4.4 Implementation of ACP II

O35
A national framework for anticipation in health care: the Swiss proposal
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Background: Anticipatory planning including advance care planning has become one of the megatrends in health care. As in many countries, terminology and understanding of anticipatory planning varies significantly.
Aim: for a common understanding of anticipation and guidance in clinical practice, we aimed to develop a national framework for anticipation in health care in Switzerland.
Method: we undertook a national consensus project with representatives from all cultural regions in Switzerland. After review of the literature and existing guidelines and/ or recommendations we performed a three Delphi process including additional national expert review.
Results: we propose a three level model of anticipatory planning in health care. Level one aims to initiate general anticipatory planning including discussion on individual values, preferences and expectations; experts from various professional background (e.g. pastoral care, social care, psychology) may offer support on this level. Level two focuses on disease specific anticipatory care planning; expertise in regard of potential complication of specific diagnosis/ disease trajectory is necessary to provide assistance while planning. Level three finally is dedicated to advance care planning (ACP) for clinical situations without capacity for judgement; guidance by professionals with a background in intensive and emergency care may be needed.
Conclusions: a national consensus process on definitions of various levels for a participatory approach in anticipatory planning helps to create a solid basis for common understanding of anticipation in health care, to highlight professional roles and expertise for counselling on each level, and to prevent low quality in written documentation.

O36
Prevalence of advance care directives among older Australians accessing health and residential aged care services: multi-centre audit study
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Background: Advance care planning (ACP) is a priority in Australian health policy, legislation and accreditation standards. ACP supports people to consider and communicate their future treatment preferences and document them in an advance care directive (ACD). However, the availability of ACDs at the point of care amongst Australians is unknown. The aim of this study was to describe the prevalence of ACDs in those aged ≥65 years accessing general practice (GP), hospitals and residential aged care facilities (RACF).
Methods: A prospective multi-centre health record audit. Literature review informed the methodology. Auditors received education and jurisdictional-specific audit manuals. Recruitment of organisations was via expression of interest. The primary outcome was presence of an ACD.
Results: Fifty-one sites participated (13 GPs, 12 hospitals, 26 RACFs), representing six jurisdictions. 2,285 health records were audited; 503 attending GPs, 574 in hospitals, and 1,208 in RACFs. 30% of people had at least one ACD. Most (21%) were non-statutory documents. The prevalence of statutory ACD-preferences for care was 3%; the prevalence of statutory ACD-substitute decision-maker was 11%. ACD prevalence in GP was low (3%) compared to hospitals (16%) and RACFs (48%).
Conclusions: Approximately 30% of older Australians had at least one ACD in their health record, and the majority of these were non-statutory ACDs. Priorities to increase accessibility of documentation may include improved policy, promotion of ACD uptake amongst older persons, storage within health record systems, workforce education and training, information resources, and ongoing prevalence monitoring. These initiatives are required across all sectors, especially GP.

O37
The Alberta ACCEPT Study: The impact of a system-wide advance care policy on communication, care planning and documentation
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Background: The ACCEPT survey (Audit of Communication, CarE Planning, and DocumenTation) evaluates the quality of Advance Care Planning (ACP) practice through patient-reported experience measures and ACP documentation audit. We evaluated practice three years post system-wide policy for ACP implementation and patient awareness of their “Goals of Care Designation” (GCD) medical order.
Method: Consecutive, consenting patients over 55 years with serious, chronic illness or age >80 years with any

acute admission were prospectively enrolled from acute medical units in seven hospitals across Alberta, Canada. Research assistants administered the ACCEPT survey within 5 days of admission and reviewed participant charts for ACP and GCD documentation.
Results: Of 502 patients (mean age 81 years, 53% female) 93% had a GCD order in their chart but only 30% were aware of this. 33% reported having discussed none of the five key elements of goals of care conversations (patients' values and beliefs, prognosis, patients' fears and concerns, treatment preferences and prior ACP documentation or conversations) with a hospital clinician. Raw agreement between patients' expressed preferences for EOL care and documentation in patient charts was 56% (concordance kappa=0.273). Multivariate regression analysis found that awareness of GCD order was associated with health region, patient frailty, quality of goals of care conversations in hospital and whether ACP conversations were considered important to the patient.
Conclusions: Despite a system-wide policy, we found evidence of serious concerns about the quality of ACP and GCD practice. Intentional quality improvement interventions are likely needed to enhance practice and achieve patient-centred care.

O38
With which patients do primary care providers start ACP conversations and does this lead to an increase in advance directives?
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Background: To improve uptake of ACP, primary care providers (PCP; general practitioners (GPs), community nurses, certified nursing assistants, practice nurses) were trained in ACP and received support during implementation.
Methods: ACP was implemented in 10 GP-practices and 2 care homes. Before implementation a list was drawn up of all patients of 75 years or older in the GP practice or care home on 01-01-2017. On this list, PCP made a note of patients with whom they started a ACP conversation until 14 months after start of implementation. Also, questionnaires were sent to the patients before and 14 months after start of implementation. Now we present interim analyses, at the conference the final data will be available.
Results: A total of 2292 older patients were enrolled with the GP practices or living in the nursing homes. Of those, 596 (26%) received an offer of ACP and/or had an ACP conversation. The conversation was started more often with older patients (mean age 81 versus 83 years); female patients (57% versus 64%), and patients with at least one diagnosis (88% versus 95%). Questionnaires show an increase in advance directives (31.1% versus 41.0%) after implementation, compared to before implementation.
Conclusions: With a quarter of older patients an ACP conversation was started (ACP was offered and/or an ACP conversation was held). Advance directives are drawn up more often after implementation of ACP. Care providers make a selection in patients with whom they start the conversation.

O39
Evaluation of the Living Matters ACP training course for health professionals through a multi-centre study
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Background: The Living Matters ACP course trains healthcare professionals in Singapore to engage patients and families in ACP conversations. The assumption is that with more effective training, the knowledge, skills, attitude and confidence of participants in undertaking ACP conversations will improve.
Methods: This mixed method study recruited a total of 223 healthcare professionals who attended the one-day course over a span of 1 year. Quantitative data were collected using pre and post-course questionnaires (immediate and 6-months) in domains on knowledge, skills, attitude, satisfaction, confidence and practice of the participants. Qualitative data from participants is currently being collected (3 to 12 months post-course) to determine their opinions and experiences on the training course and effects on practice.
Results: Preliminary findings from the quantitative data suggest the course was efficacious in advancing participants' knowledge and self-reported skills and confidence. This was shown by the significant and practically large changes in matched *t* test scores. Conversely, the course may have limited impact on attitudes since similar tests did not show changes of such magnitude and were largely trivial. Views suggest ACP conversations can be improved through means to enhance the emotional resilience of ACP facilitators and also means to navigate shared decision making and conflict resolution.
Conclusion: Coupled with the qualitative data, current findings from this study can guide changes to the current ACP training in Singapore to make it more relevant and effective for healthcare providers.