5th International Conference on

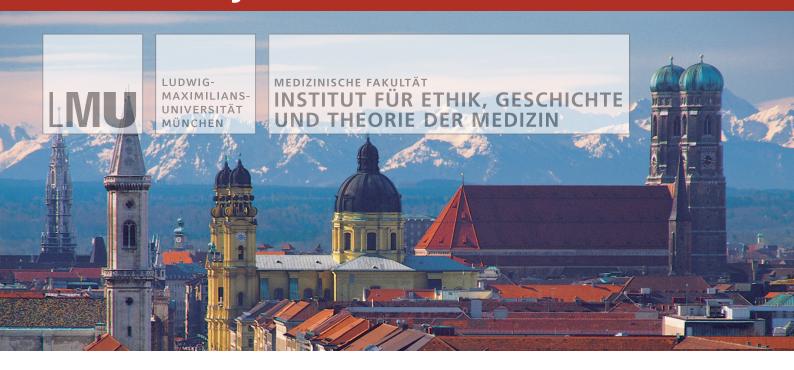
Advance Care Planning and End of Life Care

9th–12th September 2015 Munich, Germany

www.acpel2015.org



ACP – Key to Patient-Centered Care



PROGRAMME

Organiser:

Institute for Ethics, History and Theory of Medicine Ludwig Maximilian University, Munich

In cooperation with:





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Conference Venue Floor Plan

General Information

Abstracts and Index of Presenting Authors

Supporters

We thank the following supporters for their financial contributions to the ACPEL 2015 Conference:



ACPEL Conference 2017 in Vancouver!

The 6th International Conference on Advance Care Planning and End of Life Care (ACPEL) is scheduled for 2017 and will take place in Vancouver, Canada.

Designated convenor is **Prof. Sara Davison**, Department of Medicine, University of Alberta.

All participants of the **5**th **ACPEL Conference in Munich** will be informed by email when more details become available.



Welcome by the German Federal Minister of Health



Dear Conference Participants,

Allow me to extend a warm welcome to the 5th International Society of Advance Care Planning and End of Life Care Conference that, for the first time, is being held in Germany. I

am glad that you, as leading scientists and practitioners from all around the world, have come together here to share the options and possibilities that hospice and palliative care are able to offer.

Terminally ill and dying persons need the certainty that they are not alone as their life draws to an end and that they are being well cared for and supported in every way.

Beyond providing pain relief and managing other symptoms, the focus of the many impressive services offered by the hospice and palliative care facilities throughout our country is also on meeting the emotional, spiritual and social needs of patients through a combination of medical, nursing, voluntary and spiritual care.

To ensure that everyone can rely on receiving this care and support when needed, we will continue to strengthen hospice and palliative care provision.

In recent years, we had made great strides in establishing and expanding outpatient specialist palliative care and strengthening outpatient hospice services. In July 2013 for instance, a forum for "Palliative and Hospice Care in Germany" was set up at the Federal Ministry of Health. In addition to networking the major actors, it is our aim to effectively integrate hospice culture and palliative care into clinical practice on the ground.

With our "Act to Inhance Hospice and Palliative Care in Germany" that the Cabinet adopted in April of this year, we have taken another major step towards strengthening palliative care and hospice culture in the places where people spend the end of their lives — be it at home, in nursing homes, or hospitals. Moreover, insured persons and their relatives will have the right to receive individual counselling and assistance from their health insurance fund in selecting and taking up palliative care and hospice care services.

In addition, we are creating the statutory basis for ensuring that nursing homes can organise and offer their residents advance care planning that will meet their individual and comprehensive medical, nursing, psychosocial and spiritual end-of-life care needs.

This is also the aim you have been pursuing with Advance Care Planning, a concept that, until now, has established itself mainly in the English-speaking countries. It seeks to provide broad access to information and guidance on how to plan for future and end-of-life care. This can help to reduce fears of helplessness, isolation or dying itself and enhance a person's autonomy and quality of life in the last phase of her or his life.

In light of the foregoing, I am sure that this year's International Society of Advance Care Planning and End of Life Care Conference, too, will drive and inspire the enhancement of patient-centered care.

I wish all of you an interesting conference, stimulating discussions and many new contacts. Furthermore, I wish to thank all of those who, this year as well, have spared no effort in making the 5th International Society of Advance Care Planning and End of Life Care Conference a success. All of you are major contributors to ensuring that terminally ill people can be secure in the knowledge that they will not feel alone in the last phase of life.

Hermann Gröhe German Federal Minister of Health

Welcome by the European Association for Palliative Care (EAPC) and the German Society for Palliative Medicine (DGP)

Dear Colleagues,

On behalf of the European Association for Palliative Care (EAPC) I am delighted to welcome you to the 5th International Conference on Advanced Care Planning and End of Life Care (ACPEL) in the beautiful city of Munich.

As the newly-elected President of the EAPC I am delighted that the EAPC offers our support to this important conference. I am struck by the shared objectives of ACPEL and the EAPC, the promotion of excellence in the care of people near the end of life with an emphasis on providing high quality physical, psychosocial, emotional and spiritual care to all; this is at the heart of all we do in palliative care. I believe we have an important role in supporting and preparing patients and families to make important decisions at this critical time in their lives and planning those decisions in partnership with those who care for them personally and professionally.

I would like to commend the organising committee on putting together such an interesting programme and I am sure that will result in debate and discussion around this important topic. I wish you well with your deliberations.

I also hope that some of you will also be at the European Association for Palliative Care Research Congress in Dublin (9th—11th June 2016). I look forward to seeing you there.



Best wishes

Philip Larkin EAPC President

Dear Colleagues,

It is a great pleasure for us to welcome you to the 5th Conference of the International Society of Advance Care Planning and End of Life Care here in Munich.

Advance Care Planning (ACP) has a great importance for quality of care and safeguarding patient autonomy. ACP is in accordance with the aims of palliative care. Over the past years we developed and implemented the S3 — Guideline Palliative Medicine for Patients with Incurable Cancer that includes a chapter on ACP. This is the first time that ACP is part of our national guidelines.

We should think about ACP much earlier, and General Practitioners should discuss with their patients wishes and treatment preferences that will meet their individual and comprehensive medical, nursing, psychosocial and spiritual end-of-life care (EOLC) needs. Insufficient ACP may pose considerable challenges to those treating patients at the end of life (EOL). Palliative care is a multidisciplinary enterprise and we can gain much by our willingness to build bridges to those working in other health care areas. We hope that further implementation of ACP will help us to improve EOLC.

We as DGP support the "Act to Improve Hospice and Palliative Care in Germany" which the German Federal Parliament is expected to adopt this year. This law will strengthen palliative care and hospice culture in the places where people spend the end of their lives, and create a basis for ensuring that nursing homes can organise and offer their residents ACP.

We look forward to meeting colleagues from all over the world, to discuss the development of broad access to ACP and to promote excellence in care for people near the EOL. The DGP will support and conduct the further development of ACP programs, and is eager to join you in an international united effort to improve access to high quality of EOLC supported by ACP.

Yours,



Friedemann Nauck
Past President of the DGP



Lukas Radbruch
President of the DGP

Welcome by the Conference Co-Chairs

Dear Colleagues,

Welcome to the 5th International Conference on Advance Care Planning and End of Life Care in Munich, Germany! We are delighted to host this global conference series for the first time on the European continent, and especially in Germany.

Advance care planning (ACP) as a means to promote patient-centred care continues to gain increasing attention in almost all medical fields and care settings. As an ongoing, life-long communication process facilitated by skilled personnel, ACP is an innovative, effective approach eventually ensuring that when patients are no longer able to make their own medical decisions their treatment wishes are known and honoured. Thus, ACP is a prime example of patientcentered care, of taking seriously patients' concerns, wishes and needs when making and planning treatment and care decisions. And perhaps ACP is even more than that: Clinicians and researchers deeply involved in ACP report that the spirit of ACP unfolds a proliferative effect into every day interactions with patients and their relatives and helps to anchor the crucial but too often neglected concept of patient-centered care deeply and irreversibly in our minds.

While ACP is already well developed and implemented in some (especially Anglo-American) regions of the world, it is still in its infancy or even unknown in other regions, including much of Europe. With the ACPEL2015-Conference, we aim to raise awareness of ACP, promote the exchange between experts and learners in ACP worldwide, provide a platform to

present the most current research findings, and spur future high-quality research in this area.

We proudly report that the conference has already attracted more than 300 participants from all over the world, from diverse disciplines and professions and various contexts of health care and health policy. Over 230 abstracts were submitted for the scientific program, covering a wide range of challenging issues in ACP research and implementation. We hope that you all will enjoy an inspiring conference full of new insights, new ideas for your own research or practice, and sustainable networking. Moreover, please take some time to visit some of the treasures that the booming and lively city of Munich, the capital of Bavaria, has to offer in the areas of culture, arts, architecture, and recreation.

Have a wonderful stay in Munich!



Georg Marckmann Chair, Local Organising Committee



Jürgen in der Schmitten Chair, Scientific Committee

Contact Information

Organiser

Institute for Ethics, History and Theory of Medicine

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Organisation / Registration

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Scientific Committee

- Jürgen in der Schmitten (Chair), Germany
- Linda Briggs, USA
- Irwin Chung, Singapore
- Sara Davison, Canada
- Luc Deliens, Belgium
- Karen Detering, Australia
- Xavier Gómez-Batiste, Spain
- Mogens Grønvold, Denmark
- Bernard (Bud) J Hammes, USA
- Agnes van der Heide, Netherlands
- Bettina Husebø, Norway
- Tania Krones, Switzerland
- Phil Larkin, Ireland
- Helen Mason, New Zealand
- Friedemann Nauck, Germany
- Signore Luciano Orsi, Italy
- Sabine Pleschberger, Austria
- Judith Rietiens, Netherlands
- William Silvester, Australia

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- Georg Marckmann (Chair)
- Claudia Bausewein
- Orsolva Friedrich
- Marion Frobenius
- Monika Führer
- Ingmar Hornke
- Ralf Jox
- Katja Kühlmeyer
- Antje Lenkmann
- Julia Lotz
- Sabine Petri

Registration 13:00 – 20:30

22:00

5th International Conference on

22:00

Advance Care Planning and End of Life Care

14:00 14:00 Parallel Pre-Conference Workshops (Afternoon Tea provided) | Room numbers available online and at registration desk IN GFRMAN: IN GFRMAN: Research on ACP and EOLC, Workshop I: Research on ACP and EOLC. Workshop II: Implementing an ACP program – professional Meet the Expert. Participants discuss their before The challenge of conducting Randomised Conchange management in large institutions or Regionale / Institutionelle Implementierung eines Qualifizierte Gesprächsbegleitung submitted ACP research projects (for application trolled Trials (RCTs) to study ACP effectiveness. regions ACP-Programms (Implementing an ACP program) (Qualified facilitation) Practical insights from 4 current RCTs. or ongoing) in small groups Linda Briggs, Bud Hammes, Daniel Johnson, Trials presented by A van der Heide, M Tattersall. Ralf Jox, Georg Marckmann Friedemann Nauck, Sara Davison, Luc Deliens, J Gillissen, and C Houben. John Mavcroft Jüraen in der Schmitten Susan Hickman, William Silvester, Josephine Clayton, Carmen Houben ACP – a practical concept for Family Practitioners? How to do ACP discussions - a practical approach Engaging consumers in the design of ACP services Following the plan - ethical and practical Discussing treatment options with a patient to facilitator training challenges of providing EOLC (based on and resources nearing the end of their life: A communications participants' case reports) training program for junior medical staff Joell Rhee, Nils Schneider Karen Detering, Sharon Neyland, Craig Sinclair Leigh Manson, Shona Muir, Rebecca Sudore Steve Philpot, Li Tan Charlie Corke, Tanja Krones, Peter Saul 17:00 17:00 17:30 17:30 Opening Ceremony, Plenary and Panel | Große Aula Supported by Munich Center for Neurosciences Chairs: Georg Marckmann, Jürgen in der Schmitten 17:30 17:30 Arcis Cello Quartet Munich 17:40 17:40 Welcome. Conference Co-Chairs 17:45 17:45 Welcome. William Silvester, President, International Society for Advance Care Planning and End of Life Care (ACPEL) 17:50 17:50 Welcome Address, Annette Widmann-Mauz, Parlamentary State Secretary to the German Federal Minister of Health 18:00 18:00 Welcome Address, Max Kaplan, President, Bavarian Chamber of Physicians; Vice-President, German Medical Association 18:05 18:05 ACP - Key to Patient-Centred Care, William Silvester 18:25 18:25 The Australian Government's leadership role in focusing on national promotion/awareness and in funding of ACP programs, Debbie Hurlbut (inquired) 18:45 18:45 ACP deployment – the New Zealand experience, Barry Snow 19:05 19:05 **Short Break** 19:20 19:20 ACP in Europe – what are we waiting for, what does it take? Short Statements and Panel Discussion, A van der Heide, C Henry, T Krones, P Larkin, S Rixen, W Silvester, B Snow, A Widmann-Mauz 20:20 20:20 Arcis Cello Quartet, Munich 20:30 20:30 Welcome Reception | Lichthof

Thursday, 10 September 2015 – Morning Sessions *** Simultaneous Interpretation / Simultanübersetzung ins Deutsche (Große Aula) ***

Registration 07:30 – 19:00

5th International Conference on
Advance Care Planning and End of Life Care

					Auvance Gale Flaming and End of Life Gal			
08:30	Plenary 1: Incorporating ACP into health care systems – what can we learn from successful policies? Große Aula							
	Chair: William Silvester							
08:30	Welcome and organisational remarks, Conference Co-Chairs							
08:35	Pragmatism in advance care planning: Implementing a national ACP programme in Singapore, Irwin Chung							
09:00	The integration and scope of spread of AC	CP in the UK through the Gold Standards Fra	mework Prgrammes In End of Life Care i	all settings, Keri Thomas		09:00		
09:25	Honoring Choices Wisconsin – steps towa	ards a state-wide implementation, John Mayo	croft			09:25		
09:50	Nationwide adoption of an ACP program b	oy a large U.S. health provider (HMO), Danie	l Johnson			09:50		
10:15	Making ACP a regular part of national hea	alth care: lessons from leading US Health P	roviders, Helen Mason			10:15		
10:30			Morning Tea / Exhibition / Posters			10:30		
11:00			Themed Concurrent Sessions			11:00		
	ACP concepts/research methods	Faciliation I	End-of-Life Care	Nursing homes	Workshop zum geplanten §132g SGB V			
44.00	Chairs: Irwin Chung, Josie Dixon	Chairs: Bud Hammes, Barry Snow	Chairs: Luc Deliens, William Silvester	Chairs: Mandy Thorn, Keri Thomas	Chairs: J in der Schmitten, G Marckmann	11.00		
11:00	Martin Loucka Große Aula	Hillary Lum A021	Allison Lovell A01	Wordaith Diano	Tallot (III dollilali).	11:00		
	What are the core components of ACP? A review of current approaches.	How to effectively facilitate ACP group medical visits: Lessons from the field	ACP in Palliative Care: A systematic literature review of the contextual factors influencing its uptake	Promoting autonomy? Bringing legal analysis to bear on the practical issues associated with ACP implementation				
11:15	Aliya Kassam Große Aula	Marie Young A021	Sarah Ziegler A01	Honan o Gamvan		11:15		
	Using the Think Aloud Method to Evaluate Instrument Design for a New Survey of Patient Engagement with ACP	The patient experience of the ACP process in Auckland, New Zealand	Prevalence and trends of medical end-of-life decisions in German-speaking Switzerland	Evaluating the systematic implementation of the "Let Me Decide" Programme in Long Term Care: A user's perspective.	Barbara Kremers-Gerads Seniorenhaus Lindenhof, Grevenbroich Pilotprojekt beizeiten begleiten			
11:30	Stephanie Anderson Große Aula	Lisbeth Thoresen A021	Bernadette King A01	7 Anouk Overbeek A01	3. <i>Gerd Kukla</i> Spitzenverband der GKV, BUND	11:30		
	How Do We Know ACP Works ?	Preparatory conversations in Norwegian nursing homes – Impressions and experiences	Measuring the quality of End of Life Care: expanding the focus of a standardised death screening tool from why a patient died to how we a patient died.	A Cluster Randomized Controlled Trial on the Effects and Costs of ACP in Elderly Care	Berlin 4. <i>N.N.</i> kirchliche Träger der Pflegeeinrichtungen			
11:45	Sara Davison Große Aula	Steffen Eychmüller A021	Netta Bentur A01	7 Tanja Frank A01	0	11:45		
	How do healthcare systems evaluate ACP initiatives? Results from a systematic review	"SENS" framework to structure Advance Care Planning – strengthening patient professionals partnership	The Quality of End-of-Life Care for Older Person with Advanced Dementia Living in the Communi	Long term experience with implementation of advance care plans for palliative geriatric patients in nursing homes	kommunale Träger der Pflegeeinrichtungen 6. <i>Prof. Dr. med. Friedemann Nauck</i> Past President der Deutschen Gesellschaft für Palliativmedizin;			
12:00	Stef Groenewoud Große Aula	Thomas Harter A021	Diane Portman A01		Palliativmedizin, Universitätsklinik Göttingen	12:00		
	Does ACP in End of Life Care in Limburg increase experienced quality of care, death and dying and decrease unnecessary health care usage?	Beyond the Basics: A comparison of cost and resource utilization between basic and disease specific ACP	The value of ACP in cancer critical care.	Impact of an ACP program on the conformity of medical treatment at the end of life with nursing home residents' preferences: a controlled interview survey of bereaved family members	7. <i>Prof. Dr. jur. Stephan Rixen</i> Sozial- und Gesundheitsrecht Universität Bayreuth			
12:15		Brittney Lee A021	Stephanie Johnson A01	7 Trygve J. Lereim Sævareid A01	6	12:15		
		Does Quality of Facilitator Communication Influ- ence Ratings of Satisfaction with FAmily CEntered (FACE) ACP for Adolescents Living with HIV?	ACP for cancer patients: preliminary results of an Australian RCT	Developing, implementing and evaluating ACP in Norwegian nursing homes (NHs) — a mixed methods study				
12:30			Lunch / Exhibition / Posters			12:30		
13:30 -						- 13:30		

Registration 07:30 – 19:00

Advance Care Planning and End of Life Care 13:30 13:30 Plenary 2: ACP meets money - health economic considerations | Große Aula Chair: Barry Snow 13:30 13:30 What do we know about the economic case? Josie Dixon 13:45 13:45 Embedding ACP in a national EOLC-plan: How the NHS calculates the benefits, Claire Henry 14:00 14:00 The economic impact of ACP on a regional health care system: What do we know after some 25 years? Bud Hammes 14:15 14:15 Panel Discussion / O & A 14:45 14:45 Afternoon Tea / Exhibition / Posters 15:15 15:15 **Themed Concurrent Sessions 2** (Regional) Implementation Facilitation II (Decision aids) **Cultural** issues **Principal issues** Primary care/elderly/dementia Chairs: Linda Briggs, Friedemann Nauck Chairs: Agnes van der Heide, Leigh Manson Chairs: Rebecca Sudore, Tanja Krones Chairs: Jane Seymour, Sabine Pleschberger Chairs: Claire Henry, John Maycroft 15:15 15:15 A016 A014 Große Aula A021 A017 Ruth Horn Ava Seike Katharina Leitner Louise Bramley Jinafen Lim Between patient autonomy and physicians' Effectiveness of an ACP advocates' training Bioethics for Decision Support on End-of-Life "Between autonomy and paternalism - self-Living with frailty: Implications for the responsibility to save life: The implementation programme in improving healthcare professionals' determination in End of Life Care" conceptualisation of ACP Care in Japan. of advance decisions in England, France, and perceptions towards ACP. Germany A014 15:30 15:30 Marcus Sellars Anne-Marie Fabri A017 Mathiis van Wiimen A016 Maria Habicher Große Aula A021 Carla Arkless Preferences for end-of-life care and ACP in the Implementing advanced care planning and advan-Reflections on becoming a facilitator and a What can be learned from hospital interpreters Stability of end-of-life treatment preferences of event of dementia: a nationwide survey of older facilitator trainer for the New Zealand 21/2 day ACP about cultural issues relevant to ACP and end-ofowners of an advance directive over a 4.5-year ce directives in South Tyrol, Italy: A preliminary communication skills courses. life issues? period Australians report 15:45 15:45 A021 Große Aula A016 A014 Javier Judez Catherine Davidson Scott Fraser Settimio Monteverde Yvonne Enaels Narrative cases as a tool for reshaping ACP in Getting to the heart of it: Understanding interests Conversing across the cultural divide – ACP with Complex or wrong? A taxonomy of addressing Training general practitioners in early identifiand working with emotions in ACP Spain. "KAYRÓS-Conversaciones que ayudan" Culturally and Linguistically Diverse (CALD) ethical issues when implementing advance direccation and early palliative care planning: a randoweb and training experience. patients tives within clinical ethics and ACP training mized controlled trial 16:00 16:00 Große Aula Kurt Schmidt A014 A021 A017 A016 Kim Jameson Tanya Zivkovic Rebecca Sudore Craia Sinclair Multi-Level Barriers to ACP: Perspectives of Movie Clips as Facilitators in the Process of ACP Last rights? Supporting end-of-life care in a "I don't want to make my own decisions": decision Factors influencing GPs clinical judgements about Healthcare Providers. Patients and Families culturally diverse society control preferences among diverse older adults, initiating ACP: An experimental vignette study of ACP, and satisfaction with communication Australian GPs. 16:15 16:15 Große Aula A016 Petra Grendarova Fariba Taleghani A017 Carola Seifart A014 Jackie Kearnev Deborah Lawson Catching the elephant in the room: Patient's Advanced Cancer Patients' Perspectives on a Have the conversation – implementing a statewide Necessity of spiritual care for end-stage cancer ACP education: supporting rural and regional ACP strategy Video Decision Support Aid used to Enhance patients and their families in Iran: From the preferences for initiation and timing of end of life General Practitioners Goals of Care Discussions discussions analysis of practice in a home-visit organization in Isfahan 16:30 16:30 Große Aula A021 Hansjakob Fries Kristian Pollock A014 Jane Goodwin Clare O'Callaghan "A useful icebreaker" or "jumping the gun": Exa-Patient Responses to ACP in Community Health Integration of ACP in larger health care structures Talking about death – should it be obligatory? mining the usefulness of the vignette technique in Care Settings in Canterbury, New Zealand cancer specific ACP 16:45 16:45 **Short Break** 17:00 17:00 ACPEL Biannual General Meeting | Große Aula 19:00 19:00 Evening at the delegates' free disposal.

5th International Conference on

Friday, 11 September 2015 – Morning Sessions

Registration 07:30 – 18:30

5th International Conference on Advance Care Planning and End of Life Care

08:30	Plenary 3: Current and future challenges of improving EOLC by means of ACP Große Aula							
	Chairs: Friedemann Nauck, Sabine Pleschberger							
08:30	Good palliative care – still a challenge with an advance care plan in place? Luc Deliens							
09:00	Challenges of intercultural translation of	ACP concepts, Agnes van der Heide				09:00		
09:30	Challenges of EOLC and following advan	ce care plans in Critical Care Medicine, Jean	-Louis Vincent			09:30		
10:00	•	with the frail elderly considering different pr				10:00		
10:30			Morning Tea / Exhibition / Posters			10:30		
11:00	Concurrent Panel Sessions 1: Patient-specific challenges of ACP							
	Dementia/Geriatrics	Oncology	Pediatrics	Mental Health	Chronic Organ Failure			
	Chairs: Karen H. Dening, Jane Seymour	Chairs: Judith Rietjens, Michael Hallek (inqu.)	Chairs: Linda Briggs, Monika Führer	Chairs: Claire Hendersen, Katja Kühlmeyer	Chairs: Sara Davison, Ralf Jox			
11:00	Karen Harrison Dening Große Aula	Judith A.C. Rietjens A021	Linda Briggs A017	Johannes Hamann A016	Carmen Houben A014	11:00		
	ACP in dementia: Understanding the preferences of people with dementia and their family carers	ACP in patients with oncologic disease: an introduction	Honoring the hopes of parents with children with life-limiting conditions	Adapting Shared Decision-Making to Severe Mental Illness	ACP in patients with chronic obstructive pulmonary disease (COPD)			
11:15	Carla Arkless Große Aula	Ida J. Korfage A021	Julia Lotz A017	Katia Kiihlmeyer A016	Carmen Houben A014	11:15		
	Incorporating ACP into the care of residents in a dementia unit	First results from the ACTION study	ACP in children and adolescents with life-limiting illnesses – A needs assessment in parents and health care professionals	Katja Kühlmeyer A016 Preferences for ACP: A qualitative study with former mental health service users	Stability of willingness to accept life-sustaining treatments of patients with advanced chronic organ failure during one year			
11:30	Scott A. Fraser Große Aula	Jan Schildmann A021	Maureen Lyon A017	Katrin Radenbach A016	Josephine Clayton A014	11:30		
	Not Competent But Not Silent - A Pilot Study of ACP With Dementia Patients	Effects of ACP in patients with cancer - results from a systematic review	The Feasibility, Acceptance and Satisfaction of Adolescents with HIV and their Families with ACP Conversations	Implementing a joint crisis plan into psychiatric practice – first experiences	Current practice and barriers to ACP in the Australian and New Zealand nephrology setting: a national survey			
11:45	Deirdre Fetherstonhaugh Große Aula	Natasha Michael A021	Jenny Hynson A017	Claire Henderson A016	Iñaki Saralegui A014	11:45		
	Making decisions on behalf of people with dementia: how do proxies do it?	Respecting cancer patients' and caregivers' choice to actualise, relinquish or reject advance care planning	Triggers, Tools and "tips for talking" about ACP in paediatrics	Randomised controlled trial of joint crisis plans to reduce compulsory treatment for people with psychosis: clinical outcomes and implementation	What is most important to the patient with End-Stage Renal Disease?			
12:00	Deirdre Shanagher Große Aula	Stephanie Johnson A021	Allison L. Kimmel A017	Michaela Amering A016	Martin Denvir A014	12:00		
	Dying to Talk - Facilitating discussions on future and end-of-life care with people who have dementia.	Conducting an advance care planning randomised trial for incurable cancer patients: an Australian experience	Advance care planning and decisional conflict in adolescents with HIV	Psychiatric Advance Directives as part of a rights-based approach to Recovery	Phase 2 randomised controlled trial of future care planning in patients with advanced heart disease			
12:15	Kevin Brazil Große Aula	Monica Fliedner A021	Jess Jamieson A017		Gian Domenico Borasio A014	12:15		
	The Views of General Practitioners on Advance Care Planning for Patients Living with Dementia	Recruitment of cancer patients into clinical trials on Advance Care Planning in Palliative Care – why is it so hard?	Allow Natural Death / Te Wa Aroha - Advanced Care Planning in Paediatric Palliative Care		ACP in patients with neurodegenerative diseases			
12:30	Panel: All above speakers	Panel: All above speakers	Panel: All above speakers	Panel: All above speakers	Panel: All above speakers	12:30		
13:00			Lunch / Exhibition / Posters			13:00		
14:00						14:00		

Friday, 11 September 2015 – Afternoon Sessions

Registration 07:30 – 18:30

5th International Conference on Advance Care Planning and End of Life Care

Selective Massor Collective Impact APE Educating, Empowering, and Inspiring a Region Collective Impact APE Educating, Empowering September Advances are Planning in the Muscing Thomas Planning in Massor Collective Impact APE Educating, Empowering September Advances are planning in the Muscing Thomas Planning in Massor Collective Impact APE Educating Collective Impact APE Education	1:00	Concurrent Panel Sessions 2: Setting-specific ACP – strengths and challenges						
Exercise Activation Content Fundamental Conten		egions Nursing Homes EXTRA: Legal & Policy Issues		Hospital	Primary Care			
Septime C. Accessor (Septime C. Accessor) (S		Chairs: Bud Hammes, Daniel Johnson	Chairs: Susan Hickman, Lieve Van den Block	Chairs: Bianka Dörr, Konrad Fassbender	Chairs: Karen Detering, Tanja Krones	Chairs: Joel Rhee, Scott Murray		
And tespering a Region Hinter Printiminary Outcomes from the OPTINOS TO Commentation Project or To Co	:00	Eileen Hanson Große Aula	Susan Hickman A021	Gina Bravo A017	Karen Detering A016	Joel Rhee A014	14	
Separative CounterState Separative Count			Home: Preliminary Outcomes from the OPTIMIS-	general elderly population: Effect on completion		The role of primary care in ACP		
cher places in the U.S. Color Corollar Color	:15	Stephanie C. Anderson Große Aula	Mandy Thorn A021	Konrad Fassbender A017	Tanja Krones A016	Scott Murray A014	14	
Northern Region Health Care Plan – New Zealand Northern Region Health Care Plan – New Zealand Integrating plantifies care and advance are an pala- ning in nursing homes in Europe : current state of affairs (EU FP PACE) Daniel Johnson Große Aute Introducing an ACP program in Colorado: the Kaiser Permanente experience Panel: All above speakers Poster Group 1 Chair: Lieve van den Block Chair: Joels Rhee Chair: Peter Saul: with I Chung, S Davison, T Krones, P Larkin, W Silvester, JL Vincent Log Lack Colors AUT Lack Cheros AUT Lack Cheros Autors can cannot plant and vance care planting for Patients Hospitalised for Heart Failure in a Multiethnic South East Asian Cochort How operand planting for Patients Hospitalised for Heart Failure in a Multiethnic South East Asian Cochort How operand Planting South East Asian Cochort How operand Planting South East Asian Charles How do general practitiones conceptualise advance are planting in their practice? A qualitative study of their Failure in a Multiethnic South East Asian Charles How operand Planting South East Asian Charles Charles Hyses A017 Jill Mann A014 Effective community implementation of Advance Care Planting for Patients Hospitalis Hyses Molicial Planting South East Asian Charles How operand Planting South East Asia						neral Practices identify more patients for advance		
Daniel Johnson Corolle Aula Introducing an ACP program in Colorado: the Kaiser Permanentic experience Panel: All above speakers Pane	:30	Leigh Manson Große Aula	Lieve Van den Block A021	Bianka Dörr A017	Suck Lan Cindy Lau A016	Luc Deliens A014	14	
Lander Johnson Teach Control C		Northern Region Health Care Plan — New Zealand	ning in nursing homes in Europe : current state of		for Heart Failure in a Multiethnic South East Asian	vance care planning in their practice? A qualitative		
Kaiser Perimanente experience in nursing home patients: an effectiveness-implementation randomized clinical hybrid trial (2013-2017) Panel: All above speakers Panel: All abo	1:45	Daniel Johnson Große Aula	Bettina Husebø A021	Tom Hayes A017		Jill Mann A014	14	
Afternoon Tea & Informal Poster Walk Authors are requested to kindly remain near their posters out of a themed cluster, selected by the chair) Poster Group 1 Chair: Lieve van den Block Chair: Josephine Claylon Chair: Karen Detering Chair: Susan Hickman Chair: Shona Muir Poster Group 1 Chair: Josephine Claylon Chair: Julia Lotz Chair: Julia Lotz Chair: Julia Rhee Short Break Hypothetical Große Aula Chair: Peter Saul; with I Chung, S Davison, T Krones, P Larkin, W Silvester, JL Vincent			in nursing home patients: an effectiveness-im- plementation randomized clinical hybrid trial					
Afternoon lea & Informal Poster Walk Authors are requested to kindly remain near their posters so they can be individually addressed Poster Walk (in 12 themed groups, presentation of up to 10 posters out of a themed cluster, selected by the chair) Poster Group 1 Poster Group 2 Poster Group 3 Poster Group 4 Poster Group 5 Chair: Lieve van den Block Chair: Josephine Clayton Chair: Karen Detering Chair: Susan Hickman Chair: Carmen Houben Poster Group 6 Poster Group 7 Poster Group 8 Poster Group 9 Poster Group 10 Chair: Karen Harrison Dening Chair: Ida Korfage Chair: Julia Lotz Chair: Natasha Michael Chair: Shona Muir Poster Group 11 Poster Group 12 Chair: Joel Rhee Chair: Judith Rietjens Short Break Hypothetical I Große Aula Chair: Peter Saul; with I Chung, S Davison, T Krones, P Larkin, W Silvester, JL Vincent	5:00	Panel: All above speakers	Panel: All above speakers	Panel: All above speakers	Panel: All above speakers	Panel: All above speakers	1	
Poster Walk (in 12 themed groups, presentation of up to 10 posters out of a themed cluster, selected by the chair) Poster Group 1 Chair: Lieve van den Block Chair: Josephine Clayton Chair: Karen Detering Chair: Susan Hickman Chair: Susan Hickman Chair: Carmen Houben Poster Group 6 Chair: Karen Harrison Dening Chair: Karen Harrison Dening Chair: Judia Kortage Chair: Julia Lotz Chair: Julia Lotz Chair: Natasha Michael Chair: Shona Muir Poster Group 11 Chair: Joel Rhee Short Break Hypothetical Große Aula Chair: Peter Saul; with I Chung, S Davison, T Krones, P Larkin, W Silvester, JL Vincent	:30						1	
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Saturday, 12 September 2015 – Morning Sessions

14:00

Registration 08:00 – 14:00

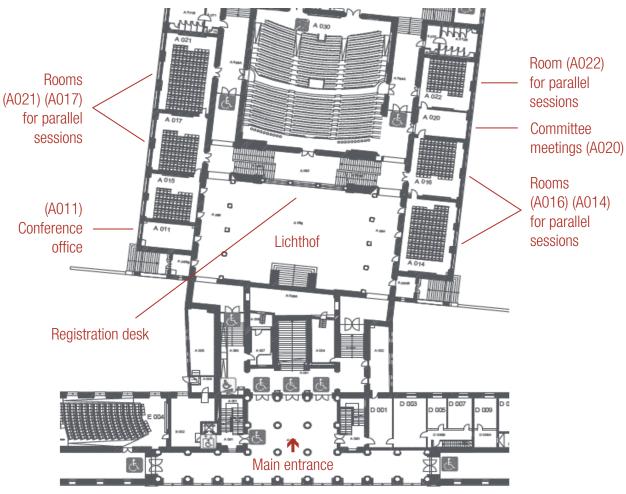
Advance Care Planning and End of Life Care

Keynote: ACP – How well do advance care plans reflect patient preferences? Susan Hickman							
			Invited Workshops				
Charly Corke Große Aula	Jill Mann A022 Joel Rhee Kirsty Yates	Linda Briggs A021 Bud Hammes	Georg Marckmann A017 Jürgen in der Schmitten	Leigh Manson A016 Shona Muir Rebecca Sudore	Stephanie C. Anderson Sanders F. Burstein	Dan Johnson Patricia Tadel	A014
Effectively Eliciting Preferences for EOLC	Collaboration between health services, ACP program coordi- nators, facilitators, and GPs in the development of a regional ACP program: experiences from Geelong and Sydney	The Role of the ACP Facilitator: The importance of achieving and maintaining competence	Creating optimal forms to document the ACP process: ADs, ADs by proxy, and POLST-equivalents	Engaging consumers in the design of Advance Care Planning services and resources	Discovering the Power of an ACP Conversation	ACP in Palliative Care	
		Mor	ning Tea / Exhibition / Post	ers			
		Plenary 4: Quality	y, Evaluation and Research	Große Aula			
Chair: Agnes van der Heide							
What constitutes ACP? Approaching an operational definition of ACP, Jürgen in der Schmitten							
White Paper defining optimal ACP, Judith A. C. Rietjens							
Making the Case for ACP Facilitator Certification Standards, Linda Briggs							
What maintenance does an ACP program need in order to be / remain of continual high quality? Bud Hammes							
How do we measure successful ACP? Rebecca Sudore							
Panel: Quality Issues – questions and suggestions from the audience, all of the above							
Outlook Große Aula							
Chairs: Georg Marckmann, Jürgen in der Schmitten							
ACP – Setting the agenda for the next two years, Sara Davison, designated Conference Convenor of the ACPEL Conference 2017 in Vancouver							
Farewell and Close, Conference Co-Chairs							
13:							

14:00

LMU Main building Level 1

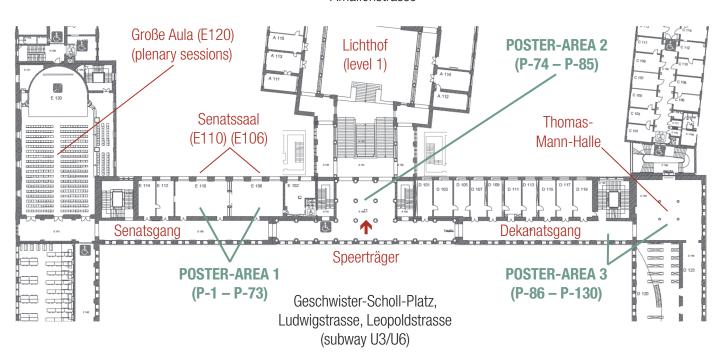
Amalienstrasse



Geschwister-Scholl-Platz, Ludwigstrasse, Leopoldstrasse (subway U3/U6)

LMU Main building Level 2

Amalienstrasse



General Information

Conference venue

Ludwig Maximilian University (LMU) — Main Building Geschwister-Scholl-Platz 1, 80539 Munich

Conference Registration Desk

Wednesday, 09 September 2015	13:00 – 20:30h
Thursday, 10 September 2015	07:30 - 19:00h
Friday, 11 September 2015	07:30 - 18:30h
Saturday, 12 September 2015	08:00 - 14:00h

Conference Dinner

Date: Friday, 11 Sept. 2015 at 19:00 Künstlerhaus at Lenbachplatz,

www.kuenstlerhaus-muc.de

Address: Lenbachplatz 8, 80333 Munich

(near subway station "Karlsplatz")

Travel: from conference venue walking distance 1.8 km (20 min walking time) or take **U3/U6** southbound to "Odeonsplatz" and **change to U4/U5** to "Karlsplatz"

Internet Access

SSID (Wi-Fi name): mwn-events Benutzername (user name): acpel

Password: FrWAU.s1

Certificate of Attendance

Participants will receive a Certificate of Attendance before departure.

CME credits

CME points will be accredited by the Bavarian Medical Council.

Travel information

From Main Railway Station (Hauptbahnhof) to LMU:

U4 (direction "Arabellapark") **or U5** (direction "Neuperlach Süd") to "Odeonsplatz" **then U6** (direction "Garching") **or U3** (direction "Moosach") exit "**Universität**"; **or** take **any S-Bahn** train until "Marienplatz", **then** take **U3 or U6** as described above.

Ticket: single fare (\leqslant 2.70) or 2 stripes on the blue stripe card (10 stripes, \leqslant 13.00).

From Airport to LMU:

S8 (direction "Ostbahnhof") until Marienplatz **then U6** (direction "Garching") **or U3** (direction "Moosach") exit "**Universität**".

Ticket: single fare for 4 zones (€ 10.80) or 8 stripes on the blue stripe card. Travel time about 45-60 minutes.

Taxis/Cabs

Taxi eG: +49 (0)89-21610 or +49 (0)89-19 410;

Isar Funk: +49 (0)89-450 540

Subway Planner (U-Bahn and S-Bahn)

Journey planner for public transport in Munich: http://efa.mvv-muenchen.de/index.html#trip@enquiry

Climate and Dress Code

In September the average temperature in Munich is approx. 20°C with an overnight low of approx. 10°C.

The dress code will be informal throughout the conference.

Telephone

The international access code for Germany is +49. Local emergency telephone numbers are 110 for Police and 112 for Fire and Ambulance.

More informationen

ATM machine: Subway station "Universität",

mid-level (Northern exit)

Copy shops: Copy-Oase München (Amalienstraße 59),

Digital Druck Zentrum (Amalienstraße 75)

Postal office: Amalienstraße 2

Disclaimer

The organisers cannot accept liability for injuries or losses of any nature incurred by participants, nor for loss of or damage to their luggage and/or personal belongings.

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Kohlhammer



"Advance Care Planning" (ACP, gesundheitliche Vorausplanung) zielt auf eine zuverlässig am vorausverfügten Patientenwillen orientierte Behandlung für den Fall, dass der Betroffene sich nicht mehr selbst äußern kann. Realisiert wird diese grundlegend neue Herangehensweise durch die Etablierung eines professionell begleiteten Kommunikationsprozesses und einen diesbezüglichen Wandel im Gesundheitssystem. Ausgehend von einer Analyse der Defizite des bisherigen Umgangs mit Patientenverfügungen erörtert eine internationale Autorengruppe die Grundlagen von ACP, wissenschaftlich evaluierte ACP-Projekte sowie politische und ethische Herausforderungen.

Die Herausgeber

Dr. theol. Michael Coors, Zentrum für Gesundheitsethik (ZfG), Hannover.

PD Dr. Ralf Jox, Institut für Ethik, Geschichte und Theorie der Medizin, LMU München.

Prof. Dr. Jürgen in der Schmitten, MPH, Institut für Allgemeinmedizin des Universitätsklinikums Düsseldorf.

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- 2 Defizite bisheriger Vorausverfügungen
- 3 Theoretische Grundlagen von Advance Care Planning
- 4 Advance Care Planning in der internationalen Praxis
- 5 Advance Care Planning in speziellen Kontexten
- 6 Advance Care Planning: Perspektiven für Wissenschaft, klinische Praxis und Gesundheitspolitik

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