Advanced Care Planning on a Community-Wide Scale

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Who am I?
And who is this Dan character?

- 4th year Montana WWAMI TRUST (Targeted Rural and Underserved Track) students in Dillon
- Our experience there was the best part of medical school and confirmed our desire to return to Montana to practice
- I will be applying into Pediatrics and Dan will be applying into Family Medicine
How did the project get started?

• When we first arrived to Dillon, Dr. Loge and Kayla Schmid asked if we had any interest in getting involved with a project to encourage community members to fill out advanced directives
• As part of the TRUST and WRITE program, we complete a community project— we decided this would be perfect!
What is 5 Wishes?

- An Advance Care Directive that is written in plain English to assist patients and providers in making decisions and setting priorities for end-of-life care
- We chose it as our model advanced directive due to its easy readability for patients and its thoroughness in addressing many of the challenges that come with end of life
What are the 5 Wishes?

1. **The Person I Want To Make Health Care Decisions for Me When I Can’t Make Them For Myself**
   - Specifies what decisions the Health Care Agent can make

2. **My Wish For the Kind Of Medical Treatment I Want Or Don’t Want**
   - What “Life Support Treatment” Means To Me, Decisions specific to Close to Death, In A Coma and Not Expected to Recover, Permanent and Severe Brain Damage

3. **My Wish For How Comfortable I Want To Be**
   - “I wish to have a cool moist cloth put on my head if I have a fever.” “I wish to have my favorite music played when possible until my time of death.”

4. **My Wish For How I Want People To Treat Me**
   - “I wish to have others by my side praying for me when possible.” “I want to die in my home, if that can be done.”

5. **My Wish For What I Want My Loved Ones To Know**
   - “I wish to have my family and friends know that I love them” “I wish for my family and friends and caregivers to respect my wishes even if I don’t agree with them” “After my death I would like my body to be buried or cremated (circle one).
Why are Advanced Directives important?

- Improvement of quality of care for patients, strengthening the relationship rural hospitals have with their communities, fostering a culture of dignity around death and dying, reduction of financial burden on patient populations, and more!
Who Completes Advanced Directives?  
A Sample of the Literature

- Only 42.4% had completed an AD in 450 critically ill older adults requiring mechanical ventilation\(^1\)
- In rural populations, 55% had a designated decision maker, 39% had completed a will, 32% had completed a DPOA, 31% had talked to family about end-of-life wishes, and 14% had an AD.\(^2\)
- In a study looking at non-physician healthcare professionals’ understanding of ADs in an ICU setting, only 17% had an AD and the average perceived knowledge of ADs rated as moderate. The top barriers to advanced care planning that they identified were as time constraints, access to information, and procrastination.\(^3\)
- A final study found that patients with ALS were more likely to complete an AD than those with advanced cancer (odds ratio 0.42) and congestive heart failure (odds ratio 0.64). They hypothesized this may be due to greater encouragement of hope and optimism in those with cancer in general as well as less predictability in disease progression.\(^4\)
Why Advanced Directives Matter, from the literature

• Researchers looked at end of life care costs based on care utilization in the last week of life, whether they had completed a DNR order, had a signed LW and/or DPOA, if they wanted heroic end of life care, and ratings of quality of life in the last week by either caregiver or health care provider if caregiver was unavailable.
• Overall, they found that 41.1% had a DNR order, 53.0% had a Living Will/DPOA, and 33.0% had both.
• Having a DNR order was significantly associated with better quality of life in the week before death (rating 6.7 v. 6.0), although this did not remain significant when stratified by presence of desiring historic measures.
• The presence of a DNR was also significantly associated with a lower estimated cost in the last week of life, mean of $3004 less.
• Having a living will or DPOA did not significantly alter costs or quality of life⁵.
In a 2014 study looking at the impact of advanced directives in the ICU in patients who died, researchers compared patients with advanced directives (only 13% of the group) to those who did not. Of these therapies, which was the only one found to be significantly different between the two groups?

A. Mechanical ventilation
B. Hemodialysis
C. ICU length of stay
D. CPR
E. Circulatory support (including vasopressors, intraaortic balloon pump, or extracorporeal membrane oxygenation)

The correct answer is D, CPR. This had a p value of 0.029, whereas all the others were over 0.05. This study does state that these actions were not necessarily consistent with the advanced care directives, and had these been followed, more outcomes would have likely been significantly different between the two groups.6
The initial committee was formed. Members include physicians, behavioral health, nursing staff, hospital public relations, nursing home managers, and hospital board members.

- We eventually expanded to include a financial planner and health professionals from other community clinics.
- We then came up with our three step plan: determine what we currently do, create our message, and go out into the community.
Going Out in the Community

• After sorting out the details, creating the perfect packet, and getting the Dillon providers on our team, we were ready to take it community wide
• We created a presentation to spread our message to a variety of community groups
• We then identified these groups, targeting all ages and backgrounds, and contacted a variety of groups to present at their weekly or monthly meetings
Our Presentation
What’s Happened Since We Started

• Before Dan and I left, we presented to four different organizations.
• Since then, the committee members have continued to speak to a variety of groups
• In addition, we spread the word via radio ads, newspaper ads, and hospital marketing
• Overall, they have passed out over 1500 packets and processed close to 50, with patients bringing them in more often in the last few months
• They will do an assessment at the end of the year to compare rates of advanced directives documented in Epic – originally, only 15% of those over 65 had an advanced directive on file (270/1603)
What can you do?

- Start a 5 Wishes initiative in your community!
  - If you have medical students (or pre-med students!) in your town, get them involved. It’s a great way for them to get to know the community and learn about a topic not often addressed in our formal education.

- Recruit a variety of invested community members, spread the word among providers, individualize the advanced directive packet for your town, and get in touch with community groups to give presentations.
Sources


Questions?

Thank you!
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