Results

• In January-March 2011, prior to the commencement of the clinics, there were 54 patients receiving clinical care coordination of whom 19 (35%) had a completed advance care plan, including a Statement of Choices.

• In October-December 2012 there were 89 patients receiving care coordination of whom 35 (39%) had a completed advance care plan, including a Statement of Choices.

• As of April 2013 there were 95 care coordination patients of whom 48 (51%) have a completed advance care plan, including a Statement of Choices.

• As of June 2013 there are 102 care coordination patients of whom 57 (55.9%) have completed an advance care plan comprising of Statment of Choices (SoC) and/or Enduring Power of Attorney (EPoA) documents. Informed patient consent is obtained to ensure patient’s have the “right…to freedom in making their own choices and decisions” (Biestek, 1957) regarding life sustaining treatment. Patients are reassured that their documents can be modified if their wishes alter over time.

Future Considerations

• Would it be beneficial for CCP staff to hold regular advance care planning group education sessions both at CHHS and in the community for patients and health professionals?

• Could we seek opportunities for advance care planning to become a routine part of a GP Management Plan made with patients to ‘normalise’ the process?

• Could advance care planning be embedded into health professional training for normalisation and routine practice?

• Would it be feasible to increase clinic frequency due to current demand?

• Would it be useful to research the following:
  • The impact of having an advance care plan including a SoC in place, on medical treatment and/or end of life care;
  • The impact on CHHS and ACT Health treatment costs and the potential savings if a patient did not undergo treatment as per their wishes in their Statement of Choices.

Ongoing challenges

• The time taken for staff to enable patients to feel unhurried in discussion and completion;
• Increased administrative load in addition to clinical caseload responsibilities;
• Ongoing access issues for patients attending the outpatient advance care planning clinic at CHHS;
• Belief by some patients that a SoC has no impact on care (or could even be detrimental to care), due to anecdotal stories, despite having documented their clearly defined wishes.

Conclusions

The establishment of advance care planning clinics has been a practical and cost effective way to help overcome multifactorial barriers for patients preparing their advance care plans through providing increased access opportunities and support for timely completion.

Advance care planning is now embedded into CCP care business.

This approach enabled staff to improve completion rates whilst managing a substantial caseload increase.

References


