

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

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# 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 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:

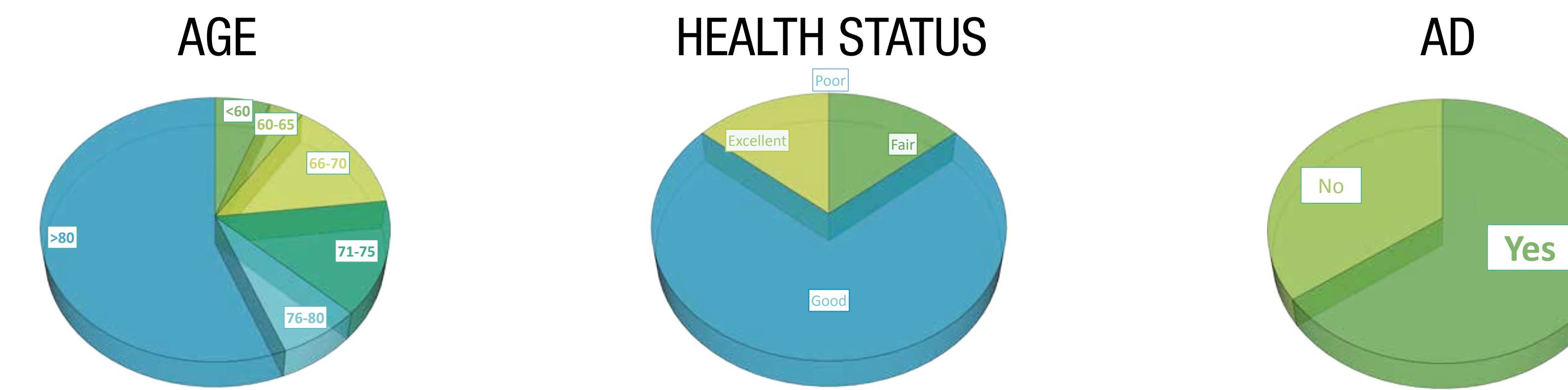
- Pre-intervention surveys: demographics and baseline perception of ACP conversations
- Post-intervention surveys: subsequent perception of ACP conversations and an open-ended question
- Follow-up phone calls: interval perception of ACP conversations and impression of ACP event

### Data Analysis:

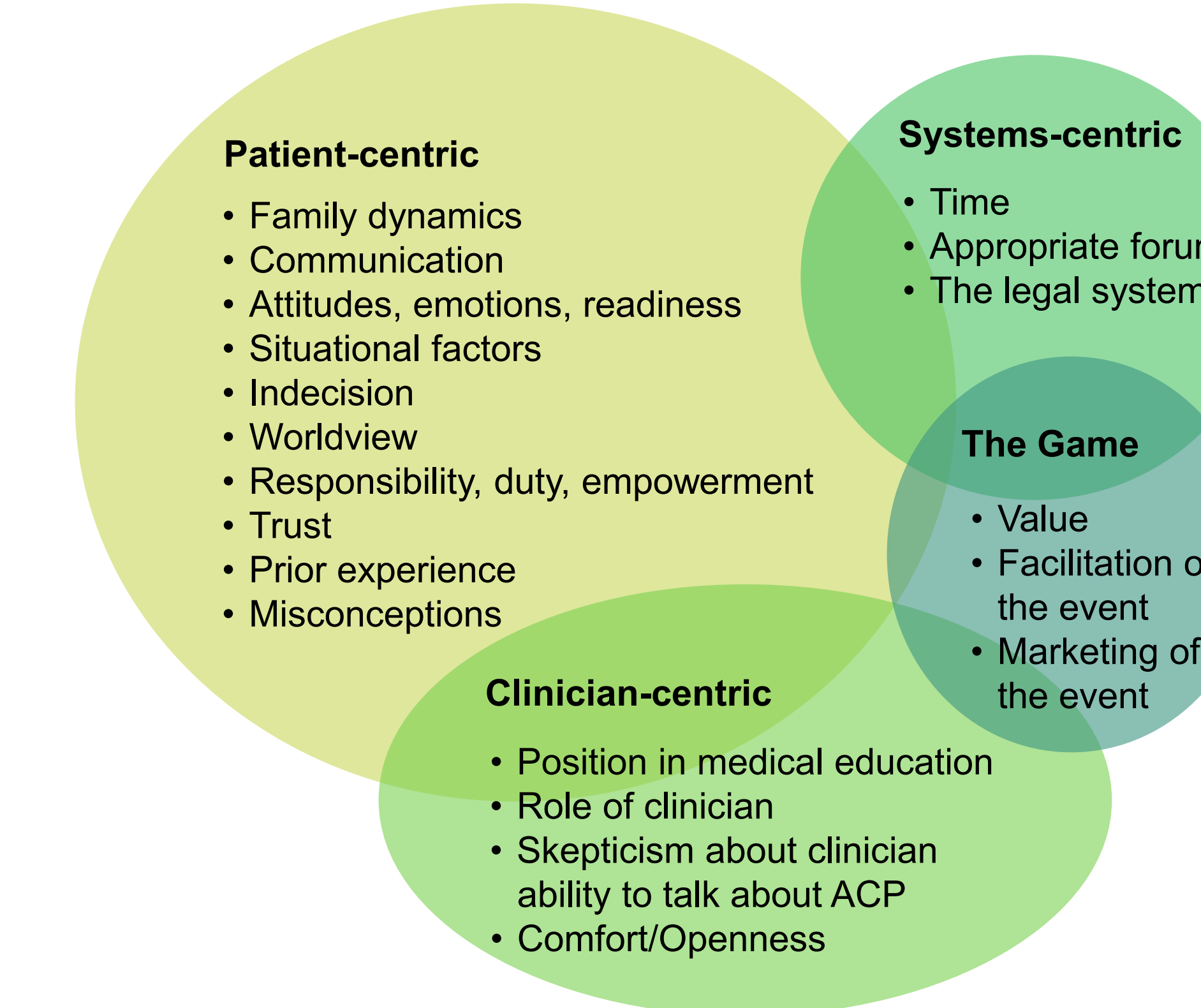
- A mixed methods study was performed
  - 1) Quantitative data
    - Participant demographics
    - Summarized responses to questions gauging knowledge, attitudes, and comfort about ADs and ACP
  - 2) Qualitative data
    - Consisted of free response text from the post-surveys as well as quotes from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