

Differences in advance care planning among frail elders in long-term care settings.

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Background

- Little is known about advance care planning among older adults transitioning into long term care (LTC) services (i.e., Assisted Living, [ALF], Nursing Home [NH], Home & Community Based Services [H&CBS])
- Comparisons of similarities and differences in advance care planning documentation at entry to LTC services are needed.

Objectives

- To describe differences in having an advance directive at enrollment to LTC services among NH, ALF, and H&CBS

Parent Study

Primary Aims

- Trajectory of health & quality of life
 - Across LTC services (ALF, NH, H&CBS)
 - Over time between LTC services

Eligibility

- 60 years or older
- Speak Spanish or English
- Mini Mental State Examination >11 (MMSE)
- Newly transitioned to LTC services

Interviews

- Baseline and then every 3 mos. for 2 years.

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Methods

Sample: N=384 (with complete data) :

- ALF: n= 153
- NH: n= 84
- H&CBS: n=147
- Baseline data presented

Measures:

- Cognitive impairment (MMSE),
- Advance Directive (AD)
 - Living will (LW) and/or Durable power of attorney for health care (DPOAHC)
- Change in health status in past 6 mos.,
- Demographics (age, sex, race, education)

Analyses:

- chi², multiple logistic regression

Results

Table 1. Demographics & Characteristics

	ALL N=384	ALF n=153	NH n=84	H&CBS n=147
Age , M(sd)	81.4 (8.5)	86.2 (6.1)	76.5 (9.4)	79.3 (7.8)
Male, %	27.1%	17.7%	46.4%	25.9%
Education, >12yrs, %	38.5%	64.7%	31.0%	15.7%
MMSE, M (sd)	24.3 (4.0)	25.3 (3.8)	22.0 (4.7)	24.4 (3.3)
White, %	53.7%	93.5%	28.6%	26.5%
Significant Δ in health (6m), %	36.5%	43.8%	45.2%	23.8%

Results (cont.)

Table 2. Who has an advance directive?

LTC service	LW	DPOAHC
NH	39.3%	45.2%
ALF	83.0%	80.4%
H&CBS	22.5%	36.1%

LW: chi²(2) = 115.16; P<0.001
DPOAHC: chi²(2) = 64.53; P<0.001

- 43.2% have both advance directives
 - majority: ALF
- 37.2% have no advance directives
 - majority: H&CBS

Table 3. What factors influence having a Living Will or a DPOAHC?

Multiple Logistic Regression Models	LW Odds Ratio	DOPAHC Odds Ratio
LTC service		
NH	<i>ref group</i>	<i>ref group</i>
ALF	5.36+	5.38+
H&CBS	0.68	1.06
Male	1.54	1.82*
Age (years)	0.97	0.97
Education (>12yrs)	2.50**	1.78*
MMSE	1.00	0.98
White	2.80+	1.60
Significant Δ in health	2.23**	1.72*

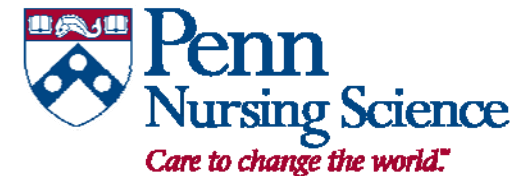
* P<0.05 ** P ≤0.004 +P≤0.001

Conclusions

- Elders in ALFs are more likely to have an advance directives than NH or H&CBS elders.
 - ALF elders may plan over an extended period of time before transition to ALF.
 - ALFs may be requiring advance directives prior to moving in.
 - Further investigation into these differences is needed.
- Limitations:
 - Demographics in LTC dictate the need for larger samples :
 - More women in NHs,
 - Older subjects in ALFs,
 - Fewer non-whites in ALFs,
 - Vast education differences by site.
 - Moderate cognitive impairment may influence recall in having an advance directive.

Implications

- Improved advance care planning has the potential to decrease costs at the end of life.



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