Comparison of Patients' Practices and End-of-Life Outcomes with Use of Advance Directives and the Physician Orders for Scope of Treatment Program: Insights from a Statewide Registry (FR415-C)

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Objectives

- Report the rate of advance directive and POST form completion in West Virginia.
- Compare out-of-death outcomes by type of form submitted, advance directive versus POST form.

Original Research Background: Over 90% of West Virginians would prefer to die in an out-of-hospital (OOH) setting. Nearly half have completed advance directives (AD), but in most studies ADs have not impacted end-of-life care (EOLC), whereas the POLST form (POST in West Virginia) has.

Research Objectives: To determine the practices of West Virginians with regard to AD and POST form completion and compare the outcomes between AD and POST forms on EOLC quality measures: OOH death, and hospice enrollment more than 72 hours before death.

Methods: The deaths of West Virginians who had submitted an AD or POST form to the online West Virginia e-Directive Registry between 2010 and 2013 were reviewed. Chi-squared testing was used to compare proportions of OOH deaths by type of form completed and submitting facility. Hospice deaths were reviewed for time of form submission prior to death. Z-tests compared the registry sample to a national sample. Logistic regression was used to predict out-of-hospital death by type of form submitted.

Results: There were 23,953 forms submitted and 5,651 adult deaths in the registry during the study period. Patients who had completed an AD were more likely to die in the hospital than those who had a POST form ordering comfort measures (44.7% vs 10.7%, p<.001). Enrollment in hospice more than 72 hours prior to death occurred in 78.2% of registry patients, compared with 71.6% of a national sample (p<.001). Of the 2,478 nonhospice patient deaths, the odds of having an OOH death with a POST form ordering comfort measures were 5.2 times those with an AD (p<0.001).

Conclusions: This study supports the advantage of a statewide system including the POST program and an end-of-life registry to ensure that patients' end-of-life treatment preferences for OOH deaths are respected.

Implications for Research, Policy, or Practice: The challenge is to create similarly effective systems in other states.