

ADVANCE CARE PLANNING - AN UNTAPPED RURAL RESEARCH NEED

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Context

The Mid North Coast LHD has an over-representation of persons aged 65+ (22.3%), when compared to national figures (22.3% vs 15%). This accentuates pressure on end-of-life care (EoLC) management in a rural area where inequities in healthcare already exist.

Why is ACP important?

Advance Care Planning (ACP) is an important public health initiative that can improve the quality, continuity and efficiency of EoLC. ACP involves patients discussing their healthcare preferences with their family, carers and providers, with the purpose of guiding future treatment, should the patient lack capacity.

ACP is regarded as a positive contributor to EoLC internationally and can increase compliance with patients' treatment preferences, reduce hospitalizations, deaths in hospital and the psychological distress experienced by bereaved family members.

Importantly for policy makers, ACP can also reduce the costs of EoLC particularly in relation to hospital admissions, with cost savings exceeding \$13,000 per decedent in the last 6 months of life.



Proudly funded by the NSW Government in association with:

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The complexity of ACP provision in rural areas, is a significant barrier to uptake.

Implications

While there are over 2,000 deaths annually in the MNCLHD, around 1,500 are somewhat predictable/expected. Despite this, a local 2017 review identified that of all deaths, only 17.8% had a documented ACP and 15.6% a Directive. Several attitudinal and structural barriers to ACP have been identified and may explain the limited uptake of the process.

Lessons Learned

Further research is required to identify issues and to take proactive steps to increase completion and usage of ACPs in rural NSW.

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