Advance Care Planning By Nurse Practitioners

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Introduction

Patients and families are often asked to make critical decisions about End of Life (EOL) in an emergency situation which can cause significant anxiety for both. Additionally, patients now have more complex chronic illnesses that may result in more frequent hospitalizations and providers and families may not have any knowledge of patient's wishes at this critical time. This may result in aggressive and/or unwanted treatment. These EOL medical treatments may be distressful and expensive. Little knowledge concerning Advance Care Planning (ACP) discussions conducted by nurse practitioners (NP) is available and many barriers to facilitating these ACP conversations exist.

Definitions

ADVANCE CARE PLANNING : method of contemplating future health care decisions and documenting the person's wishes

ADVANCE DIRECTIVE (AD) : legal document that gives specific instructions/communicates specific wishes in cases where the person is unable to do so

Purpose

To assess the prevalence of NPs having ACP discussions and to identify personal, professional and systems barriers and facilitators to having ACP discussions by NPs.

Methodology

This study design was a quantitative non-experimental Internet survey. It consisted of 27 personal and professional questions followed by Stoeckle's (1998) End of Life Care Decision Questionnaire (EOLCDQ II). The sample was a non-probability convenience obtained from the MA Coalition of Nurse Practitioners. 2709 surveys were emailed with 160 completed. Data analysis included descriptive statistics, cross tabs and Kruskall-Wallis one way analysis of variance comparing 3 independent groups of NPs and frequency of ACP discussions.

Results

NP Sample Characteristics

Characteristic	Value	n	(%)	% of Discussions (Patient) / (Family)	
Age	20-29	8	(5.0)	50.0	50.0
(N=159)	30-49	77	(48.6)	70.2	67.6
missing 1	50+	75	(47.3)	69.8	65.8
Gender	Female	151	(94.3)	68.2	64.9
(N=160)	Male	9	(5.6)	77.7	75.0
Practice Setting	Physician/outpatient	61	(38.0)	64.5	61.3
	Hospital/outpatient	26	(16.3)	57.7	50.0
(N=159)	Community	6	(3.7)	66.7	83.3
missing 1	Hospital/inpatient	13	(8.1)	100.0	92.3
	Long-term care	11	(6.9)	100.0	100.0
	Other	42	(26.4)	64.3	61.9
Specialty	Family	68	(42.5)	63.3	60.3
(N= 160)	Adult/Gerontology	47	(29.3)	89.4	80.8
	Pediatric	6	(3.7)	0.0	0.0
	Women' s Health	4	(2.5)	0.0	0.0
	Primary Care	5	(3.1)	60.0	60.0
	Other	30	(18.7)	73.3	76.7
Years in practice	0-5	46	(29.1)	68.1	61.7
	6-15	56	(35.4)	66.0	69.7
(N=158)	16-25	30	(18.9)	70.0	60.0
missing 2	>25	26	(16.4)	73.1	69.2
Primary Care	Yes	86	(54.0)	70.9	65.1
(N=158) missing 2	No	72	(46.0)	65.3	65.2

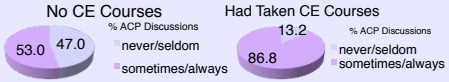
Key Findings from the EOLCDQ II

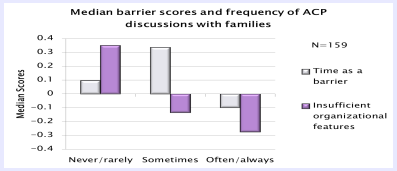
Response Comparison	1988	2014
Felt education was adequate to have ACP discussions	7%	57%
Felt patients were regularly involved in EOL discussions	28%	42%
Felt the patient had the right to make EOL decisions	4%	94%

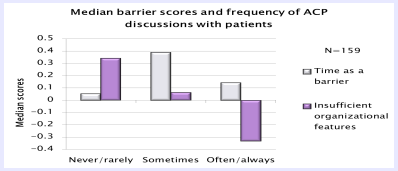
Association of Education to Frequency of ACP Discussions with Patients

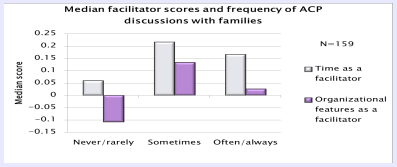
Formal NP Education EOL and Percentage of Discussions

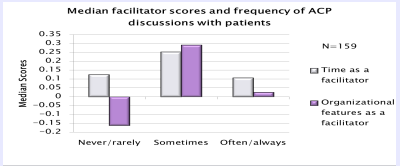
CE Courses on EOL Issues and Percentage of Discussions











Limitations

- Organization's email list was approximately 20% of NPs in the state. Convenience sample may not be representative of the state's NP population.
- Little information about practice and practice settings
- Possibility of misunderstanding distinction between ACP and AD and primary care/ primary care provider

Conclusions

- Despite barriers, a group of NPs often/always have ACP discussions
- Education shown to be a pivotal concern with initiating/conducting ACP
- Systems and time issues correlated with fewer ACP discussions but not necessarily related to EMR
- Need to address organizational processes to encourage ACP conversations
- Creating educational programs for training in ACP process may encourage more NPs to initiate discussions.
- Dissemination of federal and state guidelines may help to increase frequency of ACP discussions
- Lack of research regarding NP communication skills and discussion of EOL issues and ACP

Implications for Practice

- Study should be replicated across all NP specialties, geographic areas and with a larger sample
- Investigation is needed regarding styles of communication, provider/ patient rapport and health literacy
- NPs are in a position to affect policies for changing systems procedures and educational curricula
- Although difficult, NPs must be advocates for the patient at EOL

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