Successful intervention to improve Advance Care Planning in a geriatrician led community service

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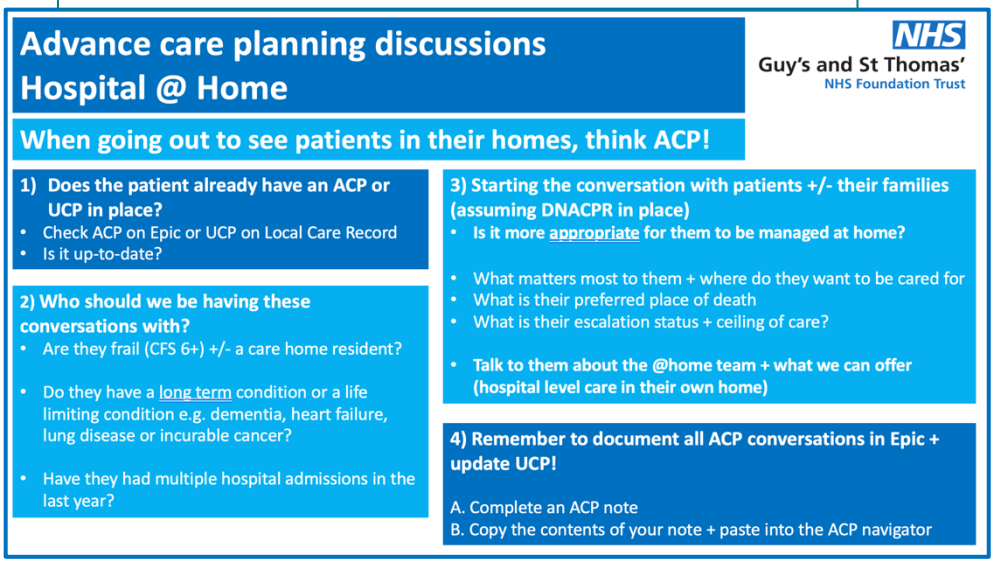
1) Introduction

- **Advance care planning (ACP)** allows patients to plan their future care. There is an increasing role for ACP to happen in the community.
- **Our aim was to assess whether ACP conversations were taking place in our "Hospital at Home" service,** which is split into North and South base. **We then sought to improve ACP discussions.**

2) Methods

- Data was collected for patients referred to our service in December 2023 and then June 2024.
- **We defined those appropriate for ACP as those with a CFS of >=6, or a comorbidity that carried a likely prognosis of <1 year.**
- **Interventions in North base**: delivering seminars and the creation of lanyards and posters. Senior clinicians identified suitable patients in MDT meetings.

Figure 1: Lanyard and Poster to prompt ACP discussions



3) Results

- **ACP was appropriate for 69% patients**
- ACP rates improved from 7 (8%) to 21 (23%) [p<0.001].
- **Significantly improved ACP rate in North compared to South** (24% vs 6%; p=0.005).

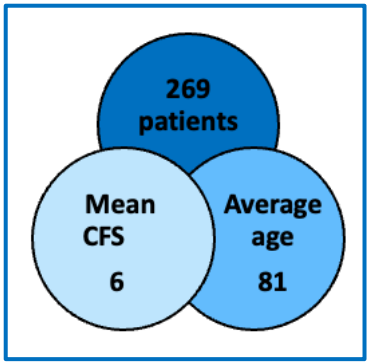
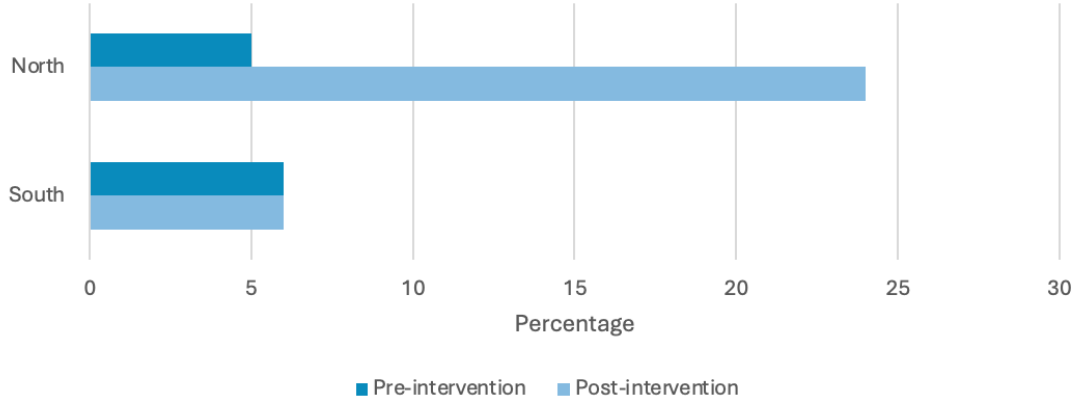


Figure 2: ACP rates pre- and post-intevention



4) Conclusion

- The change noted in the North area highlights how ACP engagement can be substantially improved through **simple low-cost measures.**
- Supporting all clinicians to understand the value of ACP and having these conversations is crucial. This will ensure that **ACP is routinely considered in appropriate patients in the community.**
- Our work in the North base will continue and we aim to share these interventions with the South team.