

# Activating Advance-care planning in LTC: The Impact of Illness Trajectory Pamphlets

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## BACKGROUND

### Advanced care planning(ACP):

- Process of discussing values and wishes about future care
- Encourages discussions between residents, families, and staff

### Barriers to ACP in LTC include:

- Staff discomfort
- Lack of initiative and reluctance from family members
- Lack of available tools to support such discussions

## OBJECTIVE

- Explore the impact of illness trajectory pamphlets on advance care planning

## METHODS

- Four LTC homes in Southern Ontario used a wall display to distribute five illness trajectory pamphlets
- Short paper based evaluations prompted residents and families to comment on:
  - content-based criteria (i.e. clarity and relevance)
  - action-based criteria (i.e. activation of conversations with care providers)
- Pamphlets were also evaluated by residents and families via focus groups

## RESULTS

- 212 pamphlets were used by residents and families from April to September 2016
- Pamphlets addressing frailty (N=51) and dementia (N=58) were most commonly used (Figure 1)

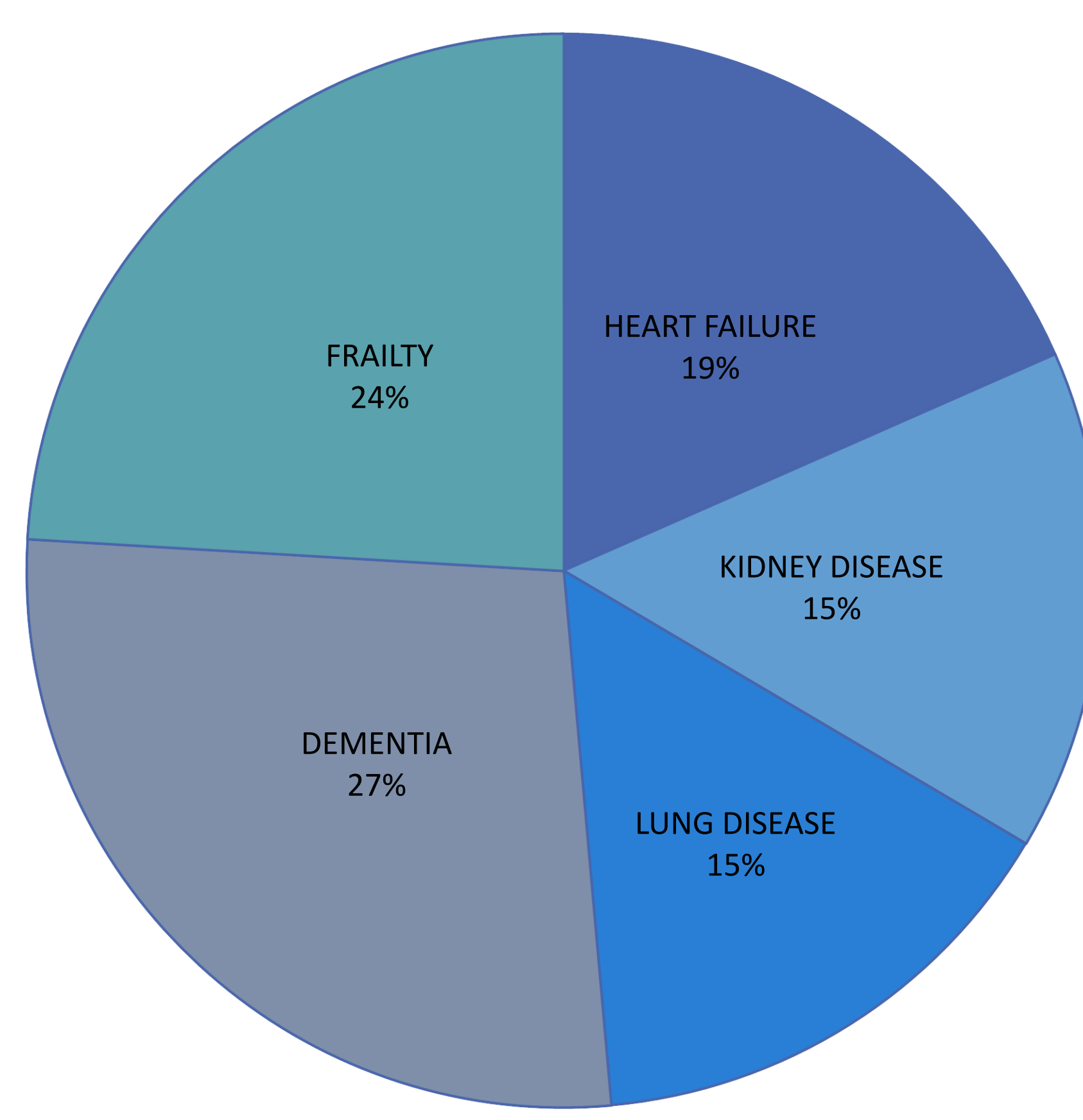


Figure 1: Pamphlet distribution

- Survey and focus group findings suggested the most helpful elements of the pamphlets include:
  - signs and symptoms of advanced illness
  - prompting questions
  - web-based links
- More than two-thirds of residents and family members were more comfortable with ACP issues after reading the pamphlets (Table 1)
- Using pamphlets rarely activated self-reported advance care planning activities (Table 2)

Table 1: Action Based Criteria Results (Comfort)

| Criteria  | 1 Strongly Disagree | 2 Disagree | 3 Neutral  | 4 Agree    | 5 Strongly Agree |
|---|---------------------|------------|------------|------------|------------------|
| Was encouraged to think about my values or goals of care            | 3 (5.9%)            | 1 (2.0%)   | 10 (19.6%) | 23 (45.1%) | 14 (27.5%)       |
| Knew what to ask about future care needs                            | 2 (3.8%)            | 2 (3.8%)   | 8 (15.4%)  | 30 (57.7%) | 10 (19.2%)       |
| Felt more comfortable to explore end-of-life values and preferences | 1 (2.0%)            | 2 (3.9%)   | 12 (23.5%) | 27 (49.1%) | 9 (17.6%)        |
| Felt more knowledgeable about the trajectory of his/her illness     | 2 (3.9%)            | 2 (3.6%)   | 12 (23.5%) | 20 (39.2%) | 15 (27.3%)       |

Table 2: Action Based Criteria Results (Engagement)

| Criteria  | 1 Strongly Disagree | 2 Disagree | 3 Neutral  | 4 Agree    | 5 Strongly Agree |
|---|---------------------|------------|------------|------------|------------------|
| Spoke with a health care provider about information in the pamphlet     | 4 (7.8%)            | 11 (21.6%) | 15 (29.4%) | 15 (29.4%) | 6 (11.8%)        |
| Started speaking to family member/ friend about care preferences/values | 4 (8.2%)            | 4 (8.2%)   | 10 (20.4%) | 20 (40.8%) | 11 (22.4%)       |
| Plan to have more conversations with family member/friend               | 2 (3.8%)            | 3 (5.8%)   | 13 (25.0%) | 23 (44.2%) | 11 (21.2%)       |
| Plan to have more conversations with health care team                   | 2 (3.8%)            | 3 (5.8%)   | 13 (25.0%) | 23 (44.2%) | 11 (21.2%)       |

## CONCLUSIONS

- Most residents and family perceived content as useful and would share it
- Using the pamphlets improved comfort in discussing values and care preferences about end-of-life care
- Many residents and family/friends reported the intention to engage in future conversations
- Using the pamphlets rarely activated self-reported ACP activities

## FUTURE IMPLICATIONS

- Alternate methods of pamphlet distribution and staff follow-up will be considered

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## REFERENCES