Advance care planning for older Victorians presenting to an emergency department from the community or residential aged care facility

Advance Care Planning Seminar - Thursday 20 July 2017

Maryann Street PhD, BSc
1 Eastern Health-Deakin University Nursing and Midwifery Research Centre
2 Deakin University Centre for Quality and Patient Safety Research
3 Deakin University, School of Nursing and Midwifery
Background

When an older person is transferred to the Emergency Department (ED), health professionals seek to consider any advance directives for treatment options.

In the ED, the importance of rapid patient-centred decision making highlights the need for Advance Care Plans (ACPs).

Ensure all Victorians accessing health services will have opportunities to express their preferences for future treatment and care through advance care planning.
The problem

- Transfers from RAC to the Emergency Department (ED) approximately 3.5% of all ED attendances
- High admission rate of almost 70%
- In-hospital Mortality of 6%
- Patients who died <24 hours of transfer from RAC was 24%

Strategies to increase awareness of Advance Care Planning and improve proportion of people in Residential Aged Care with ACPs since 2011
The number of prior admissions did not predict whether a patient had an Advanced Care Plan (p=0.533)
Eastern Health

Our core community lives across 2816 kms\(^2\) (1100 square miles)

124,255 patients admitted for acute care

30,093 surgical operations performed

142,831 patients treated in our three emergency departments

24.7% of ED presentations by those aged 65+ years
Rationale and Aims

- Within Australia, ACP uptake in residential aged care settings has been increasing. However the prevalence of ACP for older people in the Australian community was unknown.

- This study aimed to examine the uptake of ACP by older people and explore the deeper context of ACP adherence when presenting to the Emergency Department.
Methods

• A mixed methods approach was used

  Retrospective study of emergency presentations to any of three EDs at Eastern Health, Victoria in 2011
  • older people, aged 65+ years
  • 150 from residential aged care and 150 from the community

• Quantitative and Qualitative analysis using concurrent design with priority given to analysis of the quantitative data
Results

Advance Care Planning

40/150 (26.6%) from RAC presented to ED with an ACP

No-one from the community presented to ED with an ACP

Community
Residential Aged Care
RAC with ACP
Patient characteristics associated with Advance Care Planning

** p<0.01

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No ACP</th>
<th>ACP</th>
<th>Total sample</th>
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<tbody>
<tr>
<td>LOMT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Arrived by ambulance</td>
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<td></td>
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<tr>
<td>Accompanied</td>
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<tr>
<td>Comorbidity score &gt; 4</td>
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<td></td>
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</tr>
<tr>
<td>Dementia</td>
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<td>Cerebrovascular disease</td>
<td>*</td>
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<tr>
<td>Malignancy</td>
<td>NS</td>
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%
There were no significant differences between those with and those without an ACP.
Patient outcomes

Difference for those with an ACP vs those without an ACP:

- Hospital admission: 77.5% vs 70.0%
- Length of admission (Mdn days): 3 (2-6) vs 6 (2-10) *
- 30 day return visit to ED: 17.5% vs 27.8%
- Readmission within 30 days: 0% vs 13.7% *

* p<0.05
Directives specified within the Advance Care Plans

- 4 main themes:
  - Requests for medical intervention
  - Directives against medical intervention
  - Instructions for consultation with family members
  - Pre-/post-mortem preferences
Requests for medical intervention

• For resuscitation (RAC003)
• Transport by ambulance (RAC013)
• Go to hospital if deterioration in health (RAC032)
• Yes to investigations and diagnosis, Yes to surgical and medical procedures, Yes to pain and symptom relief (RAC048)
• [I want] to be kept comfortable and pain free (RAC028)
• Wishes to have what is necessary without life support. Cardiopulmonary resuscitation only if medically beneficial. (RAC204)
• Resuscitation at the discretion of people in attendance (RAC184)
• Transfer to hospital at any sign of sickness, according to judgement of the nurse (RAC127)
Directives against medical intervention

- No prolonging of life by artificial means (RAC121)
- No active interventions with hospital admission (RAC165)

But sometimes unclear or ambiguous

- To go to hospital if deterioration in health, but no tube feeding. I want to die naturally (RAC030)
- For resuscitation, but passive (Oxygen given by a mask) and hydration (RAC246)
Consultation with family members

• Notify [my] daughter as soon as possible if sudden deterioration (RAC165)
• Ring family at any time (RAC177)
• Family requests urgent review if condition changes (RAC192)
• Notify family of transfer to hospital (RAC247)
• [If required] to appoint an agent as an Enduring Power of Attorney (Medical) to make decisions on my behalf (RAC233).
Pre-/post-mortem preferences

- Family and friends to be present near death (RAC204)
- [I want] to receive the Last Sacraments from a Catholic Priest (RAC259)
- I would like to be visited by a Greek Orthodox Priest (RAC127)
- For Burial (RAC004 & RAC012)
- For Cremation (RAC005 & RAC058)
Conclusions

• Low prevalence (13.3%) of Advance Care Planning for older people attending the Emergency Department.

• ACP more common for those from RAC with a co-morbidity of cerebrovascular disease or dementia.

• ACP was associated with shorter hospital admission and lower rate of readmission to hospital.

• ACPs included requests both for and against medical intervention.
Implications for Practice and Policy

Even with ACP, the directives may be ineffective for ED health professionals to determine care pathways.

There is a need for improved documentation and communication of Advance Care Directives as well as guidance for the interpretation and implementation of these directives.
Acknowledgements

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Citations:
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Street M, Ottmann G, Johnstone M-J, Considine J, Livingston PM. Advance Care Planning for older people in Australia presenting to the Emergency Department from the community or residential aged care facilities. Health & Social Care in the Community 2015;23(5), 513–522.