

Lehigh Valley Health Network LVHN Scholarly Works

USF-LVHN SELECT

A Multi-Methodological Examination of Perceptions Surrounding Advance Care Planning (ACP)

Aleksandra Bacewicz

USF MCOM-LVHN Campus, Aleksandra.Bacewicz@lvhn.org

Nicole Defenbaugh PhD

Lehigh Valley Health Network, nicole.defenbaugh@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/select-program>

Part of the [Medical Education Commons](#)

Published In/Presented At

Bacewicz, A. Defenbaugh, N. (2018, March). *A Multi-Methodological Examination of Perceptions Surrounding Advance Care Planning (ACP)*. Poster Presented at: 2018 SELECT Capstone Posters and Presentations Day. Kasych Family Pavilion, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

A Multi-Methodological Examination of Perceptions Surrounding Advance Care Planning (ACP)

Aleksandra Bacewicz, MPH^{1,2} and Nicole Defenbaugh, PhD^{1,2}

1,2 USF Morsani College of Medicine SELECT Program/Lehigh Valley Health Network Department of Community Health

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

According to the National Institute on Aging (NIA), advance care planning (ACP) involves learning about the decisions that might need to be made regarding medical treatment near the end of life and considering these ahead of time.¹ ACP “informs and empowers patients to have a say about their current and future treatment”, enabling patients to receive care in line with their goals of care and values.² ACP allows for improvement in patient and family experience at the end of life, as well as provision of patient choice.³

According to national data, approximately 56% of individuals surveyed have not communicated their end-of-life wishes with anyone else.⁴ A paltry 23% of people have actually put their wishes into writing; only 7% are estimated to have had end-of-life discussions with their doctor.⁴ Despite these statistics, over 80% of individuals surveyed felt it was important to have these discussions with their physicians. This data is mirrored locally; the LVHN DCH found that the majority of people surveyed understand or have heard about an AD, but only 47% of these individuals have completed one.⁵

Problem Statement & Goals

There is a discrepancy between knowledge of ACP and the actual completion and discussion of ACP between patients and clinicians.

GOALS:

- Assess the perceptions surrounding ACP and related topics (e.g., advance directives, end of life care) among participants: patients, families, clinicians, and the researcher
- Elucidate challenges to having conversations around ACP in the healthcare system

Methods

- QI project through the LVHN Department of Community Health
- 3-PRONGED APPROACH**
 - Community ACP— pre and post quantitative surveys
 - LVHN Staff ACP— one-time quantitative surveys
 - Multi-site experiences in 3 contexts:
 - Professional:** medical student/clinician (Internal Medicine, Palliative Medicine, C/L Psychiatry)
 - Community:** researcher, facilitator
 - Personal:** patient, family member
- Qualitative data analysis
 - Initial coding
 - Thematic analysis

Results

COMMUNITY ACP

Table 1. Community ACP Events FY16-17⁶

# People Reached	370
# of Events	8
Types of Events	Hello Conversation Game, Info Table, Video/Discussion
Gender	72% female 28% male
Education	79% finished more education after high school 21% high school or less
Age	43% under 65 57% 65+
Understand/heard of AD	87%
Completed AD	48%

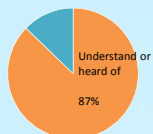
LVHN STAFF ACP

Table 2. LVHN Staff ACP Events⁷

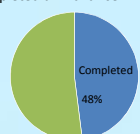
# People Reached	343
Gender (n=343)	67.1% female 26.2% male 0.3% other
Education (n=343)	34.4% some college 21.3% Bachelor's degree 14.9% HS diploma 10.5% graduate degree 5.0% some HS
Age (n=312)	66.6% under 65 33.4% 65+
Understand/heard of AD (n=331)	82.5%
I am comfortable talking with my family about EoL wishes (n=309)	93.9% yes 6.1% no
I am comfortable talking with my physician about EoL wishes (n=309)	90.9% yes 9.1% no
Completed AD (n=332)	26.2% yes 73.8% no
If yes: have you shared your AD with your family (n=30)	96.7% yes 3.3% no
If yes: have you shared your AD with your physician? (n=30)	50% yes 50% no

COMMUNITY ACP

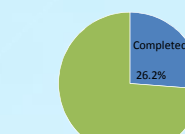
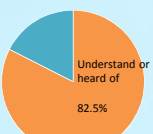
Advance Directive Knowledge



Completed an Advance Directive



LVHN Staff ACP



MULTI-SITE EXPERIENCES

Table 3. Multi-site experiences

Major categories by participant group	
All	Emotional response to ACP Communication
Patients	Emotional response to clinical care Patient choice/autonomy Patient experience Comfort/familiarity Identity
Family Members	Emotional response to patient care Family relationships/caregiver support Family decision-making Comfort/familiarity
Clinicians	Clinical behavior Clinical decision-making Clinician emotion

Discussion

This multi-methodological analysis points to potential difficulties and misconceptions around discussion of ACP. The quantitative data also echo prior findings that there is a gap between knowledge of ACP and completion of an AD.

Two primary categories that recurred within each layer of qualitative data analysis are 1. emotional response to ACP, and 2. communication. All encompassed by the analysis—patients, families, clinicians, and the researcher—experienced strong and wide-ranging emotions when engaging with ACP-related topics. Secondly, each participant group was found to have experiences surrounding the communication of ACP-related issues, including barriers to communication and miscommunication. Sub-themes reveal issues including: seeing ACP as inapplicable to own life, reluctance to discuss EoL issues and ACP, as well as family as essential to provide support and assist with decision-making.

This QI project entailed leadership and all components of emotional intelligence throughout the process. Both researchers had to engage those around them in emotionally fraught topics, and have strong leadership for the organization of various events.

Conclusions & Implications

These findings indicate that there are communication gaps and strong emotional responses to ACP and End of Life issues in general, which should be more thoroughly studied to elucidate how progress can be made to move ACP discussions forward.

Suggestions for future research:

- Use Grounded Theory to develop theoretical explanations to:
 - Understand reasons underlying misconceptions about ACP in our community and medical system
 - Make improvements on the reasons elucidated
- Assess and address gaps in medical education in relation to ACP understanding and discussion

ACKNOWLEDGEMENTS:

Robert Motley, MD; LVHN Department of Community Health Data Team and ACP Group, respectively

REFERENCES

- National Institute on Aging. Advance care planning: Tips from the National Institute on Aging. <https://www.nia.nih.gov/health/publication/advance-care-planning#what> (Accessed 10 July 2017).
- Dttering KM, Hancock AD, Reade MC, et al. The impact of advance care planning on end of life care in elderly patients: randomized controlled trial. *BMJ* 2010;340:c1345.
- Steinberg KE. Advance care planning: Just do it! *JAMA* 15(2014):454-456.
- Defenbaugh N and Grube. The Department of Community Health Executive Summary Report, LVHN Department of Community Health, US June 2016.
- Defenbaugh NL. The Department of Community Health Executive Summary Report, LVHN Department of Community Health, US July 2017.
- Defenbaugh, N. The Dept of Community Health FY16-17 ACP Summary. November 2017.
- Defenbaugh, N. Flu Clinic Results, 2017. November 2017.

© 2018 Lehigh Valley Health Network