

was undertaken to determine treatment given and concordance with the ACPlan.

**Results** Median age was 78 years. 57% were female, 43% male. The study showed a 98.3% concordance rate regarding the Goal of Care, and 85.7% concordance rate regarding the specific treatment preferences. A Do-not-attempt-CPR form was in place in 60.2% of the records of patients who did not want to receive CPR. Of the patients who died during the study period (n=55) 37.5% died in their preferred location, while 18.8% did not state a place of death preference.

**Conclusion(s)** Although the study population was limited, the results add to the evidence that ACPlans encourage the wishes of hospitalised patients to be recognised and used to guide care.

P20

### QUALITY REVIEW PROCESS FOR ELECTRONIC ADVANCE CARE PLANS IN CANTERBURY, NEW ZEALAND

J Goodwin\*, K Grundy, E McLardy. *Canterbury Initiative, Christchurch, New Zealand*

10.1136/spcare-2019-ACPICONGRESSABS.106

**Background** An Advance Care Plan (ACPlan) that is ambiguous, contradictory or difficult to interpret can undermine confidence in the ACP process, lead clinicians to question the value of ACP and reduce the likelihood a person's ACP wishes will be honoured.

In Canterbury, a quality process has been developed to ensure ACPlans published to the electronic medical record (EMR) are clinically interpretable and any advance directives (AD) contained within the document meets NZs criteria for validity.

**Methods** a two-step process has been developed

**Step 1 - Administration review** to ensure the plan has been entered onto the EMR; the signed scanned copy matches the EMR version; there are two signatures – that of the person creating the ACPlan and the health care professional (HCP) supporting them.

**Step 2 - Clinical review** to ensure the content of the ACPlan is consistent with any ADs contained in the document and the plan is clinically interpretable.

If an ACPlan does not meet the quality parameters, it is returned for review and amendment. This process enables the ACP team to engage with the HCP leading the process, provide individual feedback and support them to improve the quality of plans submitted in the future.

**Results** Numbers of ACPlans published continue to grow (2014 n=118; 2015 n=354; 2016 n=519; 2017 n=772). While the percentage of plans requiring support from the ACP team to meet publishable criteria is falling (2014=31%; 2015=32%; 2016=27%; 2017=20%).

**Conclusion(s)** The quality review process established in Canterbury supports the creation of clinically interpretable ACPlans.

P21

### ADVANCE CARE PLANNING FACILITATOR TRAINING FOR MEDICAL STUDENTS: MORE THAN A DROP IN THE OCEAN

<sup>1</sup>K Götz\*, <sup>2</sup>J In der Schmitt, <sup>1</sup>A Fuchs. <sup>1</sup>Heinrich-Heine University, Düsseldorf, Germany; <sup>2</sup>Institute for general medicine, Düsseldorf, Germany

10.1136/spcare-2019-ACPICONGRESSABS.107

**Background** Healthcare professionals (HCP) often feel insecure and therefore hesitate to start ACP conversations with patients. And patients often feel reluctant to initiate ACP-conversations. Trying to discontinue this vicious circle we developed an elective ACP course for medical students.

**Methods** The course was developed on the base of the German facilitator-curriculum, which was revised in 2017 to include intensive role-play supported by the use of standardized-patients (SP). We adapted the facilitator curriculum to the students' experience and early stage of medical training. Course preparation comprised a letter of motivation and 10 CME questions referring to an ACP journal paper. The course is divided into 2 parts, each lasting 32 hours and including 10 hours of SP-training in groups of 2 or 3.

**Results** In August 2018, 7 students joined part 1 of the new ACP-course. All 7 students were in their 2nd year of medical training, the age range was 20–42 yrs, 3 were female. 5 happened to have a Muslim background which added an unexpected cultural component to the course. 4 had worked in other disciplines in healthcare before. Their motivation to participate ranged from traumatizing personal experiences to practical reasons. Their attitudes towards patient-centeredness and ACP-facilitation strongly changed from a traditional-paternalistic towards an autonomy-oriented view. At the end, student performance varied from moderate to very good.

**Conclusion(s)** Discussing legal and ethical basics of ACP conversations, and practicing ACP with SP, were judged by the students as highly relevant, both personally and professionally.

P22

### INTEGRATION OF ACP INTO PRIMARY CARE. THE CANTERBURY EXPERIENCE

J Goodwin\*, E McLardy, K Grundy. *Canterbury Initiative, Christchurch, New Zealand*

10.1136/spcare-2019-ACPICONGRESSABS.108

**Background** In 2013 a project was developed for the provision of formal Advance Care Planning (ACP) processes in the Canterbury Health System.

A key component of the project was facilitating general practice to engage with and support patients to undertake ACP conversations and develop electronic advance care plans (eACPlans).

**Methods** Integrating ACP into the primary care system in Canterbury required a multifaceted, cross system approach, with each component supporting and enhancing the other.

**Practice engagement and education** including practice visits, phone support, ACP processes on the clinical website, presentations, training, one-to-one support/mentoring

**Consumer engagement and education** including community presentations, radio interviews, articles in local publications, a consumer website & community ACP champions. Increasing the community's knowledge and desire to create plans, has been the impetus for many practices to engage with ACP.

**Systems and processes** including electronic sharing of eACPlans, a subsidy to support practice teams adopt ACP and dedicated ACP facilitators & administrators to support the process.

**Quality loop** plans are reviewed to ensure patient's wishes are clinically interpretable and clinicians are confident to use plans to guide care. Plans that do not meet the quality