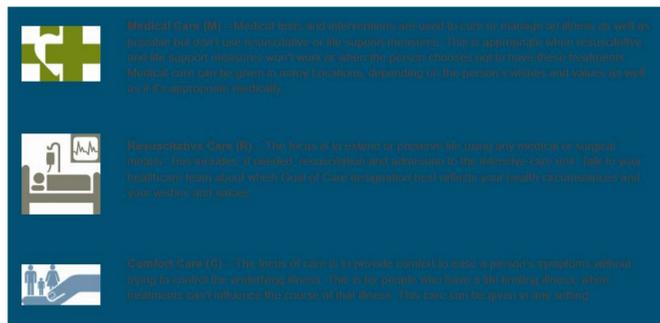


Background

Advance Care Planning (ACP) is reflection on and communication of future healthcare preferences (1). Without ACP, patients receive care that does not align with their wishes, resulting in worse quality of life. Loved ones suffer worse grief in bereavement (2). Patients are often ready to engage but are waiting to be approached by clinicians (3). However, there are low rates of ACP engagement between clinicians and Canadians (4). ACP involves **3 steps: Thinking Talking Documenting**

Goals of Care Designations (GCD) are an important part of ACP documentation in Alberta. GCD is a medical order that physicians use to determine treatments and interventions for patients.:



The problem: 1) Rates of ACP engagement between patients and physicians are low and 2) When ACP is done, patients are not aware that they have engaged or that they have a GCD.

The big study: A change management initiative, developed with health care provider input, targeted to ACP delivery (in an acute cardiac unit at the Foothill Medical Centre) with the goal of improving patient understanding, knowledge and satisfaction with ACP engagement.

Patient Outcome: The main outcome of the study will be patient recognition of and satisfaction with ACP engagement as well as understanding of current GCD.

The current project: The patient outcome will be measured using a survey tool modified from two existing, validated surveys (ACCEPT survey and Decisional Conflict Scale). Since this revised survey has not been previously used, it unclear whether the tool is interpreted by patient participants in the intended way. A 'Think Aloud' was used to capture patient thoughts while engaging in the survey.

Method

Participants/Setting: 7 (2Female/5Male) cardiac patients on unit 81/91 at the Foothills Medical Centre.

Data Collection: : The researcher read each item of the patient tool (Modified ACCEPT Survey) out loud to participants and asked them to express their ongoing thoughts about the meaning and relevance. The researcher took detailed notes as participants spoke.

Data Analysis: The researcher used a thematic analysis to organize and develop meaning from patient perceptions of each item.

Findings

Question	Themes	Unexpected Responses	Key Quotes
Have you heard about Advance Care Planning?	Varied and little understanding of ACP	ACP interpreted as consent for physician-assisted death	'How will we live?' 'Prevention' 'Don't know'
Have you ever thought about what kinds of medical treatments you would want, or not want, if you were to get very sick and be in a hospital?	1. Considerations dependent upon acuity of illness 2. Length of treatment one would agree to endure	Interpreted as inquiring about physician-assisted death	'People want to be kept alive for a certain time, then let them go' 'Depending on your level of illness acuity, by what means do you want to be kept alive?'
Has a health care provider discussed the following with you? (Values, ACP, prognosis, treatment)	Lack of clarity on whether item refers to in-hospital or pre-hospitalization discussions	N/A	'I don't expect the doctors here to talk to me about my values'
In general, how satisfied are you with the discussions you've had with your health care provider about advance care planning?	Satisfaction is dependent upon how well HCPs can support patient mental preparation	Satisfaction depends on which HCP is asked about- each has a different role for patients (i.e. family doc, cardiologist, surgeon)	'With the cardiologist, and the cardiac surgeon, you put your life in their hands and you have to be prepared for what to expect'
Do you have a Goals of Care Designation order?	Lack of knowledge of the term 'Goals of Care'	N/A	'I have a personal directive' 'I have a will'
At this point in time, which treatment focus would you prefer? (Resuscitative/Medical/Comfort)	R level of care is for trauma/acute emergencies, M is for managing chronic disease, C is for EOL	N/A	'R is for life and death emergencies' 'We don't know the outcome of resuscitation'
Decisional Conflict Scale (Risks, benefits of preferred goal of care, support in selecting this goal)	Reflects the thoughts of patients in the order in which they have them	N/A	'This is the most important question you ask'

Discussion and Next Steps

The Think-Aloud generated some expected findings, such as a lack of ACP engagement and therefore, a lack of knowledge and understanding of key terminology and concepts. Some key findings include confusion around which HCP interaction is targeted, varied patient expectations of physicians, and indication that the decisional conflict scale is highly relevant and reflective of patients' process. Repeated concern about relationship of ACP to physician-assisted death was also noted.

Next steps (1) include targeted adjustment of wording in patient survey tool to improve clarity, (2) process mapping and focus groups with clinicians on unit 81 to establish current practices, processes and barriers to effective ACP engagement.

References