



Poster # 27

Title of poster: Evaluation of Advance Care Planning Information Materials with Older Adults and Healthcare Providers: A Qualitative Observational Study

Abstract

Background: Advance care planning (ACP) is a process that can assist people to think about, talk about and document their preferences for healthcare. Alberta Health Services (AHS) has developed ACP information materials to facilitate discussions among patients/families and healthcare professionals (HCP). Currently, Alberta's ACP information materials have not been empirically evaluated within medical contexts that provide services to seriously-ill older patients.

Study Aims: (1) establish a baseline understanding of how seriously-ill older patients, families and HCP interact with existing ACP information materials in four medical contexts (kidney clinics, palliative care, cancer clinics and institution/facility living for older adults); (2) tailor refinements and intervention strategies to improve ACP information materials, HCP education and discussion strategies to better reflect the needs of older patients; and (3) further tailor materials and discussion strategies to meet the needs of older patients in different medical contexts.

Method: Conversation analysis (CA) is used to examine and evaluate discussions among HCP (e.g., physicians/nurse practitioners/nurses/social workers) and seriously-ill older patients involving AHS' ACP information materials. CA is the fine-grained qualitative analysis of interactions between people as a means of understanding how their talk results in actions and activities without directly asking (e.g., informing, criticizing). CA assists researchers in detecting and interpreting functional/dysfunctional communication practices. Data collection/analysis is being done in three phases. Phase 1: ACP discussions among HCP and seriously-ill older patients/families are audio/video recorded in the participating medical contexts (a total of 30-35 ACP discussions). I examine how the design and content of the HCP's talk using ACP information materials influences the patients'/families' level of interaction and displays of understanding. Phase 2: Evidenced-based interaction principles derived from CA are used to illustrate and support possible revisions to the ACP tools and develop recommendations to enhance ACP discussions. HCP from each medical site are trained on how to use the new materials and discussion strategies to increase the effectiveness of their communication (30-35 intervention discussions will be recorded). The effectiveness of the new materials is evaluated. Phase 3: Feedback on using the new ACP information materials and HCP training tools is obtained from participating HCP. The intervention materials are revised based on findings from Phase 2 & 3.

Preliminary Findings from Phase 1: Based on 22 recorded consultations, it has been determined that (1) very few of the patients/family members are familiar with the term 'Advance Care

Planning;' (2) there is little use of the existing ACP information materials by HCP; (3) patients receiving the existing ACP information materials display little interest in them; and (4) most of the HCP have developed their own discussion style that generally show good effectiveness. To assist with familiarity of the terminology associated with ACP, I have developed new ACP, Goals of Care Designations, and Green Sleeve icons and slogans. The new icons/slogans will be pilot tested with patients and family members attending kidney clinics in Edmonton. The pilot study will inform the development of the intervention materials used in Phase 2. This project is in progress. Final results available September 2015.

