ireland, Dublin, Ireland

10.1136/spcare-2023-ACP.15

Background A systematic synthesis of findings on factors influencing ACP engagement should inform the development of innovative behaviour change interventions. The objectives of this review were to (a) identify all stakeholders' perspectives on facilitators and barriers to engagement in ACP behavioural outcomes among adults (≥ 50 years old) in community settings and (b) map the influencing factors across the Capability, Opportunity, and Motivation dimensions of behaviour (COM-B model).

Methods The study utilised a hybrid mixed-research synthesis approach and followed a published protocol. Content analysis was applied to the results section of the included studies. A systematic data transformation and triangulation processes underpinned findings integration.

Results The review included 117 records, mainly using qualitative approaches (86.3%). Studies included patients (62%), service providers (29%), and trusted persons/surrogates (9%). The behavioural focus was on the general ACP behavioural outcome (41%), communication (28.7%), documentation (22%), decision-making (5.3%), or surrogate appointment (3%). Ten categories of influencing factors were identified. They were ranked according to frequency of reporting and labelled as: Connectedness, Psychological Factors, Metapreferences, Service Provision, Temporality, Sociodemographic Characteristics, Literacy, Resources, Experience, and Macro-Level Factors. Each category was defined by meaningful sub-categories (52 in total), which were mapped across the COM-B model. The most frequently reported factors within the Motivation dimension of the COM-B were Comfort and Readiness ($n=78$), Actors and Roles Requirements ($n=56$), and Perceptions and Beliefs ($n=45$). The Opportunity dimension included Communication and Understanding ($n=43$), Effect of the Other ($n=42$), and Involvement and Collaboration ($n=41$). The top sub-category within the Capability dimension was ACP literacy ($n=43$).

Discussion The triangulation of stakeholders' perspectives facilitated identification a complex array of factors that influence engagement in ACP behaviours. Their mapping across the COM-B model pointed directions for future research, policy, and practice. It will also inform the design of an innovative and evidence-based ACP intervention.