

Appendix SI. Advance Care Planning Rehabilitation Survey

This survey aims to explore factors that impact on **advance care planning (ACP)** discussions in a rehabilitation setting.

Advance care planning (ACP) is a way to help patients and their families think about, talk about and document values, beliefs, and future wishes for healthcare in the event that the patient becomes incapable of consenting to or refusing treatment or other care. This may lead to the completion of an advance directive and/or the nomination of a substitute decision maker.

The literature on ACP is clear: identifying barriers and facilitators to change practice is critical. It would be much appreciated if you would be able to fill out the survey feedback form. It will take approximately 10 minutes to complete and your responses will remain anonymous.

1. Age: <30 30–39 40–49 50–59 60–69 >70
2. Gender: Male Female
3. Chosen career specialty: Medical Nursing Allied health (OT, PT, SW, other)
4. Years of clinical experience since graduation: 0–1 year 2–5 years 6–10 years >10 years

Part A: Your current level of familiarity

Select the answer that fits best for you:

1. How familiar are you with ACP?
 Not one bit Vaguely familiar Somewhat familiar Very familiar Actively involved in this policy
2. How often do you discuss ACP with your patients?
 Never
 Rarely
 Sometimes
 Most of the time
3. I am skilled at discussing ACP with patient.
 Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
 Not applicable
4. When do you discuss ACP in your practice? Mark all that apply.
 Never
 When prompted by patient or family
 After a change in health status
 At age 65
 Other
 Not applicable
5. I have received formal education/training on ACP.
 Yes No

Part B: Barriers to implementation

In this section, we will be asking about barriers; 1) healthcare provider factors and 2) system level factors. Do you identify any of the below **potential barriers** to ACP implementation in rehabilitation setting from your experience?

Please mark all that apply and also provide other factors if any.

1. Provider level barriers

- Don't remember to discuss ACP
- Don't feel that it is an important part of rehabilitation
- Don't find ACP useful
- Uncomfortable initiating the discussion
- Difficulty defining the right moment
- Don't have the knowledge/skills to have the ACP discussion
- Don't have the experience in discussing ACP
- Fear of depriving patients of hope
- Patients are reluctant to think about future healthcare problems
- Fear damaging my relationship with the patient
- Initiating communication with cultural/religious patients about ACP is difficult
- Not my role to discuss ACP with patients
- ACP conflicts with my personal beliefs (social and cultural influences)
- Don't have enough time to undertake ACP conversations
- Don't have remuneration or incentives to engage in ACP conversations
- I have limited continuity of care with patients and families, which limits my insight into their ACP needs, life values and preferences
- I have limited liaison with acute hospital services regarding patients' treatment options/prognosis, and hence, I do not feel equipped to undertake ACP conversations
- I worry that the patient will not understand the issue
- I believe that ACP should begin at the end of life rather than earlier in the disease course
- Lack of a staff ACP education/training programme
- It is the patient who should initiate ACP
- I think that other healthcare professionals are better positioned to initiate ACP
- I feel that there is lack of dedicated staff to engage patients and families in ACP conversations
- Lack of visible ACP leadership support
- There is lack of an adequate environment for me to perform conversations (quiet, peaceful, etc.)
- There is lack of access to resources (printed and digital documents, movies, etc.) explaining ACP
- I think that ACP documents are too legalistic and simplified for complicated medical scenarios
- I fear legal concerns or complaints as a result of conducting ACP

2. System-level barriers

- The patients in my ward are too young
- The alert/reminder system is inadequate
- There is lack of electronic health record capability to track ACP conversations
- There is lack of documentation policies in my organization
- There is lack of ACP awareness campaigns in my organization
- There is lack of infrastructure access to ACP resources (printed and digital documents, videos etc.)
- There is lack of facilities (e.g. quiet rooms, privacy) to be able to hold these discussions in my organization

Supplementary material to article by K. Song et al. "Advance care planning in rehabilitation: An implementation study"

3. What do you identify from your experience as a rehabilitation healthcare provider as **other barriers** to ACP discussions?

Other:

Part C: Facilitators to implementation

In this section, we will be asking about facilitators to ACP conversations. Do you identify any of the below potential facilitators to implementation of ACP in rehabilitation from your experience?

Please mark all that apply and also provide other factors if any.

1. Facilitators to implementation

- I have increasing understanding of ACP discussions
 I have good knowledge about ACP
 I have accumulated skills to be able to perform ACP discussions and facilitate conversations
 I am able to define the right timing for patients
 I would discuss ACP if I am able to anticipate health problems in the near future
 I am able to deal with patient initiating discussions
 I have had positive experiences with end-of-life conversations in the past
 I consider ACP as part of my role of my job
 I recognize the ability of ACP to improve clinical care for patients
 I believe that it is easier if patients accepted terminal illness
 I believe that if the patient initiated the discussion, it would be easier
 I believe it is easier to perform ACP according to the medical condition/status of the patient including patients with chronic illness, cancer or end-stage diseases e.g. chronically ill patients, renal failure or heart failure, those with short term prognosis, and those competent in decision making
 I have the possibility to devote time to ACP
 I find it easier if there is a hospital policy supporting or requiring the use of advance care directives
 I find it easier if there is collaboration with other healthcare professionals including respect of advance directives, and consultation regarding end of life decisions
 Presence of educational initiatives enabling skills development
 Because I have an ACP myself, it is easier for me to discuss this with patient

2. Other facilitators (please list if any)

Other:

Thank you for filling out this form.