Advance Care Planning Education in the Community

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Problem & PURPOSE

Use evidence-based strategies to provide education on advance directives and advance care planning to increase knowledge for community members 18 and older in a rural setting in order to increase the intention to obtain advance directives.

Available Knowledge & Rationale

- Primary care providers are the best individuals to hold advance care planning conversations with patients
- Primary care providers have very limited time to provide education in the office
- Lack of advance directives leads to unnecessary interventions at end-of-life
- Community education sessions address time constraints as well as influence and change patient behaviors

Methods

- Context: Rural Nebraska town of ~5,000 individuals
- Intervention: Two education sessions held at community library covering advance care planning, advance directives, holding family conversations, and code status
- Study of Intervention: Pre-, immediate post-, and two-month post-session surveys. Assessed current knowledge, views on advance directives, and current status of personal advance directives
- Measures: 9-point Likert-scale, yes/no, and either/or questions

Data Analysis

- Quantitative data analysis utilizing ordinal and nominal data, stored in Excel
- Independent *t*-tests between pre-, immediate post-, and 2-month post-session surveys for current knowledge
- Compared age group means for additional data

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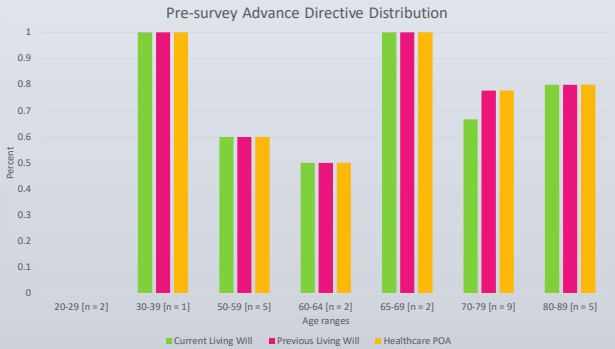
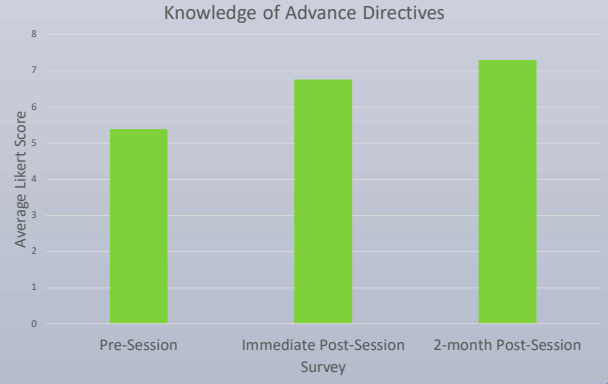
Results





Discussion

- 26 total participants
- There was a significant increase in knowledge from before the education session to immediately after (p = .004), and before the session to two months after the session (p < .001) .
- 3 participants in the immediate post-session survey indicated that they planned on obtaining or updating an advance directive in the two months following the session, and 5 participants indicated in the two-month post-session survey that they obtained or updated an advance directive.
- Limitations: not a 100% response rate; not generalizable to the general population due to small sample size; duplicate responses

Conclusions

- There was a significant difference between the pre-session and both post-session self-perceived knowledge, supporting that education sessions in the community increase knowledge regarding the topic presented.
- Going forward, certain topics in the office could be addressed via community education, decreasing the amount of time a provider needs to spend educating in the office and allowing them to spend more time on the acute concerns of the patient within the allotted time of the appointment.

Acknowledgements

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