P26 ADVANCE CARE PLANNING IN SWISS NURSING HOMES: RESULTS OF A FOCUS GROUP STUDY

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Background Until now, there has not been any official ACP program in Swiss nursing homes. We implemented an already developed and successfully tested Swiss ACP program for acute care hospitals in two Swiss nursing homes. The aim of this study was to better understand the process, chances and difficulties of the implementation steps.

Methods After having informed staff and residents, interprofessional facilitators were trained via a previously developed ACP education programme based on Respecting Patient Choices (Australia) and Beizeiten Begleiten (Germany). Six month after first implementing steps, we conducted focus group interviews with the staff and the physicians and analysed data by MaxQDA and the Krueger and Casey thematic analysis.

Results Even though the data collection was very early in implementation, our results confirm some already known facts of implementing ACP in nursing homes: The staff described an increasing sense of responsibility regarding ACP but underlined that the used forms have to be tailored to the need of the different age groups. They stressed that there must not be any pressure to undergo ACP. In addition to that, our study emphasised once more that professional palliative care is also vital for ACP programs.

Conclusion The results showed that it is not enough to only train facilitators: To be successful and sustainable, the implementing process has to include the whole healthcare system. The forms used have to be homogeneous and accessible for all involved parties. Furthermore, there is a need of public relations work to increase awareness of the subject.

P28 DEVELOPMENT OF A SMARTPHONE-BASED COMMUNICATION APPLICATION TO SUPPORT, RECORD, AND SHARE THE PROCESS OF ACP ALONG WITH FRAILTY EVALUATION

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Introduction in the super-aged society, implementation of ACP is essential for people's sense of secure. The inter-disciplinary care team for frail older people in National Center for Geriatrics and Gerontology (NCGG) needs a communication tool for sharing the process of ACP.

Methods a smartphone-based communication application (SBCA) was developed to support, record, and share the process of ACP correctly and effectively among different care settings and various healthcare professionals.

Results SBCA enables to record a range of patients' values, goals, and preferences regarding future medical care, and preferred substitute decision-maker according to the words of patients using voice input system. Records are discussed at the inter-disciplinary care conference to confirm at each time point, and share the process of ACP. SBCA

simultaneously records the descriptions of patients' medical problems, including the frailty status, and their responses by patients and families, or helpers, which indicate that patients have received enough explanations before ACP. SBCA renews records continuously and enables to activate ACP information confirmed among various healthcare professionals at any time of future incapacity, not just at the end-of-life. SBCA is developed to be added to the existing local health care information system, "Obu-chan Network", operating near NCGG, adhering the personal information protecting guideline. Feasibility of SBCA is examined by healthcare professionals using Obu-chan Network. The prototype of SBCA got favorable feedback at SBCA promotion conference in NCGG.

Conclusion we have developed SBCA to share the process of ACP along with frailty evaluation, which is supposed to provide genuine person-centered care.

P29 STUDY ON ADVANCE CARE PLANNING IN CARE DEPENDENT COMMUNITY-DWELLING OLDER PERSONS IN GERMANY (STADPLAN): PROTOCOL OF A CLUSTER-RANDOMISED CONTROLLED TRIAL

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Background In Germany, advance care planning (ACP) was first introduced by law in 2015. Since then, implementation efforts of ACP have been limited to nursing homes and mental health institutional setting. this study aims to evaluate the evaluation of an ACP programme in care dependent community-dwelling older persons.

Methods A cluster-randomised controlled trial of 12 months duration will be conducted in 3 German regions. Using external concealed randomisation, 16 home care services will be allocated to the intervention and 16 to a usual care group (each with 30 participants; n=960). ACP will be delivered by two trained nurse facilitators of the respective home care services. The communication process will include a proxy decision-maker.

Expected results primary endpoint is patient activation, operationalised by the Patient Activation Measure (PAM-13). Secondary endpoints include ACP-engagement, proportion of advance directives, hospitalisation, quality of life as well as depression and anxiety. An economic evaluation as well as a comprehensive process evaluation will be conducted. After completion of the ongoing pilot study, recruitment will start in June 2019.

Conclusion STADPLAN is the first study internationally that assesses the effects of ACP in community-dwelling older persons and the first study in Germany educating nurses of home care services as ACP facilitators. The results will support the improvement of understanding and communicating the patient's will regarding future medical treatment and care, and thereby contribute to patient's autonomy at the end of life.