

# **The Quality of Advance Care Planning Documentation in the Nursing Home**

**Principal Investigator:** Susan Hickman, PhD

**Dates of Support:** 10/01/2016 – 09/30/2018

**Total Award Amount:** \$161,779.00

**Funding Agency:** The Retirement Research Foundation  
(2016-086)

## **Abstract:**

We propose to gather data over a 2-year period from an additional 45 elderly patients and 45 surrogate decision-makers to assess the quality of nursing home advance care planning documentation in facilities that do not use POLST. Patients or the legal surrogates of incapacitated patients will be interviewed about their current treatment preferences and these will be compared with the orders documented on file in the nursing facility. When discordance is identified, participants will be interviewed to obtain qualitative data about the reasons for discordance. Data will be used to address the following specific aims:

**Aim 1: Determine the level of discordance between the decision-maker's (patient or surrogate) current treatment preferences and advance care planning documentation.**

**Aim 2: Describe decision-makers' perceptions of the reason(s) for discordance between current treatment preferences and advance care planning documentation.**

**Aim 3: Compare the level of discordance between current treatment preferences and advance care planning documentation with the level of discordance between current treatment preferences and standing POLST orders from the R01 study.**

Hypothesis 1: Patients with POLST orders have lower rates of discordance than patients without POLST orders.

Findings will establish a baseline level of discordance between preferences and documentation in the nursing home setting and identify the reasons for discordance in nursing homes where POLST is not used. The resulting data about discordance will provide crucial information about the value of the POLST paradigm to inform the development of tailored decision support tools and educational interventions. These data are requisite to guide clinical practice improvements and support policy makers working on nursing home reform, POLST legislation, and reimbursement changes at the state and federal levels. Ultimately, study findings will guide further, much-needed improvements in geriatric palliative care.