

Oral Presentations

OP01 VOLUNTEER-LED ADVANCE CARE PLANNING ADVISORY AND EDUCATION SERVICES: AN EVALUATION OF A NEW MODEL FOR AUSTRALIAN SERVICE DELIVERY

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Background Research on utilising volunteers in advance care planning (ACP) is limited. Advance Care Planning Australia delivers initiatives to increase awareness and uptake of ACP among Australians. This study aimed to evaluate the reach and satisfaction with two unique volunteer-led ACP initiatives: a national advisory service and a community education program.

Methods Volunteers were trained and mentored. Standard operating procedures and presentations guided service delivery, resulting in clearly documented program resources that can be used by other groups. Services were provided to consumers and health professionals. Follow-up measures included satisfaction with the advisory service and awareness, knowledge and confidence regarding ACP and the education program.

Results During 1 January to 30 September 2018, the national advisory service received 1284 enquiries; 572 from health professionals, 712 from consumers. Fifty percent of calls were responded to by volunteers and 50% by health professionals. Sixty-two enquirers completed an evaluation survey, with 87% of those indicating that they were satisfied or extremely satisfied with the service.

During 30 May to 18 September 2018, volunteers delivered 15 presentations to 247 people. Of those, 149 attendees completed an evaluation survey. Prior to the session, 27% had never heard of ACP whereas 42% had. Post session, 76% of respondents indicated confidence to have ACP conversations with family and friends, 65% indicated confidence to talk to their healthcare professionals.

Conclusion Volunteer-led models of service delivery can help meet organisational outcomes. Volunteers can deliver high rates of satisfaction and increase community confidence in having advance care planning conversations.

OP02 SWEACP: A STRUCTURED CONVERSATION-BASED ADVANCED CARE PLANNING APPROACH IN THE ACP-NAÏVE SWEDISH CONTEXT

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Background Sweden has no systematic advance care planning (ACP), nor judicial means of recognizing proxies in end-of-life (EoL) situations. In the SweACP project in the DöBra research program, we focus on engaging stakeholders in active conversations about preferences for future EoL care, rather than using a document-driven approach to ACP. We describe results of feasibility testing a structured conversation-based ACP approach among older adults in the general public as well as

exploring their strategies for reasoning about their EoL preferences.

Methods After initial testing in pilot focus groups, a Swedish version of GoWish cards, DöBra cards, and Eco-mapping were used to catalyze discussions on what and who matters at the EoL. The 65 participants from across Sweden actively contacted the researchers volunteering to participate, after receiving information through national patient-or retiree organizations. Both quantitative and qualitative data were analyzed, using descriptive statistics and inductive analysis.

Results DöBra cards were positively received by participants; there was great individual variation in card prioritization and formulation of wild cards. Eco-mapping was met with less enthusiasm but was useful in depicting a social context often taken-for-granted. Qualitative analysis revealed several strategies for reasoning about future EoL care.

Conclusions Having a hands-on tool rather than just talking, and wild cards to open up conversations on possibly taboo subjects were noted strengths of DöBra cards, which also influenced participants' reasoning by shifting focus from hypothetical scenarios to more specific situations. We found the cards to be a feasible tool for stimulating person-centered conversations on EoL preferences.

OP03 KNOWLEDGE, ATTITUDE, AND EXPERIENCE OF ADVANCE CARE PLANNING AMONG HEALTHCARE PROFESSIONALS IN ASIA: A SYSTEMATIC REVIEW

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Background Despite universal recognition of advance care planning's (ACP) importance, collectivism spirit in Asia may impact its uptake.

Aims To gain insight into health care professionals' (HCP) knowledge of, attitude towards, and experience with ACP in Asia.

Methods We systematically searched four electronic databases for quantitative and qualitative studies on ACP in East and South East Asian countries. Anticipating unfamiliarity with ACP, we operationalized ACP broadly, covering discussions about future medical care and documentation thereof.

Results Among 3,358 identified studies, 41 were eligible; 36 applied quantitative and 5 applied qualitative design. Most studies were conducted in high-income countries: Japan (16), South Korea (13), Singapore (4), Hong Kong (4), and Taiwan (3). While twenty-nine studies addressed documentation of preferences, only six addressed ACP and end-of-life discussion respectively. Ten studies addressing knowledge indicated moderate awareness of ACP. Thirty studies on attitudes showed that although many HCPs considered ACP and involving patient and family in its process important, some found initiating ACP difficult. This hesitation was partly due to fear of conflicts with family members and the legal consequences. Twenty studies on experiences indicated that actual engagement of HCP in ACP is limited, too late, and mostly only involved family without patients.