

INCREASE IMPLEMENTATION RATE OF ADVANCE CARE PLANNING FOR PRE-GOOD DEATH ELDERLY PATIENTS DURING THE OUTBREAK OF COVID-19

Yi-Wen Wang, Cheng-Yi Hsiao, Lin Cheng, Wen-Chien Hu
Taipei Medical University Hospital, Taipei, Taiwan



P848

INTRODUCTION

Our ward provides integrated team care for patients over 80. Due to Covid-19, we allow only one person to accompany our patients. 89% of our patients were under the long-term independent care of Indonesian caregivers before they were hospitalized. Thus, when patients' condition changes, they can only count on their foreign caregiver who does not speak Chinese to contact their families through cell phone. Many seniors are not provided with Advance Care Planning (ACP) when they are conscious. When emergencies arise, family members are contacted by phone to make decisions, causing seniors to suffer from ineffective prolonged life medical care. Our project aims to help elderly patients and their family members acquire medical decision-making knowledge, encourage them to receive Advance Care Planning (ACP) to reduce the occurrence of ineffective medical treatment, and prepare for pre-good death.

AIM

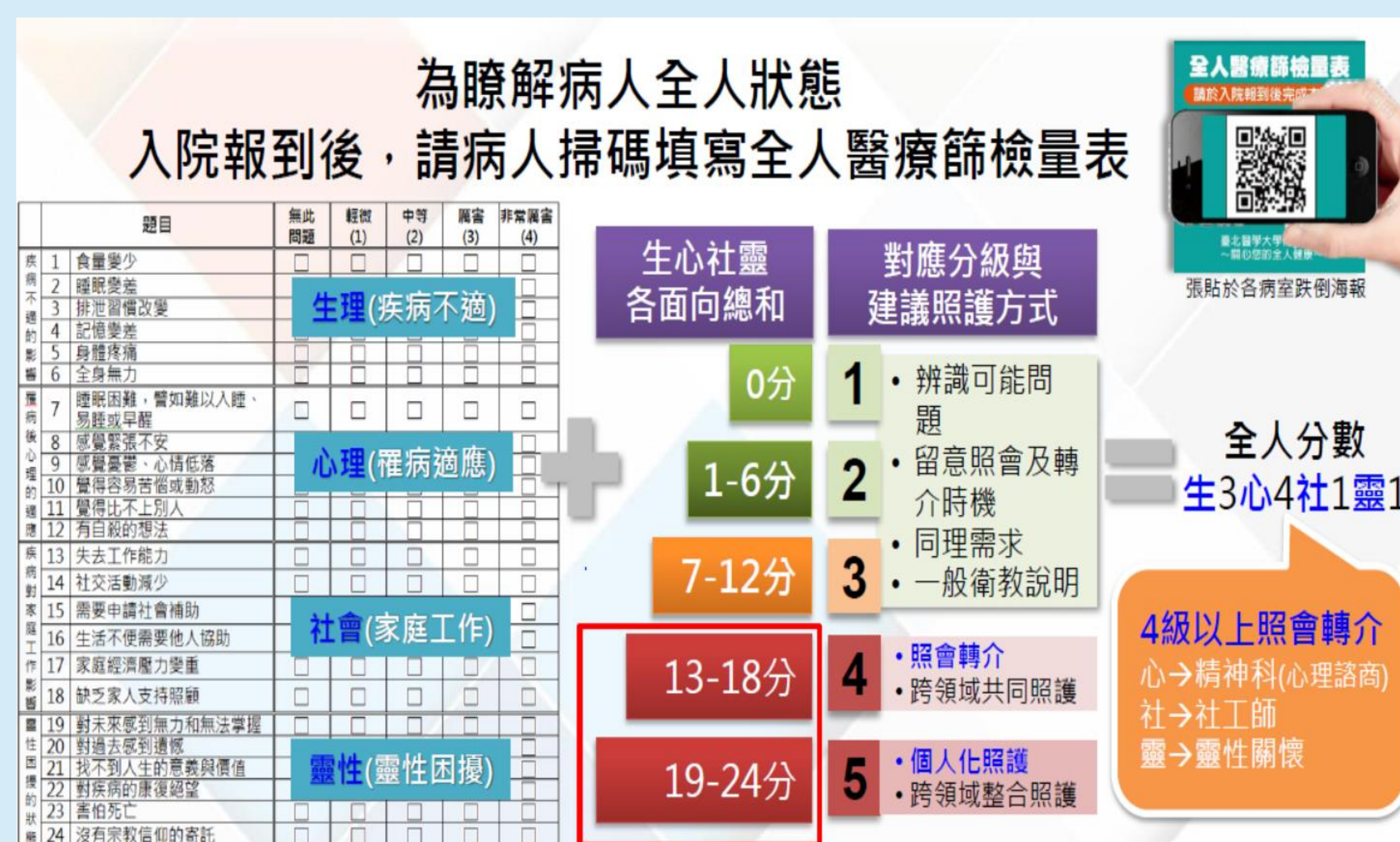
During the COVID-19 epidemic, all patients are limited to the number of visitors and must follow the isolation regulations. To reduce the probability of medical ineffectiveness for elderly patients and disseminate that "pre-good death" can be consulted with the medical team in advance to help elderly patients make their own decisions. We launched ACP.

METHOD

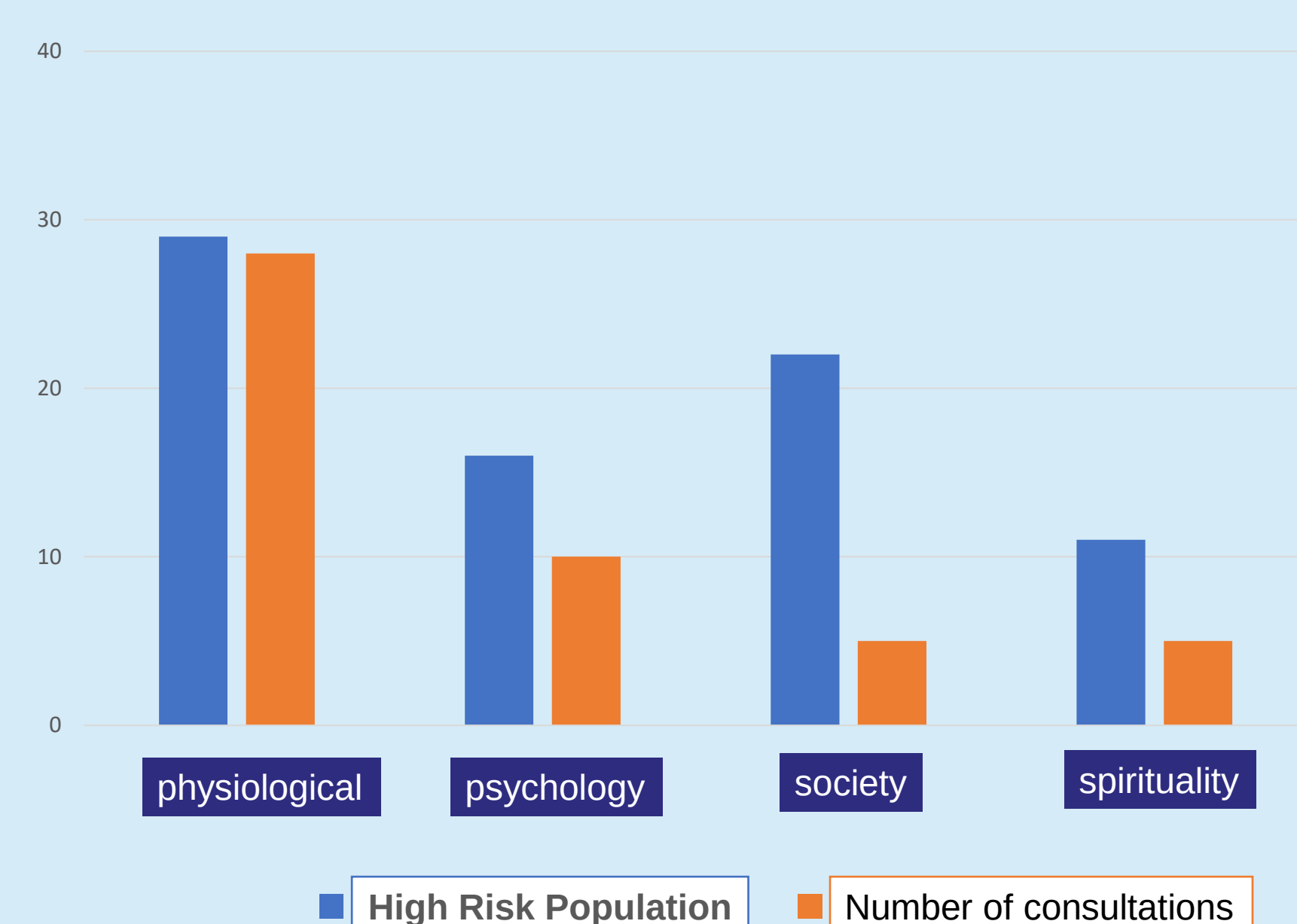
Our improvement programs include healthcare professionals' online education and training, using Taipei Holistic Screening Scale (THSS) through QR code screening for high-risk cases, posting Advance Care posters and giving health education leaflets away, applying e-books of care instructions to elderly patients for foreign caregivers to Indonesian caregivers through QR code, conducting cross-team consultation hospice care through nursing information systems, automatically arranging spiritual care staff to consult high-risk patient by digitizing doctor order system, dedicated ACP icebreaker support package, asking Attending Doctor put pre-good death Advance Care Planning into their routine treatment plan explanation, and provide dedicated Social workers' and medical administrative office's staff's consultation appointment services.

RESULTS

The implementation rate of pre-good death Advance Care Planning for elderly patients has been increased from 0% for two consecutive years to 21% between August and December 2022. Also, 7 elderly patients signed Advance Decision (AD) and 12 elderly patients received pre-good death preparation.

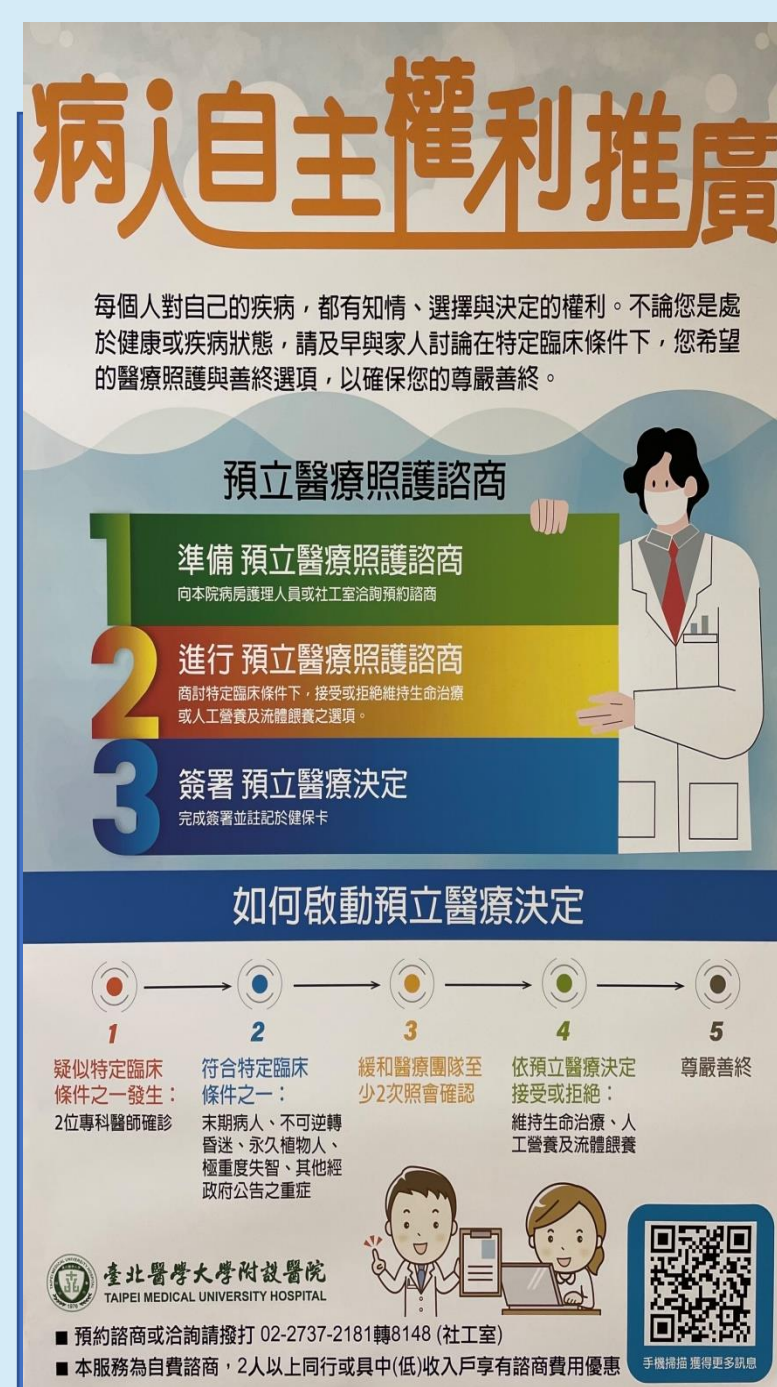


High Risk Population



The implementation rate of pre-good death Advance Care Planning for elderly patients

ITEM/PERIOD	2021	2022/1-7	2022/8-12
ACP	0	0	12
AD	0	0	7



CONCLUSIONS

By educating healthcare professionals online, widely screening through Taipei Holistic Screening Scale (THSS) and providing routinely multiple Advance Care Planning care measures for elderly patients and caregivers, we can effectively increase the implementation rate of pre-good death Advance Care Planning for elderly patients and reduce ineffective medical care.

ACKNOWLEDGEMENT

Thanks to the participating members of this project: patients, patient family members, social workers, administrators, attending physicians, nurses.

REFERENCES

- Lu, W.-R., Liu, C.-L., Zeng, Y.-F., Chang, H.-J., Liao, W., & Huang, H.-L. (2021). The impact of family centered advance care planning for persons with dementia and family caregivers on decision-making conflicts in end-of life care. The Journal of Nursing, 68(1),30–42. [https://doi.org/10.6224/JN.202102_68\(1\).06](https://doi.org/10.6224/JN.202102_68(1).06)
- Lo, Y.-T., Chang, C.-M., & Lu, F.-H. (2022). Skills for Discussing Advance Care Planning with Older Adults. Taiwan Geriatr Gerontol, 17(1), 1-13. [https://doi.org/10.29461/TGGa.202202_17\(1\).0001](https://doi.org/10.29461/TGGa.202202_17(1).0001)

CONTACT INFORMATION

Yi-Wen Wang
146152@h.tmu.edu.tw
Taipei Medical University Hospital, Taipei, Taiwan.