Integrating an Advance Care Planning Clinical and Education Intervention to Improve Patient-Centered Care and End of Life Care Planning among Chronically Ill Older Adults (SA545-C)

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Objectives
• Discuss how a patient-centered educational intervention may improve completion of advance directives.
• Demonstrate the impact of an outpatient-centered educational intervention in future decisions related to end-of-life care and acute services utilization.

Original Research Background: Early identification of advance care planning (ACP) preferences among older adults (OA) with advanced illness is critical to avoid the approximately 40% of all deaths which occur in acute care settings and 50% within intensive care units.

Research Objectives: To assess if educational interventions can demonstrate positive results in improving ACP/AD rates and influencing end-of-life future decisions.

Methods: Intervention targeted OA’s with chronic illnesses at a tertiary VA hospital. Veterans and their families were seen by interprofessional teams while waiting for clinic appointments, using a case-based low-level literacy bilingual video to facilitate ACP discussion.

Results: n=249, 91 ≤70 years old with similar number of chronic diagnoses. 195 (78%) OA completed AD after intervention. OA completed AD in geriatric (32%), cardiology (29%), oncology clinics (17%). 79% subjects ≤70 and 76% OA>70 completed AD either medical power of attorney (MPOA) and/or living will (LW). After prospective review, 59 AD completers were found to use their AD when hospitalized. 69% were used in the inpatient setting, 20% in surgery, 8% in the ICU and 2% in hospice. Of the AD used, 66% was used in subjects ≤70 and 34% was used in OA>70. When admitted, 35% subjects U70 changed code status during hospital stay from full code to DNR/DNI, while 5% subjects <70 were less likely to change code status after admission to the hospital (p<0.005).

Conclusions: Patient-centered educational interventions can improve ACP/AD completion rates, as demonstrated by high usage after completion, particularly in acute inpatient settings. AD completion also encouraged OA to clarify goals of care, causing a significant number to change code status.

Implications for Research, Policy, or Practice: Educational interventions can promote AD usage in acute inpatient settings, where crisis and high healthcare expenses usually occur. Further prospective studies could look at impact on quality of life, cost-effectiveness and healthcare outcomes.