

Introduction

- Advance care planning (ACP) is a process that allows individuals to discuss and communicate their goals for future health care (National Institute on Aging, 2018)
- ACP involves
 - conversations with family members and healthcare providers
 - living wills
 - healthcare proxies
 - Do Not Resuscitate (DNR) orders
 - organ and tissue donation wishes
 - Practitioner Orders for Life Sustaining Treatment (POLST) forms

Background & Significance

Problems

- Only 36.7% of the U.S. population have any form of written advance care plan (Sullivan & Klingman, 2019)
- 60% of New Jersey adults do not have any form of written advance care plan (New Jersey Health Care Quality Institute, 2018)
- Healthcare provider barriers (Chandar et al., 2017)
 - time constraints
 - patient or family discomfort
 - eliciting fear or loss of hope in the patient
 - lack of knowledge about the topic

Why Care?

- Individuals run the risk of having a prolonged death filled with suffering and distress (Dobbins, 2016)
- Burden falls onto the family members
- Pressure faced by healthcare professionals
- Excessive and unnecessary medical treatments have resulted in greater patient suffering and higher healthcare costs (Carr & Luth, 2017)

Policies

- The 1990 Patient Self-Determination Act was passed by Congress to ensure that information regarding advance directives is provided to all patients (Miller, 2017)
- Centers for Medicare and Medicaid Services reimbursement; CPT billing codes are 99497 and 99498

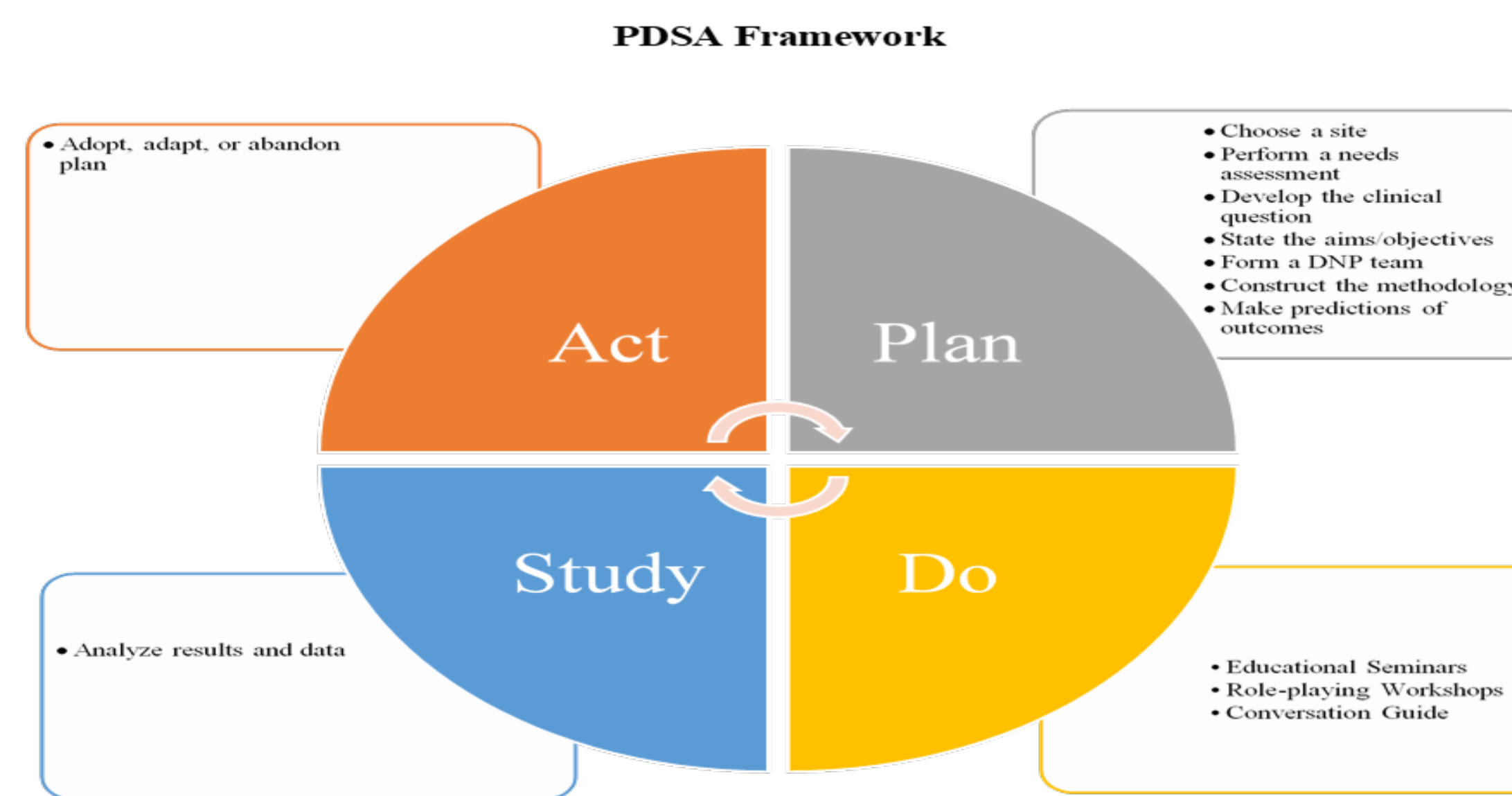
Clinical Question

- In a group of healthcare providers in a primary care setting, does providing ACP training, including a role-play workshop and utilization of an ACP conversation guide, increase provider readiness to initiate ACP, documented ACP conversations, and advance directive/POLST completion rates?

Aims & Objectives

- Increase provider readiness to initiate ACP
- Increase documented ACP conversations between healthcare providers and patients
- Increase advance directive/POLST completions

Theoretical Framework



Note. Adapted from *Science of improvement: Testing changes*, by Institute for Healthcare Improvement, 2021

<http://www.ihp.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

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Methodology

Design

- Quality improvement project
- Pre-post study design
- Pre-intervention – retrospective data collection
- Post-intervention – data collection
- Pre and post survey to assess healthcare provider readiness to initiate ACP

Setting

- Primary care practice located in Paterson, New Jersey
- Practice has large Hispanic patient population

Subjects

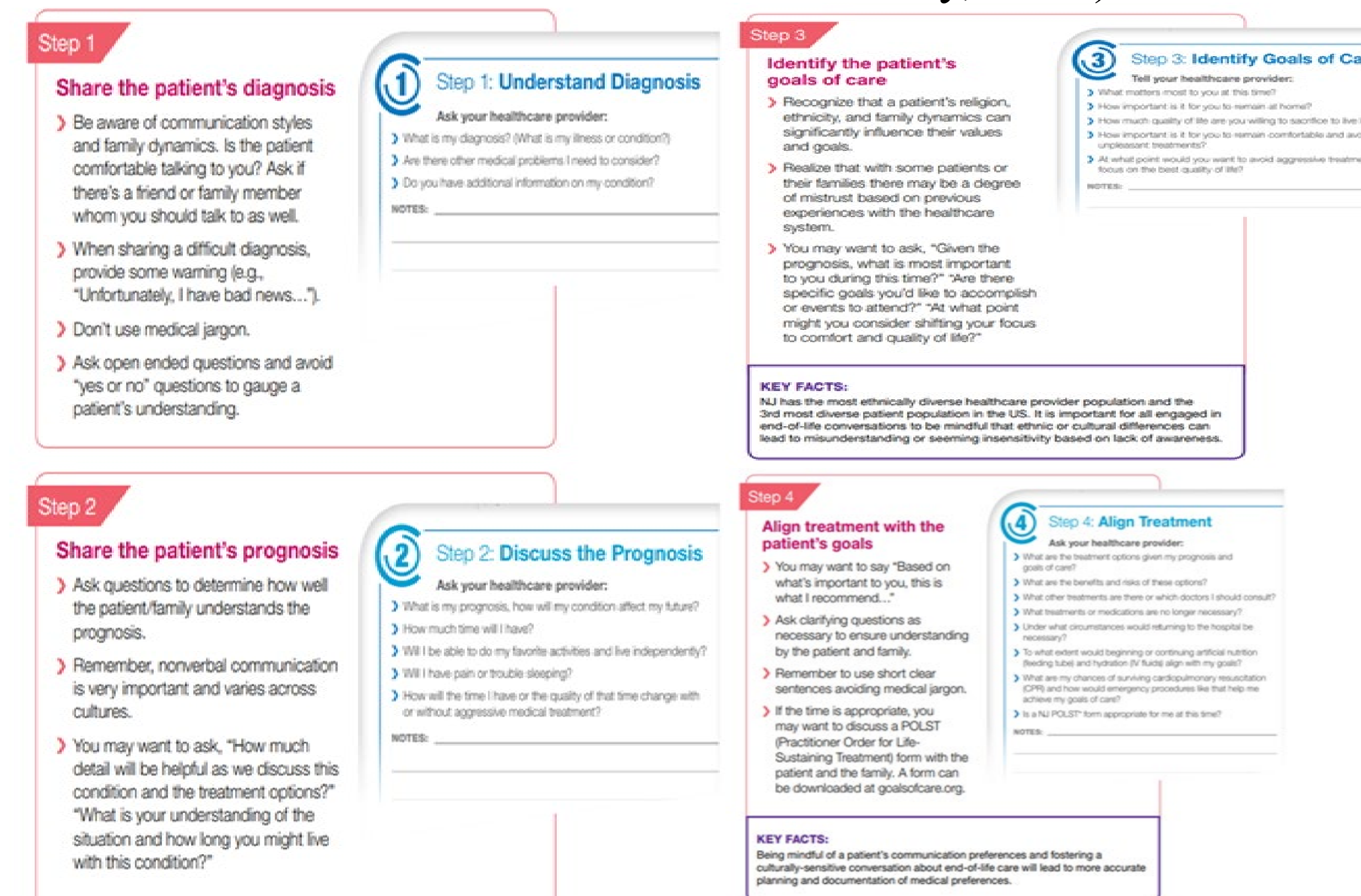
- 4 healthcare providers at site – 2 medical doctors and 2 advanced practice nurses

Recruitment/Consent

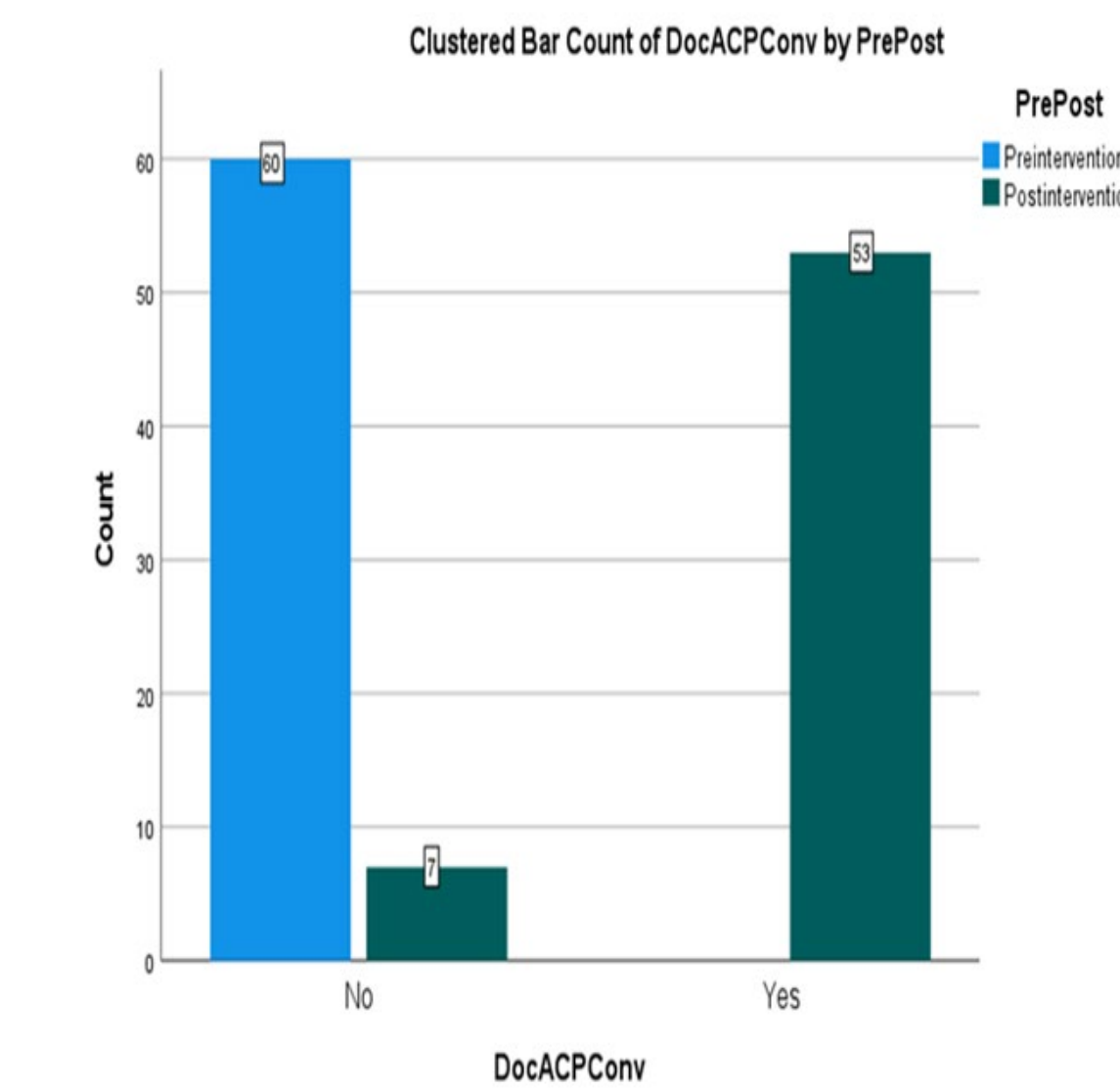
- 2 recruitment attempts
- Consent form provided

Multimodal Intervention

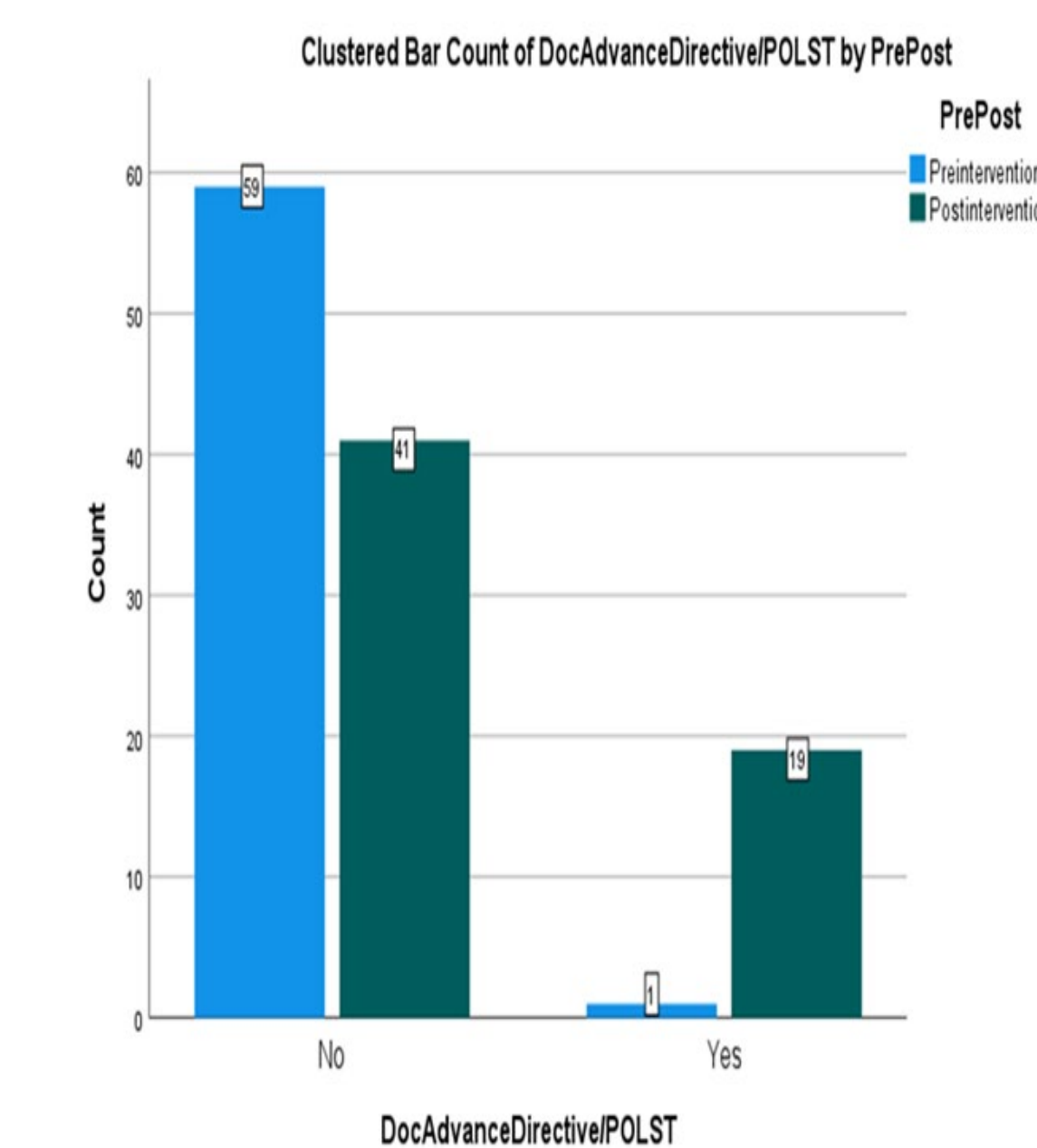
- Education Session
 - PowerPoint presentation
 - series of videos on ACP by the Goals of Care Coalition of New Jersey
- ACP Conversation Guide
 - 4Step iCare Plan Conversation Assistant for Healthcare Professionals (Goals of Care Coalition of New Jersey, 2021)
- Role-play Workshop
 - 2 role-play workshops over a span of 2 weeks
 - debrief at end



Results



- Pre-intervention group (n = 60)
 - 0% (n = 0) had a documented ACP conversation
- Post-intervention group (n = 60)
 - 88.3% (n = 53) had a documented ACP conversation
 - 11.7% (n = 7) did not have one
- Using a Pearson Chi-Square test, the data achieved significance ($\chi^2 = 94.925, p < .001$)



- Pre-intervention group (n = 60)
 - 1.7% (n = 1) had an advance directive/POLST
 - 98.3% (n = 59) did not have one
- Post-intervention group (n = 60)
 - 31.7% (n = 19) had an advance directive/POLST
 - further breakdown – 15 completed advanced directives & 4 completed POLST forms
 - 68.3% (n = 41) did not have one
- Using a Pearson Chi-Square test, the data achieved significance ($\chi^2 = 19.440, p < .001$)

Pre and Post Surveys

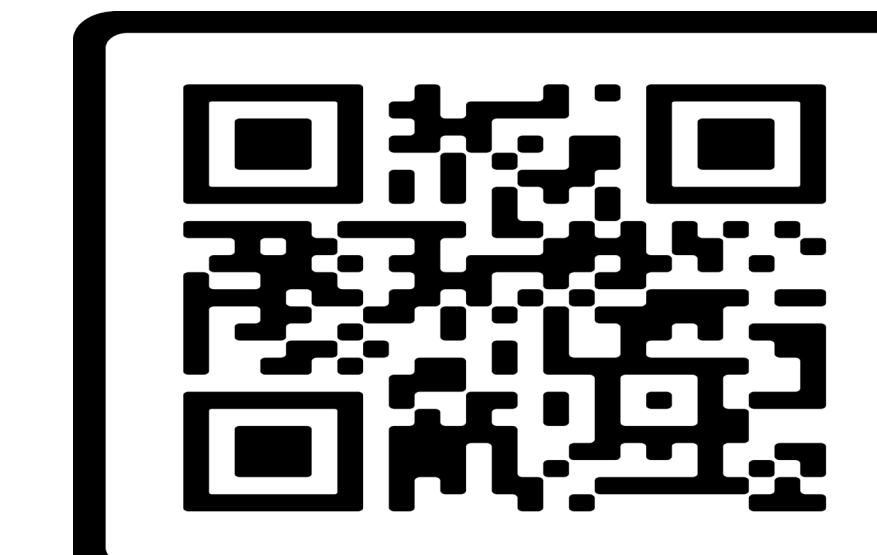
- Four questions on a 5-point Likert scale
 - each healthcare provider gave a score of either 1, 2, 3, 4, or 5, which indicated a rating of poor, fair, good, very good, or excellent, respectively
- Mean scores
 - Pre-intervention survey – 10.75
 - Post-intervention survey – 17.00
 - there was a 58.1% increase in mean score

Discussion

Implications

Clinical Practice healthcare providers will engage in early ACP dialogue with all adult patients no matter patient's current health status or age	Education/Healthcare Policy healthcare providers will be required to complete continuing education credits on ACP; satisfy IOM recommendations
Quality and Safety there will be an increase in patient satisfaction due to patients having assurance that end-of-life healthcare wishes will be honored; decrease in excessive treatments	Economics/Costs a decrease in aggressive interventions at end-of-life will reduce financial burden on healthcare system; ACP reimbursements for healthcare providers

References



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