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Successful Advanced Care Planning in a Rural Long-Term Care Facility

WellStar School of Nursing
Kennesaw State University
Kennesaw GA

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PODIUM PRESENTER:
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Background

- Definition of Advanced Care Planning (ACP)
  - Surrogate Decision Maker
  - Documentation of Preferences
- History
  - 1991 Self Determination Act
  - IOM (2014)
- Benefits of ACP
- Challenges of ACP

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Purpose

Explore the success of Advance Care Planning (ACP) at a large, rural long term care facility through examining predisposing factors (resident demographics and psychosocial characteristics) and the actual process of ACP.

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Methodology

- IRB Approval
- Quantitative Data
  - Descriptive using Medical records
- Qualitative Data
  - Focus group of Employees
  - Focus group of Families

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Researcher Awareness of Different Interpretations Related to Understanding of the Process of Advance Care Planning at the LTCF

- Discovered that the process of advanced care planning was different than the researchers expected
- LTCF uses Resident Preferencse for Life Sustaining Treatment (RPLST)
- Focus changed from reviewing Advance Directives to reviewing RPLST

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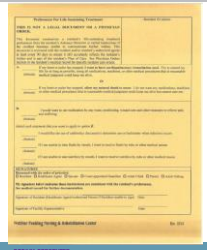
RPLST



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Findings: Demographic Characteristics

- Reviewed 167 resident records in a long-standing, long-term care facility in rural Georgia
  - Age Range: 54-101
  - Gender: Women 143 (85.1%)
    Men 24 (14.3)
  - Ethnicity: Caucasian: 148 (88.1%) **County (74.2%)**
    African American 12 (7.1%) **County (17.3%)**

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Findings: *Demographics (continued)*

Education Level	Frequency	Percentage
None	38	22.6%
Elementary (<6 years)	11	6.5%
High School	95	56.5%
Some College	8	4.8%
College Degree	9	5.4%
Home School	1	.6%
GED	4	2.4%

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Number of Days Before Signing RPLST

Days	N (%)
<10	128 (76.7)
11-100	19 (11%)
101-349	10 (6%)
> 1 year	10 (6%)

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Code Request Status

Status	N (%)
Not Answered	5 (3%)
AND	50 (29.8)
CPR	53 (31.5%)
DNR	59 (35.1%)

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Resident Choices of Life Sustaining Care

Life Sustaining Care	Yes (%)	No (%)
Medications	154 (91.7%)	3 (1.8%)
Antibiotics	153 (91.1%)	6 (3.6%)
Fluids	116 (69%)	43 (25.6%)
Nutrition	76 (45.2%)	80 (47.6%)

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Number of Days Before Signing RPLST

Days	N (%)
<10	128 (76.7)
11-100	19 (11%)
101-349	10 (6%)
> 1 year	10 (6%)

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Qualitative Findings

- Implementation of the Process
- Benefits
- Challenges
- Recommendations

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Qualitative Findings: The Process

'We have a written policy that talks about how it (RPLST) is completed, the steps that we go through…'

'We begin that information (RPLST) with admissions and it travels on down whether it goes to social work, then it goes to MDS, then it goes to just the nurses on the floor then it may turn back again to social work…'

'It does have a lot to do with team work…I think the team looks at it as part of that assessment…it is expected to be completed along with the nursing assessment.'

'We had several meetings during the year and most of them touched upon this'

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Qualitative Findings: Benefits

'It (RPLST) truely does lay out the steps...it really is a resident preference list as it relates to those pieces of care that would be available to them if they want it...we are asking the questions'

'As the resident condition changes it is communicated with the physician, that this is what they want'

'The staff as they talk with them (families and/or residents) they can literally read it off to them and ask them..is this what you want?'

'It is like a comfort to them, your wishes are here if something were to happen'

'They call me before they do anything'

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Qualitative Findings: The Challenges

'They are overwhelmed...with alert and coherent rehab resients who are coming in, I think we fail to realize that they are making this decision about life...it takes a lot of explanation and acceptance.'

'It is a hard thing to do especially when you have new nurses who are out to save the world'

''We are trying to have people make their own decisions...'

'Sometimes they (family) do not have a clue what their family member wants so that is why we get those that say wait for Daddy to do it'

'We signed a paper that said 'do not recess'

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Qualitative Findings: Recommendations

'Ideally ACP should happen long before someone gets sick and is facing these things...and then when you get to end-of-life, ACP is already in place and now the team just has to work together to get whoever is making these decisions, to a place of acceptance.'

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Conclusions

- Benefits of Following a Process
- Education is Crucial
- Recommendations for Future Research