

## Introduction

- Advance care planning (ACP) allows patients to identify and communicate their goals for future healthcare decisions in the setting where they are unable to voice their own preferences. .
- Surgery is an optimal time to initiate these discussions amongst providers, patients, and family members. Yet, individualized advance care planning education is lacking prior to surgery.
- The purpose of the DNP project was to educate elective, surgical patients preoperatively ACP with the goal of increasing their knowledge and readiness to discuss an advanced directive using an established, validated tool.

## Background & Significance

- Factors that contribute to patients avoiding the decision-making process include lack of awareness and knowledge (Miller, 2017).
- Although institutions typically agree that advance care planning is crucial to promote communication and end of life care, organizations are lacking the capability to effectively do so (Institute of Medicine, 2015).
- According to recent statistics advanced directive completion rates range from 18 to 31% nationally (Miller, 2017) and approximately only 30% of United States residents have made any advance care plans (Yadav et al., 2017).
- Current practice has failed to increase AD completion rates. The American College of Surgeons and American Geriatrics Society recommend advance care planning discussions are had prior to surgical procedures due to the many risks associated with surgery (Colburn, 2017).

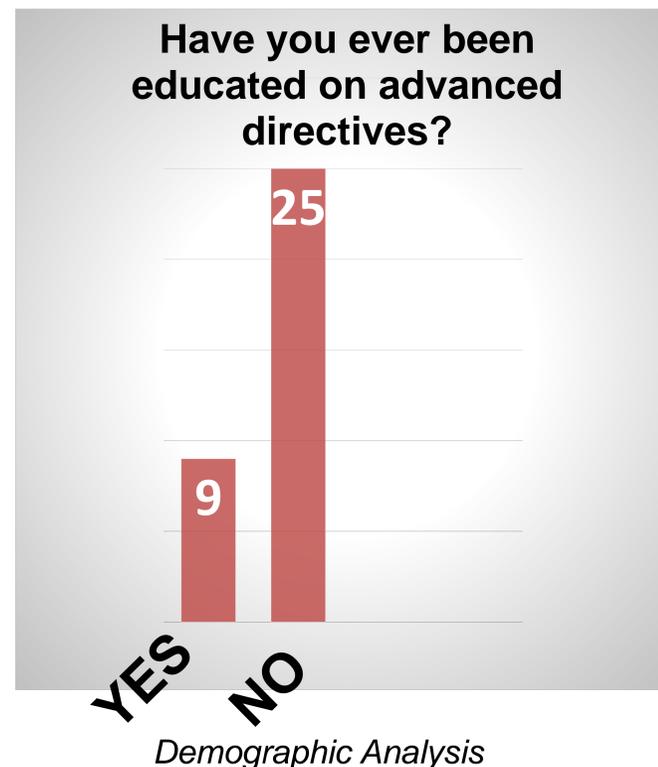
## Methods

- Using a multimodal educational module created by the DNP student, participants were educated on ACP preoperatively at a small central NJ medical center.
- The same pre and post test survey, the Advance Care Planning Engagement Survey, was administered to participants as well as a demographic questionnaire.
- A convenience sample was used.
- The module consisted of a PowerPoint lecture and a brief video by the NJHQI.
- Inclusion criteria included English speaking men and women over the age of 18 with an elective joint or spinal surgery schedule. Exclusion criteria were those with an advanced directive or POLST.

## Conclusions

- Mean increase for 8/9 questions, and no decreases
- Demographic analysis noted that most participants were not ever educated prior.
- Significance was found for post test scores on question two.
- When asked “How ready are you to formally ask someone to be your decision maker”, there was a 27% increase
- The lack of significance can be attributed to the smaller sample size (n=34)
- This project was unique as it was specific to an orthopedic population of elective, joint and spine patients

### 73.5% of participants never had ACP education



## Results

- 34 participants were included in the study over 3 months.
- Most participants were female, having joint surgery, and aged 65-85.
- When asked whether they had ever been educated on or discussed an advanced directive, the majority, 73.5% responded no.
- A paired sample t test was conducted in SPSS for the nine questions on the survey. Paired differences did not show statistical significance
- The mean score increased from 1.7059 to 2.1765, a 27% increase. Mean scores increased for all questions.
- A Wilcoxon rank test was conducted, and statistical significance was found for question two on the survey with a p value of 0.035.

## Implications on Practice

- Incorporating ACP into a preoperative educational course can positively impact a patient and their family members.
- Discussing AD's prior to an admission can prepare patients to optimize their surgical experience.

### References

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Yadav, K. N., Gabler, N. B., Cooney, E., Kent, S., Kim, J., Herbst, N., . . . Courtright, K. R. (2017). Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care. *Health Affairs*, 36:7. doi: 10.1377/hlthaff.2017.0175