

Education and Training in Advance Care Planning (ACP)



ACP Barriers and Enablers from the Lens of the Nurses

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Background: Advance care planning (ACP) has the potential to address patients' end-of-life care needs. In Hong Kong, ACP is relatively new to the public. Older adults and patients with progressive and life-limiting illnesses are beginning to embrace the concept. As such, frontline healthcare professionals, need to have a good understanding of the concepts and the skills to initiate such conversation. The end-of-life care capacity-building program of the CUHK Institute of Ageing, is part of the Jockey Club End-of-life Community Care Project since 2015. It has been training healthcare professionals of the public hospitals in the New Territories East Cluster (NTEC). And since 2022, the training sessions are extended to the Hong Kong West and East Clusters. Although the Hospital Authority has guidelines for clinicians in promoting ACP to the appropriate patients, there are barriers. It is important to have a thorough understanding of the barriers and the facilitating factors to enhance the progression of ACP to meet the patient and family's end-of-life care needs.

Methods: A cross-sectional, self-administered survey is conducted on healthcare professionals of public hospitals in Apr-Oct 2023. The survey is being promoted through hospital training activities. The questionnaire is adapted by our team to the Hong Kong culture from a published questionnaire (Howard et al, 2018). Preliminary data presented here is mainly from a new hospital cluster.

Results: The results of the perceived barriers and enablers are categorized as clinician, patient, and system factors, rating on a 5-point Likert scale from 0 (not at all) to 4 (an extreme amount), and the enablers by using an open-ended question. Selected barriers with most informants viewing the statements as extreme/ a lot/ moderate amount are presented here.

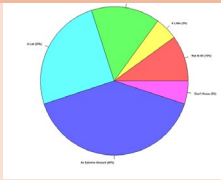
Conclusion: There are barriers to engaging patients and families in ACP at the clinician, patient, and system levels. Results could potentially help develop multidimensional ACP implementation with designated ACP champions. Results also highlight the nurses' training needs as well as the need for more public outreach.

		n = 17	
GENDER	F:M	14:3	
	AGE		RECEIVED EDUC. TRAINING
	Below 30	1	YES
31-40	4	NO	6
41-50	7	PERCEIVED SKILL LEVEL	
> 50	5	BELOW AVERAGE	8
YEARS OF PRACTICE	5-10	AVERAGE	6
		ABOVE AVERAGE	3

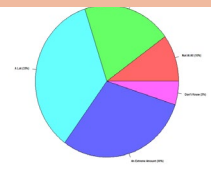
Selected barriers with most informants viewing the statements as extreme / a lot / moderate amount are highlighted below:

Barriers related to my role in ACP

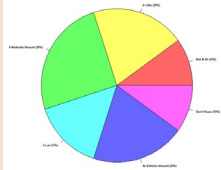
My belief that patients should initiate this type of discussion



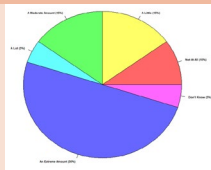
My having to deal with the emotional impact of ACP conversation in patients



My fear that these conversations will diminish hope in patients with serious illness

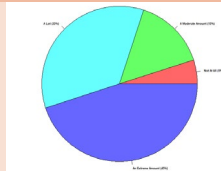


My belief that physicians are better positioned to initiate ACP

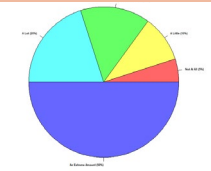


Barriers related to characteristics of the patient

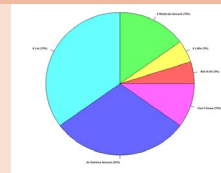
Patients' lack of acceptance, readiness, and awareness of ACP



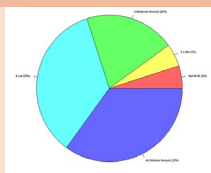
Patients' fear of upsetting their families by discussion the topic



Family unwillingness to support me in engaging the patient in ACP discussions

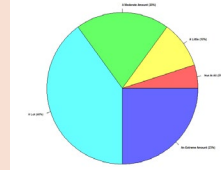


Patients' difficulty understanding limitations and complications of LST at EOL

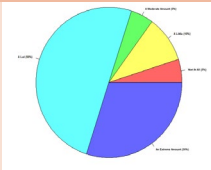


Barriers related to the healthcare system or external factors

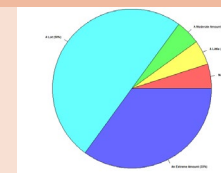
Limited capacity to honor patients' expectations for care that arise from ACP discussions



Lack of ready access to forms and resources for patients



Lack of public acceptance and awareness of ACP



Insufficient time during encounter to deal with this topic

