

P10 ADVANCE CARE PLANNING IN VICTORIAN HEALTH SERVICES: 2014- 2018 SURVEY RESULTS AND EVALUATION

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Background The Victorian Advance Care Planning Strategy 2014–2018 (the Strategy) was launched in March 2014.

The Strategy aimed to ensure all Victorians have the opportunity to express their preferences for future treatment and care and provided a clear framework Victorian public health services. The strategy set out four priority actions:

- Enabling the person;
- Increasing workforce capacity;
- Establishing robust organisational systems; and
- Ensuring an evidence base and quality approach.

Methods A benchmarking survey was conducted in 2014 and a summative survey in 2018.

The surveys used the on-line survey administration tool - Survey Monkey (www.surveymonkey.com) with approximately forty questions across the four priority action areas.

Chief Executive Officers (CEO) at 84 publicly funded health services were contacted and asked to nominate one person from their health service, preferably with advance care planning experience, to complete the survey. There was over a 90% response rate.

Results Survey results found: significant increase in advance care planning programs; strong and increasing level of health services' executive support; an increase in the use of advance care planning alerts in clinical data; increasing advance care planning education; and organisational practice and policy improvements.

Conclusion The results have confirmed the importance of a state-wide strategy and the development of state-wide resources such as an advance care directive form template and the development of a common advance care planning barcode. This paper will explore the progress being made in public health services and identify the lessons learned, gaps and challenges for future policy development.

P11 IDEAL AND REALISTIC ADVANCE DECISIONS

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Background The Patient Autonomy Law was passed on December 18, 2015 in Taiwan and will be valid on January 6, 2019. Advance care planning is the legal duty before signing an advance decision. As a medical center participating in the pilot study, we collect 99 advance decisions made after advance care planning. However, the 99 advance decisions looked the same because all the people refuse life-sustaining treatment and artificial nutrition and hydration. It's revealed a question that advance decision is too vague to be implemented under clinical scenario. This study will discuss how to make advance decision more useful in the clinical situations.

Method Analysis the nature of advance decision by the factors which influence one's decision-making process.

Results People tend to express a vague value rather than a precise decision about medical choices. Previous decisions may

not be accurately used in complex and specific clinical situations. The decision supposed to be made rationally but patient has the emotional needs during the process of receiving information and making decisions. If the patient's mental capacity declined, whether the patient's critical interest is still the same is argued. Conflicts were found between the personality identity and the experiential interest sometimes.

Conclusion Value-oriented advance decisions are intended to be acquired ideally. However, advance decisions are not a history book of value. It is simply a plan before death, a collection of treatment preference. Therefore, advance decisions need to be translated, weighed and clarified by health care providers while implementation.

P12 ASSESSING THE USABILITY OF A WEB-BASED ADVANCE CARE PLANNING EDUCATION TOOL FOR ADULTS: A PILOT STUDY

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Background Our previous study suggested that elderly Japanese people find it difficult to discuss with family and health-care professionals about end-of-life (EOL). To address this issue, we have developed a prototype for a web-based Advance Care Planning (ACP) education tool. This tool has five components: (1) EOL simulated experience program, (2) thoughts about EOL vignettes, (3) wishes about truth telling, (4) EOL care preferences, (5) my favorite life. We evaluated whether this online educational tool encouraged ACP for a sample of community-dwelling adults.

Methods Ten participants (mean age: 63.8 years) were requested to use it for one month. Data was collected from the entries on the tool website, and a semi-structured interview was conducted later. The percentage of each completed ACP component was calculated. The qualitative data was analyzed by the thematic analysis. IRB approval was obtained from the researchers' institution.

Results The highest percentage of completed ACP component was "EOL care preferences". Ways to foster ACP with the tool yielded four main themes: understanding of ACP, embarrassment due to ACP, my preferred procedure of ACP, and advantages and disadvantages of the web-based tool.

Conclusion This tool encouraged the adults who had not previously considered ACP to recognize the importance of thinking about EOL, they are still healthy though. However, fostering ACP was connected to depression, depending on the individual's readiness in thinking of his own death. Hence, future research will be applied to improve this tool and make it more user friendly for a large number of the adults.

P13 ADVANCE DIRECTIVES REQUESTING EUTHANASIA IN THE NETHERLANDS

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The Dutch Termination of Life on Request and Assisted Suicide Act (WtI) came into force in 2002. Based on this act, euthanasia, although a criminal act under the Dutch Penal