

Let's Talk! Engaging the Community in Advance Care Planning Through Games.

Seth VanZant

USF MCOM-LVHN Campus, Seth.Vanzant@lvhn.org

Aleksandra Bacewicz

USF MCOM-LVHN Campus, Aleksandra.Bacewicz@lvhn.org

Alexandria Holmes

USF MCOM-LVHN Campus, Alexandria.Holmes@lvhn.org

Priscilla Shen

USF MCOM-LVHN Campus, Priscilla.Shen@lvhn.org

Lora Bojilova MS2

USF MCOM-LVHN Campus, Lora.Bojilova@lvhn.org

See next page for additional authors

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Authors

Seth VanZant, Aleksandra Bacewicz, Alexandria Holmes, Priscilla Shen, Lora Bojilova MS2, Robert Levy, Nicole Defenbaugh PhD, and Robert Motley MD

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Seth VanZant, Aleksandra Bacewicz, Alexandria Holmes, Priscilla Shen, Lora Bojilova, Robert Levy, Nicole Defenbaugh, PhD, Robert Motley, MD

Lehigh Valley Health Network, Allentown, Pennsylvania

STATEMENT OF THE PROBLEM

Background:

According to national literature, only 7% of people report having had an end of life (EOL) conversation with their doctor and only 23% of people have put their wishes in writing. Recent data collected within Lehigh Valley Health Network (LVHN) is well aligned with the national data.

- 74% of patients do not have a living will or power of attorney
- 93% have never had a doctor ask them about their EOL wishes
- 60% "strongly agree" that having an advance directive (AD) would be useful for their families
- 78% of those without an AD, "just have not thought about it"

This quality improvement project is part of a network-wide initiative on advance care planning (ACP).

Problem Statement:

There is a lack of knowledge regarding ACP attitudes, understanding, planning, and conversations in the community.

Objectives:

- Address gaps in knowledge and comfort with conversations about ACP and EOL planning
- Prepare community members for more effective communication regarding these topics

Study Questions:

- What is the current state of attitudes, knowledge and skills regarding ACP conversations in the communities in the LVHN service area?
- What are the perceived barriers to having these discussions?
- What is the perceived effectiveness of the game, "Hello", as a tool to facilitate conversations about, and future actions toward, ACP?

METHODS

Setting:

- Convenient and comfortable venues for target population of adults aged 65 years old and greater
 - a continuing-care community
 - an active life community center

Intervention:

- "Hello" Conversation Game

Data Collection:

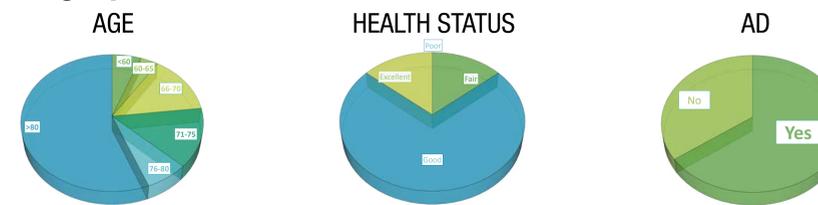
- Pre-intervention surveys: demographics and baseline perception of ACP conversations
- Post-intervention surveys: subsequent perception of ACP conversations and an open-ended question
- Follow-up phone calls: interval perception of ACP conversations and impression of ACP event

Data Analysis:

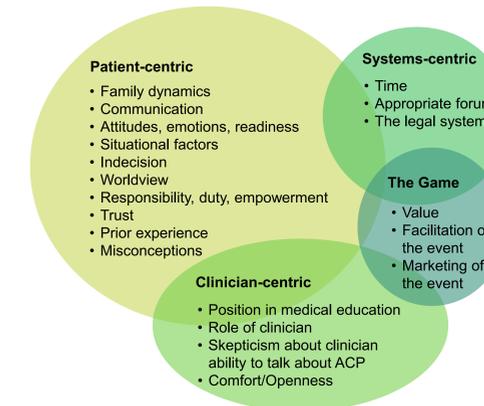
- A mixed methods study was performed
 - 1) Quantitative data
 - Participant demographics
 - Summarized responses to questions gauging knowledge, attitudes, and comfort about ADs and ACP
 - 2) Qualitative data
 - Consisted of free response text from the post-surveys as well as quotes from the follow-up phone conversations
 - Used inductive and deductive approaches to elicit themes

RESULTS

Demographics



Barriers to ACP



Survey Results

Question	Pre-survey Mean	Post-survey Mean	P-value (two-tail)
1. I understand what an AD is and how to make one	3.25	3.43	0.09
2. I feel comfortable discussing my EOL wishes with my family	3.39	3.43	0.66
3. I feel comfortable discussing my EOL wishes with my doctor	3.46	3.46	1.0
4. I think making my EOL care wishes clear with an AD would be helpful to family	3.57	3.54	0.57
5. I want to share my wishes for care if I were very sick and unable to decide for myself with my family	3.61	3.57	0.57
6. I want to share my wishes for care if I were very sick and unable to decide for myself with my doctor	3.57	3.5	0.42

*No statistically significant findings, likely due to small sample size.
** Potential clinical significance indicated by change in question 1 and p-value < .10 in understanding of what an AD is and how to complete one.

Word Cloud Game



CONCLUSIONS & RECOMMENDATIONS

- There is a broad spectrum of attitudes, knowledge, and skills regarding ACP
 - LVHN can engage more diverse populations within the community through broadening the reach of ACP events
- Many barriers were identified related to patient-centered care, the healthcare system, and clinicians that need to be further investigated
 - LVHN needs to examine its culture of care to address these barriers
- The "Hello" Conversation Game is an effective method of engaging participants in conversations about ACP

There is a broad spectrum of attitudes, knowledge, and skills regarding ACP.

• LVHN can engage more diverse populations with the community through broadening the reach of ACP events.

Major barriers to readiness relate to family dynamics, clinician comfort, and insufficient time

• LVHN can collect survey data from its healthcare employees to identify barriers to completing their own ACP

The game is an effective method of engaging and equipping participants for discussion

NOTE: Statistics reported from End-of-Life Nursing Education Consortium, Wellness Expo and National Decision Day surveys and events.

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