

Advance Care Planning: An Evidence-Based Practice Project

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Significance of Problem

- Patients are uncomfortable discussing advance care planning (ACP) and often struggle to understand advance directive forms (Sudore et al., 2017; Sudore et al., 2018).
- Providers find it difficult to include ACP discussions in their workflow due to lack of time, knowledge and communication skills (Barkley et al., 2019; Hafid et al., 2021; Halpert et al., 2022; Marin, 2022).
- Delayed or absent ACP discussions can lead to nonbeneficial care, increased healthcare costs, end of life suffering and increased post-death family distress (Halpert et al., 2022; O'Hanlon et al., 2018).
- It is estimated that only 18% - 30% of Americans have a documented ACP (Halpert et al., 2022).

PICOT Question

In patients 65 years of age or older in a family medicine office (P), does using a multi-modal intervention with provider education and PREPARE resources (I) compared to not having a standardized approach to advance care planning (C) result in a higher completion rate of advance directives (O) in a 12-week time period (T)?

Review of Literature

Evidence	Database/Source	LOE/Quality
Bridges et al. (2018)	HS	II/Moderate ^a
Fahner (2018)	CC	I/Strong ^a
JB1 (2022)	JB1	I/Moderate ^b
Lum (2018)	CINAHL Medline	II/Moderate ^a
Marin (2022a)	JB1	I/Strong ^a
Marin (2022b)	JB1	I/Strong ^a
Marin & Pamaiahgari (2022)	JB1	I/Strong ^a
Schichtel et al. (2019)	CC	I/Strong ^a
Sudore et al. (2017)	CINAHL	II/Moderate ^a
Sudore et al. (2018)	CINAHL Medline	II/Strong ^a

^aCASP; ^bAGREE II; HS = hand-searched; CC = citation chased

Best Practices

PREPARE

- Utilizes behavior-change techniques to assist patients on becoming ready to start planning for their future (Lum et al., 2018; Sudore et al., 2018).
- Utilizing PREPARE along with an easy-to-read advance directive has been shown to increase behavior change process and action scores (Lum et al., 2018; Sudore et al., 2018).
- Patients can access this at home and take their time going through the resources (Sudore et al., 2018).

Education/ Training

- Providers and educators report ACP education and training as a facilitator to ACP conversations (Marin, 2022a; Marin & Pamaiahgari, 2022; Schichtel et al., 2019).
- Providing clinicians with ACP education and training leads to more positive attitudes, confidence and comfort when initiating ACP conversations (Marin, 2022a; Marin & Pamaiahgari, 2022).
- ACP education needs to be ongoing to increase quality of ACP conversations by providers (Marin & Pamaiahgari, 2022).

Implementation

Setting An internal medicine office and chronic care management team in a Northcentral Indiana rural healthcare organization

- Intervention**
- Twelve-week program focusing on ACP education
 - Readiness to complete ACP measured via phone call with 4-item survey prior to receiving PREPARE material
 - PREPARE pamphlet mailed to patient
 - Readiness to complete ACP measured via phone call with 4-item survey after receiving PREPARE material
 - Participant given option to fill out Indiana Physician Orders for Scope of Treatment (POST) and healthcare representative form
 - Forms sent to the participants' clinician
 - Patient and clinician sign form in office

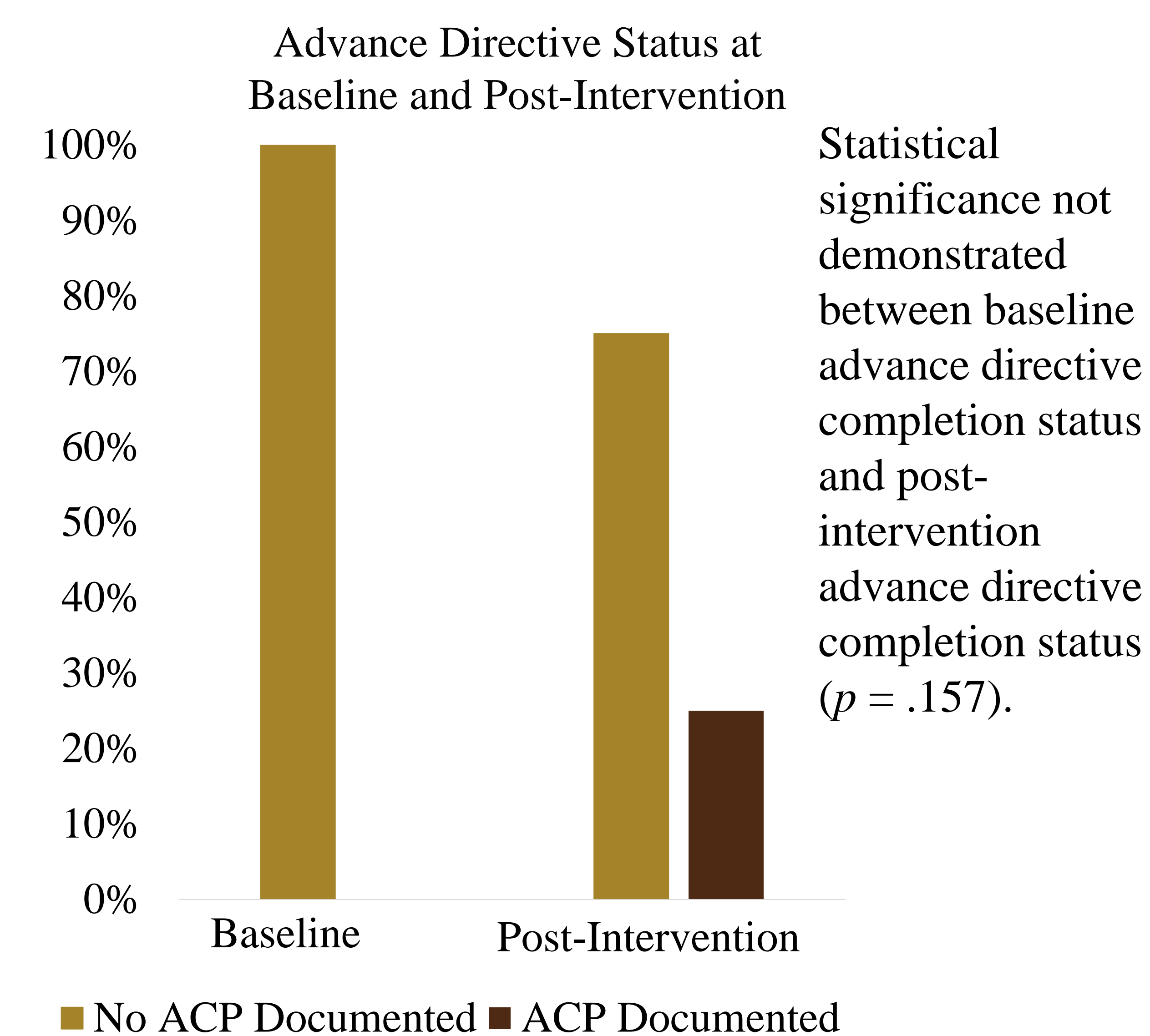
Participants **Sample:** 8 completed the intervention
Age Range: 66 – 80 years
Age Mean: 70.63 years
Gender: 4 female/4 male
Chronic Diagnoses Range: 2 – 4
Chronic Diagnoses Mean: 2.75

Data Type	Participant Baseline (n=8)	Participant Post-Intervention (n=8)
Percentage of completed advance directives	0%	25%

Evaluation

Primary Outcome

Advance Directive Status



Chi-Square Goodness of Fit test was used for primary outcome analysis because data did not meet all four assumptions for parametric testing.

Secondary Outcome

Readiness to complete ACP was found to be statistically significant. Readiness to name a medical decision maker, readiness to discuss wishes with a decision maker, readiness to discuss wishes with a medical provider and readiness to sign official papers regarding medical wishes increased significantly after the participants received PREPARE materials ($p = .010$).

Wilcoxon Signed-Rank Sum test was used for secondary outcome analysis because data did not meet all four assumptions for parametric testing.

Conclusion & Recommendations

The use of PREPARE materials was not effective at increasing advance directive completion status. However, statistically significant findings between PREPARE education materials and readiness to complete ACP was present.

Recommendations for Practice:

- A larger sample and longer study duration is warranted.
- ACP discussions should occur in-person to promote comfort and trust.

Implications for Future Research:

- Motivation and behavior change for clinicians to engage in ACP discussions.