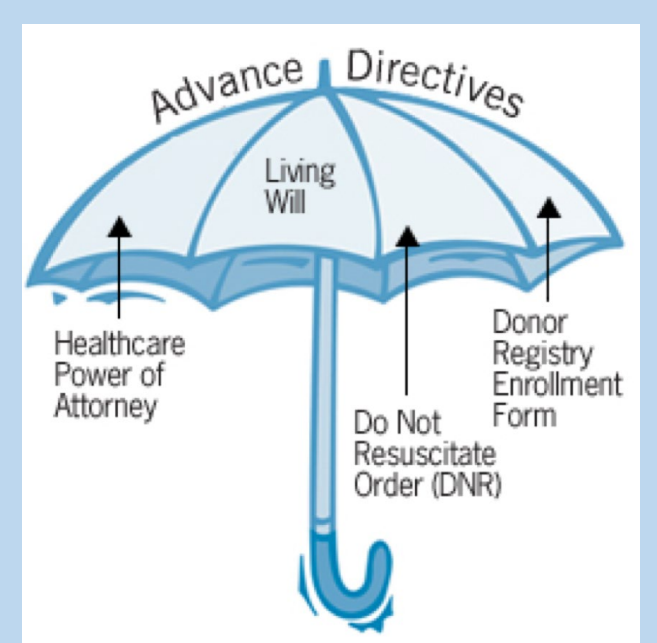


Improving Advance Directive Completion Rates: Utilizing Technology With a Virtual Platform

Megan Gibbons DNP, APRN, FNP-BC, NP-C
University of Missouri-Kansas City



Introduction

- Advance directives embrace the possibility that diagnostic, preventative, therapeutic, and palliative interventions will be provided to patients as desired.
- United States completion rates for advance directives are 18-36% of all adults (Hinderer & Lee, 2014).
- Improving completion rates of advance directives is a national priority and continues to be the focus of healthcare practice, policy, and research.

Inquiry and Purpose

Problem Statement

- Nurse practitioners are positioned to educate patients, therefore improving advance directive completion rates, patient centered care, and satisfaction.

Inquiry

- In healthy adults without terminal diagnosis, does an interactive webpage advance directive counseling and education program compared to current practice improve legal documentation and completion rates during a 3-month period in Missouri residents?

Purpose

- Determine if the evidence based advance directive intervention increases legal documentation and completion rates of advance directives.

Synthesis of Evidence

- Comprehensive review of CINAHL, PubMed, Cochrane, Ovid Medline, and ERIC:
- *Counseling OR education AND advance directives OR advance care planning, end-of-life care AND aging AND nurse practitioner, motivational interviewing, ethics, palliative care, and preventative care*
- Themes evident in the research: positive impacts of counseling (11) and decision making (7) on palliative care (11), empowerment (2), knowledge (2), and autonomy (1).

- Targeting patients' attitudes, knowledge, and values appear to be important aspects to consider when developing tools and intervention resources.
- Few studies have been done to directly link education and advanced directives in a healthy non-elderly population
- Opportunities for improving the current scientific evidence for this intervention include comprehensive education (knowledge of not only the advanced directive itself, but also the medical information regarding care at end of life) offerings in a community or primary care setting with the ability to involve and include friends or family.

Methods

Theory, Change Process

- Health Belief Model
- The Transtheoretical Model

Evidence Based Model

- The Stetler Model

IRB

- University of Missouri- Kansas City, expedited

Design

- Quasi-experimental, single group design, pre- and post evaluation

Setting, participants, time

- Virtual setting
- Participants included adults without a terminal illness diagnosis, with or without current advance directives
- Participation time was 3 months

Intervention

- Adults completed a screening survey. The educational intervention was accessed from home or other convenient location. The education included materials from the PREPARE for your Care program (Sudore, 2017) and advance directive video.
- Advance directive paperwork was downloaded at the conclusion of the educational intervention.
- At 3 months, a post survey and evaluation was completed.

Outcomes, instruments

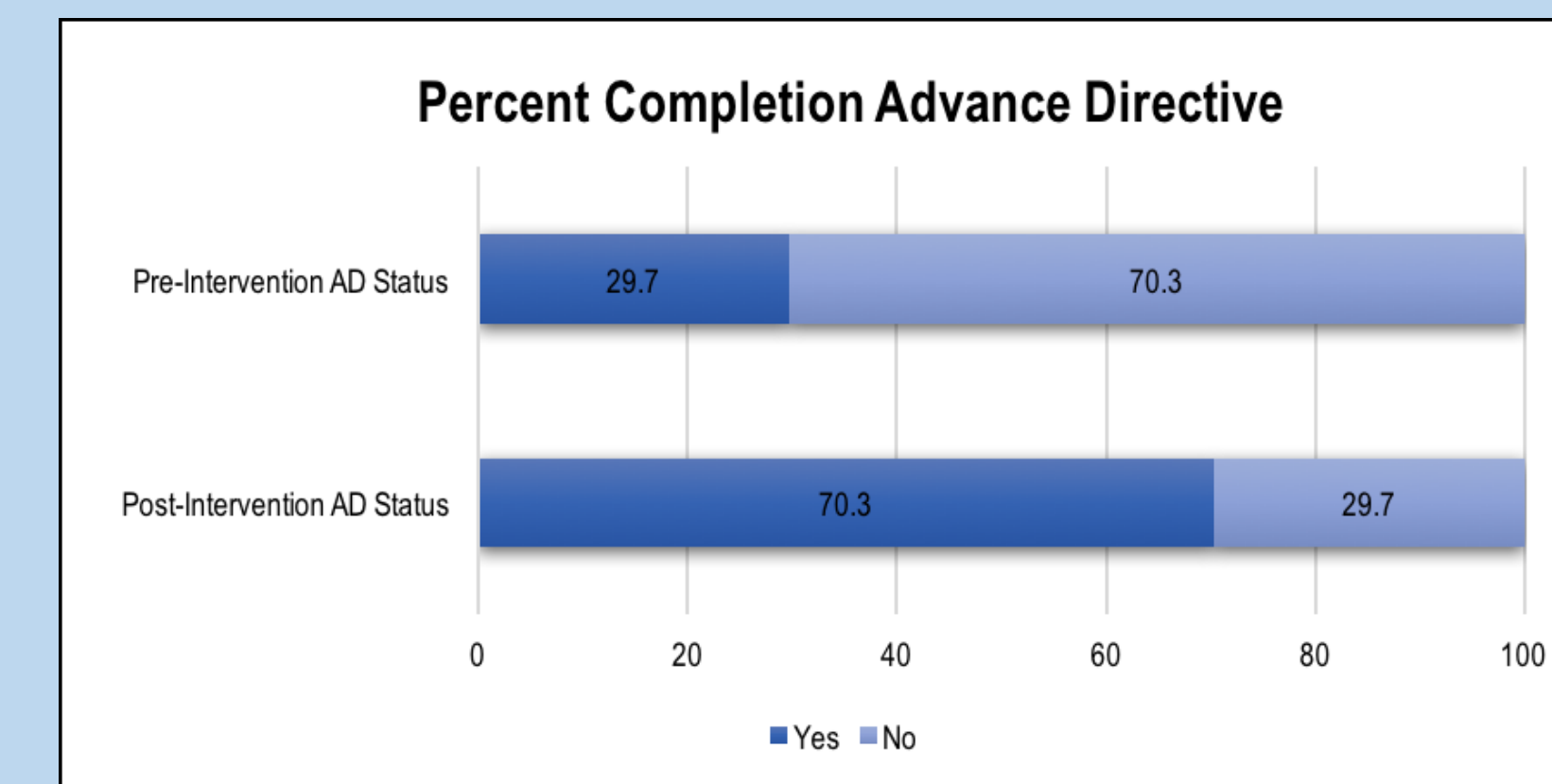
- Primary outcome: completion of advance directive that is legally notarized

Analysis plan

- McNemar test
- Descriptive statistics for demographic data

Results

- Baseline data indicated that 29.7% of the study participants had an advance directive in place. After participation in intervention, 70.3% reported having a completed advance directive.
- There was a significant difference in advance directive completion status prior to intervention and post intervention
- 16 participants reported not having completed an advance directive, 13 (81.3%) indicated plans to complete in the next 6 months.



2.3 fold increase in completion status

Pre Intervention AD Status				Post Intervention AD Status			
		Frequency	Valid Percent			Frequency	Valid Percent
Valid	yes	11	29.7	yes	26	70.3	
	no	26	70.3	no	11	29.7	
	Total	37	100.0	Total	37	100.0	
Missing	System	3		Missing	System	3	
Total		40		Total		40	

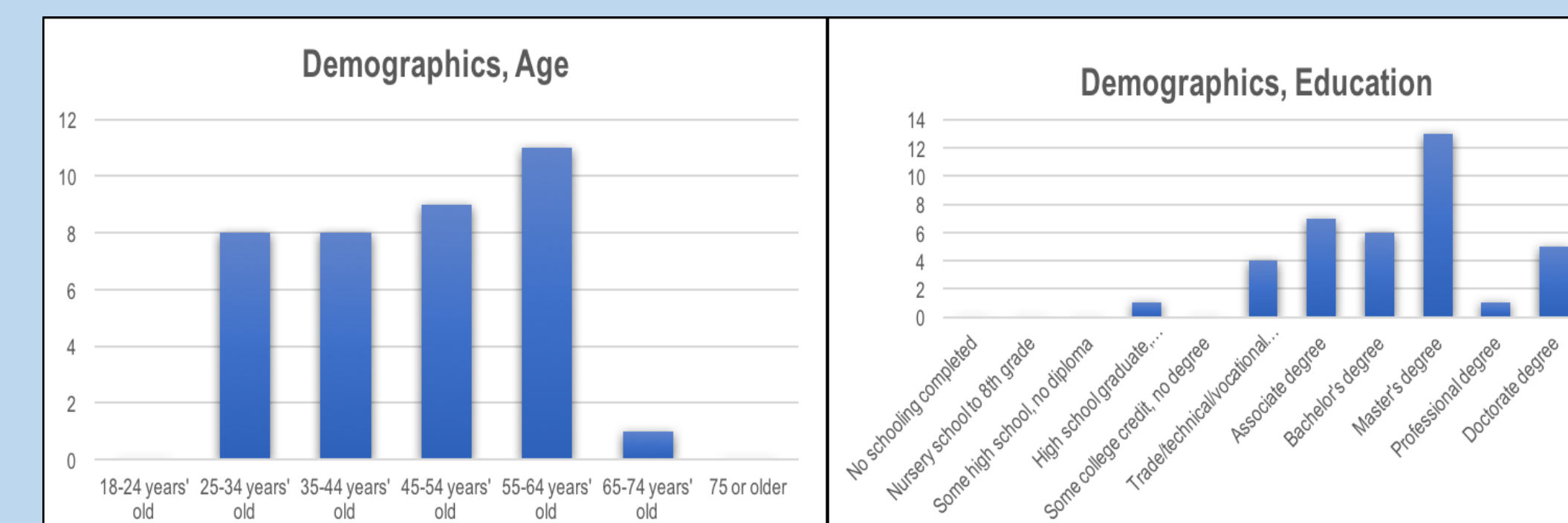
AD Completion, Pre to Post ^a

Pre-Intervention AD Status & Post-Intervention AD Status

N	37
Exact Sig. (2-Tailed)	.000061 ^b

a. McNemar Test

b. Binomial distribution used



Discussion

- Results suggest an educational intervention to counsel patients improves legal completion rates of advance directives. Specifically, when patients become interactive and proactive about their care they can improve their autonomy with an advance directive.
- Internal validity: systematic selection, valid instruments, standardized intervention content and processes.
- External validity: Participants showed a diverse background pertaining to age, educational level and religious preference. Ethnicity was a limitation in regards to diversity.

Usefulness in Healthcare

- Current research and this project support advance care planning education and counseling interventions to increase prevalence of Americans who have a completed advance directive.
- Success of this project may lead to future studies to correlate knowledge, attitudes, and completion rate. It is theorized that an increased knowledge and higher attitude score after an intervention would improve completion rates of advanced directives. Additional research is needed.

Conclusions

- Advance care planning and advance directives facilitate personal end of life care wishes to be recognized prior to a life-altering accident or debilitating disease. Increasing the prevalence and number of individuals who have advance directive documents can improve the quality of care provided to patients at the end of life.
- Nurse practitioners account for more than 600 million medical office visits per year in the United States. They are in a crucial position to educate, advocate, and support the completion of advance directives (Hinders, 2012). Low completion rates of advanced directives directly result in a higher level of Medicare spending, higher likelihood of in-hospital deaths, lower utilization of hospice care, and decreased quality of life (Splendore & Grant, 2017).

References

- Hinderer, K. A., & Lee, M. C. (2014). Assessing a nurse-led advance directive and advance Care planning seminar. *Applied Nursing Research*, 27(1), 84-86. doi:10.1016/j.apnr.2013.10.004
- Hinders, D. (2012). Advance directives: limitations to completion. *American Journal of Hospice and Palliative Medicine*, 29(4), 286-289. doi: 10.1177/1049909111419293
- Splendore, E., & Grant, C. (2017). A nurse practitioner-led community workshop: Increasing adult participation in advance care planning: ACP workshop in community settings. *Journal of the American Association of Nurse Practitioners*, 29(9), 535-542. doi:10.1002/2327-6924.12467
- Sudore, R. L., Boscardin, J., Feuz, M. A., McMahan, R. D., Katen, M. T., & Barnes, D. E. (2017). Effect of the PREPARE website vs an easy-to-read advance directive on advance care planning documentation and engagement among veterans: A randomized clinical trial. *JAMA Internal Medicine*, 177(8), 1102. doi:10.1001/jamainternmed.2017.1607

Acknowledgements

Dr. Rebecca Sudore, University of California San Francisco for permission to use PREPARE
Dr. Lyla Lindholm, University of Missouri-Kansas City; Faculty Mentor
Dr. Susan Kimble, University of Missouri-Kansas City; Faculty Mentor