

THE IMPACT OF ADVANCE CARE PLANNING ON END OF LIFE CARE IN NURSING HOMES

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AIM

To investigate the impact of advance care planning (ACP) on end of life care in elderly patients and their families in nursing homes and to investigate the obstacles and promoting factors for the implementation of a care model of ACP.

METHODS

A one year pilot study with a pre-post design

Setting: Three nursing homes in Flanders, Belgium

Participants: Nurses, GP's, patients and their families

Intervention: A blueprint of the care model, a one-year follow up with monthly contacts and support.

Outcome measures: Primary outcome consists of a set of quality indicators (identification of a surrogate decision maker, ACP discussion with patient, medical chart notice, decision communication when admission to hospital). Secondary outcomes were a focus group discussion with bereaved relatives, interviews with the coordinating nurse from the nursing homes and measurement of the attitude towards death and dying amongst all nurses and GP's using the multidimensional fear of death scale.

RESULTS

Notice of discussion in patient file: + 19,5%
+ uniform location in file (+ 17 %)



Multidimensional fear of death scale
lower fear after intervention (education in palliative care amplifies effect)



DNR respected
not applicable



After 1 year

Nurses
adopted structured communication as new style



ACP discussion with patient: + 14,5%
communication – style independent



Family
initial fear changed to gratitude



Hospital
communication installed for future collaboration

Surrogate decision maker
no clarity/no uniformity in definition

DNR discussion with patient: + 26%
1 nursing home no change (already high level)

CONCLUSIONS

1. Overall significant improvement of quality indicators
2. Appreciation for creating time and opportunities to have ACP discussions

PRACTICE IMPLICATIONS / FUTURE RESEARCH

1. Clear communication needed about terminology / consequences of the discussions
2. Optimisation of blueprint and re-implementation in new selection of nursing homes (PDCA)
3. next step: creation of uniform transfer document to communicate with home care and hospital care