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

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**STATEMENT OF THE PROBLEM**

**Background:**
According to national literature, only 7% of people report having 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 conversations?
- 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**

**Survey Results**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-</th>
<th>Post-</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand what an AD is and how to make one</td>
<td>3.25</td>
<td>3.43</td>
<td>0.09</td>
</tr>
<tr>
<td>I feel comfortable discussing my EOL wishes with my family</td>
<td>3.39</td>
<td>3.43</td>
<td>0.66</td>
</tr>
<tr>
<td>I want to share my wishes for care if I were very sick and unable to decide for myself with my doctor</td>
<td>6.00</td>
<td>5.57</td>
<td>0.69</td>
</tr>
<tr>
<td>I want to share my wishes for care if I were very sick and unable to decide for myself with my family</td>
<td>6.00</td>
<td>5.57</td>
<td>0.69</td>
</tr>
<tr>
<td>I think making my EOL care wishes clear with an AD would be helpful to family</td>
<td>3.46</td>
<td>3.46</td>
<td>1.0</td>
</tr>
<tr>
<td>The “Hello” Conversation Game is an effective method of engaging participants in conversations about ACP</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
</tr>
</tbody>
</table>

**Barriers to ACP**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Pre-</th>
<th>Post-</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skepticism about clinician role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Role of clinician</td>
<td></td>
<td></td>
<td></td>
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<td>Facilitation of the event</td>
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**Demographics**

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<th>Post-</th>
<th>p-value</th>
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<tbody>
<tr>
<td>60-65</td>
<td>3.57</td>
<td>3.50</td>
<td>0.42</td>
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<tr>
<td>66-70</td>
<td>3.50</td>
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<td>0.00</td>
</tr>
<tr>
<td>71-75</td>
<td>3.46</td>
<td>3.47</td>
<td>0.92</td>
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<tr>
<td>76-80</td>
<td>3.57</td>
<td>3.57</td>
<td>0.00</td>
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<tr>
<td>81-85</td>
<td>3.57</td>
<td>3.50</td>
<td>0.68</td>
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</table>

**AD**

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**Word Cloud**

- **Barriers to ACP**
  - Family dynamics
  - Communication
  - Attitudes, decision, readiness
  - Clinician factors
  - Workforce
  - Preconception, adaption, empowerment
  - Time
  - Facilitation of the event

**METHODS**

**Settings**

- 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.

**CONCLUSIONS & RECOMMENDATIONS**

- LVHN can collect survey data from its healthcare employees to identify barriers to ACP.
- LVHN can examine its culture of care to address these issues.
- LVHN can engage more diverse populations within the community through broadening the reach of ACP events.
- LVHN can examine the impact of ACP on patient satisfaction and quality of care.
- LVHN can examine the impact of ACP on patient outcomes and healthcare costs.
- LVHN can examine the impact of ACP on healthcare provider burnout and satisfaction.
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