Relational Elements of End of Life Anticipatory Care Planning Implementation

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Background

- Strategic Framework for Action 2021 Aim: "People… have timely and focused conversations … to plan their care and support towards the end of life".
- Dumfries and Galloway (DG) has higher deaths than the UK average at home, in the community setting, as well as the in-hospital hospice.
- Measuring the success of anticipatory care planning (ACP) solely with task oriented elements such as documentation or place of death may not reflect the philosophy-based person-centred process that is important to patients, which may also be diluted by individual, relational, and organisational constraints.[1,2]
- The 'complex' relational elements of ACP are rarely measured compared to instrumental/clinical task oriented elements.[3]

Aims

To explore to what extent and in which contexts end of life ACP discussions and documentation is being operationalised in DG.

To identify individual, relational, and structural challenges to implementation.

To determine the effect different elements of ACP have and why.

- Data collection and analysis are still ongoing -

Methods

A survey based on Normalisation Process Theory (NPT) to explore views on implementation was adapted.[4] NPT explains the process of implementing complex interventions in terms of the coherence, cognitive participation, collective action, and reflexive monitoring of professionals.[5]

A retrospective decedent patient specific survey was designed to explore the journey and the ACP that was done, building on general beliefs and the audit data extracted from medical records.

Data Collection (ongoing)

1. 18 GPs from practices representative of the various levels of urban/rural classification in DG were recruited
2. Data from general NPT survey, completed by GPs and specialist palliative care (n=37)
3. Timely, to allow for recall, retrospective decendent patient specific survey with open questions (n=67) completed by GPs and audit data extracted from medical records (n=127)

Data Analysis (ongoing)

- Triangulating descriptive statistics and qualitative question responses
- Logistic regression and Chi-square test for predictors of ACP, place of death, and time spent in hospital (will be done once data collection is complete).

Results

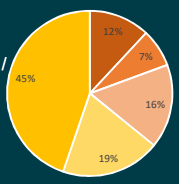
ACP aim: Professionals provide ACP opportunity for expected death

73% of cases GPs initiated ACP.

For 41% of patients their understanding of prognosis was discussed and they were fully aware.

How important do you think ACP was/or would have been for this patient? N=67
65% average; Cancer 68%; Organ failure 65% ; Dementia/frailty 80%

Were the patient's goals and preferences in case he/she couldn't make their own decisions / had cognitive or communicative incapacity discussed? (n=69)
Yes: 23%; No:42%
Not relevant/unknown: 35%



ACP aim: Timely, helpful, and dynamic ACP record is created and shared

Cause of death (82.3% had comorbidity)	% KIS before death	Time before death (wks)	IQR
Cancer (n=38)	87%	28	(2-23)
Organ failure (n=56)	58%	76	(14-138)
Dementia/ frailty (n=33)	79%	109	(51-162)
Total (N=127)	72%	77	(13-137)

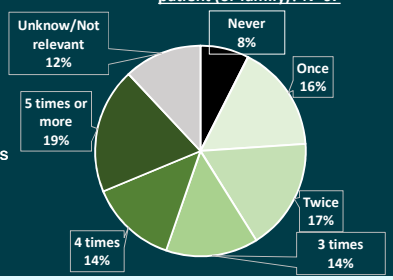
22% of individuals had their preferred place of final care/death recorded.
ACP processes were considered sufficient or very sufficient by GPs in 66% of expected deaths.

How dynamic was the process?

How often was the KIS updated?
(N=58 Survey & KIS)
Never: 7% Once: 21%
Twice: 21% Three time: 22%
Four times: 12% 5 times: 2%
Unknown/N/A: 16%

Who was involved?
The patient was involved in 69% of cases
Family in 66%,
GP in 78%,
Hospital staff in 18%,
And Specialist Palliative care in 24%.

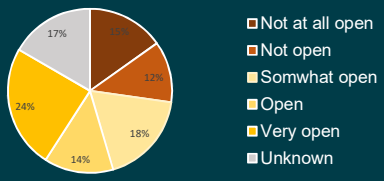
How often did you discuss ACP with the patient (or family)? N=67



Barriers

'When you have ACP discussions with patients/their families, how comfortable does it feel?
(1=very uncomfortable; 10=completely comfortable)
Mean = 6 IQR (5-7)

Was this patient open to being involved in anticipatory care planning discussions? N=67

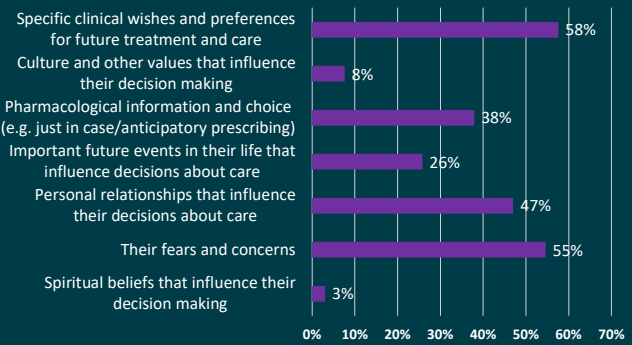


Reflexive monitoring could be improved e.g.: 'There is feedback about anticipatory care planning available that can be used to improve it in the future' (only 9% agree/strongly agree)
Collective Action e.g.:
Sufficient training is provided to enable staff to carry out anticipatory care planning discussions. (29% agree, no one strongly agrees)
Cognitive participation e.g.:
There are key people in my practice/ district/ team who drive anticipatory care planning forward and get others involved. (55% agree or strongly agree)

Place of death (survey) : preferred / actual
Home: 35/21; Residential home: 11/11; Hospital 3/2; Community hospital: 4/3
Place of death was the main/only priority for 20% & a priority among others for 25%

Time spent in a hospital
Is being calculated at the moment to include community hospitals.

Elements that were part of ACP discussions with patient (n=66)



Ask me about more details and preliminary discussion points! ☺

References: **1-** Bee, P., Price, O., Baker, J., & Lovell, K. (2015). Systematic synthesis of barriers and facilitators to service user-led care planning. British Journal of Psychiatry, 207, 104–114. http://doi.org/10.1192/bjp.bp.114.152447; **2-** Boyd, K., Mason, B., Kendall, M., Barclay, S., Chinn, D., Thomas, K., … Murray, S. A. (2010). Advance care planning for cancer patients in primary care: a feasibility study. The British Journal of General Practice : The Journal of the Royal College of General Practitioners, 60(581), e449-58. http://doi.org/10.3399/bjgp10X544032; **3-** Brinkman-Stoppelenburg, A., Rietjens, J. A., & van der Heide, A. (2014). The effects of advance care planning on end-of-life care: A systematic review. Palliative Medicine, 28(8), 1000–1025. http://doi.org/10.1177/0269216314526272; **4-** Finch, T.L., Girling, M., May, C.R., Mair, F.S., Murray, E., Treweek, S., Steen, I.N., McColl, E.M., Dickinson, C., Rapley, T. (2015). Nomad: Implementation measure based on Normalization Process Theory. [Measurement instrument]. Retrieved from http://www.normalizationprocess.org **5-** May, C. R., Mair, F., Finch, T., MacFarlane, A., Dowrick, C., Treweek, S., … Montori, V. M. (2009). Development of a theory of implementation and integration: Normalization Process Theory. *Implementation Science : IS*, *4*(1), 29. http://doi.org/10.1186/1748-5908-4-29