# Advance Care Planning in Emergency Department Patients

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## Abstract

This study aims to identify characteristics of Emergency Department patients who have had or are ready for advance care planning (ACP). It was Phase 2 of a larger study on ACP. A questionnaire was developed using data from Phase 1 (previously presented), with questions about ACP readiness, patient demographics, health status, and other potential determining factors. Data from 130 completed questionnaires was analyzed, and association of various patient characteristics between those 'ready' and 'not ready' for ACP were examined using standardized differences. The study design, results and challenges from this quantitative phase are presented below.

## Introduction

- A common scenario that plays out every day in hospitals across Canada is one wherein a patient is hospitalized, unable to communicate and thus cannot convey their healthcare wishes to family or Health Care Providers (HCPs).
- Advance care planning (ACP) is becoming increasingly implemented into healthcare as a proactive approach that supports patient-centred care.
- ACP conversations discuss the patient's understanding of their condition, personal values, and wishes for care and quality of life.
- Advance Care Planning (ACP) is known to be associated with improved patient and family outcomes, including:
  - a) Enhanced patient and caregiver experience
  - b) Decreased caregiver distress and trauma
  - c) Less unwanted and redundant investigations
  - d) Fewer interventions and treatments
  - e) Decreased hospitalizations
  - f) Fewer admissions to critical care
  - g) Decreased cost to health system
- One challenge to providing ACP is that the factors underlying patient readiness to engage in ACP conversations still remain unclear.
- Studies have shown that disease severity is not correlated with ACP readiness in COPD patients, and that personal experiences with illness are also not associated with increased readiness, although patients' experiences with loved ones at end-of-life have been linked to increased readiness.
- The Transtheoretical (Stages of Change) Model has been used by health care providers to promote health and behavior change in various settings, based on the patient's readiness for change (pre-contemplation, contemplation, planning, action or maintenance).
- The objective of this study is to identify the characteristics of a sample of patients that recently visited the Emergency Department (ED) in hospital and their "Stages of Change" to engage in ACP.

## Methods

- The study was approved by HSN Research Ethics Board.
- A questionnaire was developed using qualitative and quantitative data from Phase 1
- Questions cover patient demographics, health status, and ACP readiness.
- Inclusion criteria:
  - Patients presenting to the HSN ED
  - Age 50 and older
  - Low-to-moderate acuity complaints (CTAS 2-5)
- Phase 2A: over a 1-week period in August 2018
  - Research assistants present 24/7 to recruit participants
- Phase 2B August to December 2018
  - Study extended dur to poor response rates in Phase 2A
  - Signs were displayed in the ED, instructing interested patients to collect and complete questionnaires, without RA presence.
- Data from Phases 2A and 2B were combined as convenience sample.
- Associations of various patient characteristics between those 'ready' and 'not ready' for ACP were examined using standardized differences.

## Results

**Participants**

- n=84 in Phase 2A, n=46 in Phase 2b
- Populations from the 2 phases were found to have substantial differences. The phase 2A population was found to be older, more medically complex, with poorer functional status, and lower income than the population in phase 2B.
- The response rate was low throughout, and the difference in the groups makes it inappropriate to combine the samples for multivariate analysis.

**Readiness for ACP**

- Descriptive analysis from the convenience sample of phases 2A and 2B showed associations between ACP readiness and increasing age, female gender, poorer health status, and primary care access.

## Discussion

- The major limitation of this study was poor response rates. The setting of the ED likely limited participation, given its potential for high acuity and rapid patient turnover.
- Population differences between phases 2A and B prevented proper statistical analysis and ultimately limited confidence in results. The differences between the populations in each Phase may be due to the presence of RAs in Phase 2A, but their absence in Phase 2B.
- Similar positive associations were found for female patients, older patients, and primary care access in Phase 1, but there had been no association between health status and ACP readiness previously. Further investigation is required.
- For future study regarding ACP, better results may be returned in an alternative setting, such as a primary care office, or with RAs throughout patient recruitment.

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