

initiatives namely Preferred Plans of Care (POLST-type ACP) sprouted in the disciplines of Cardiology, Neurology, Neuro-surgery, General Medicine, Palliative Medicine, Post Acute Care at Home, Respiratory Medicine and Home Ventilation and Respiratory Support Services.

Aim To audit awareness of ACP plans and congruence of patients' ACP plans with care delivery during readmission episodes and upon death.

Methods ACP outcomes for readmissions and death were analysed from retrospective audit of paper and electronic medical records.

Results From October 2011 to December 2012, a total of 154 preferred plans of care were completed with patients and/or next-of-kin. Five ACP plans were revised. Medical team was aware of patients' ACP plans in 75% of 67 readmissions. Medical interventions and initial place of care in event of deterioration were congruent with patients' stated preferences in 98% and 94% of readmissions respectively. Preferred place of death was honoured 74% upon death of patients.

Discussion There was high awareness of advance care plan during readmission, and high congruence between patients' preferences and care delivery.

Conclusion Advance care planning is an effective process in honouring patients' care preferences. More can be done to examine resource allocation, sustainability and reach of the programme and to address barriers to ACP.

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STARTING PILOTS IN ADVANCE CARE PLANNING IN A TERTIARY HOSPITAL IN SINGAPORE: 1 YEAR REVIEW

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Background Engagement with Respecting Choices since 2009 resulted in pilot initiatives in advance care planning (ACP) starting in hospitals and the community in Singapore since 2009. Since December 2011, a dedicated ACP project team was formed in Tan Tock Seng Hospital to support ACP pilot initiatives. These