

BACKGROUND & RATIONALE

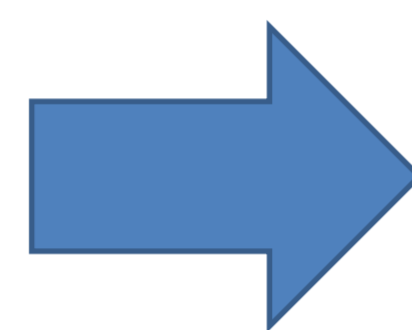
- **Advance care planning (ACP)** is the process of discussing and documenting a person's wishes for future medical care in preparation of the event that he/she becomes incapable to consent. ACP is an important process in health care today.
- How to prospectively identify potential *local* barriers and facilitators to uptake of ACP across a complex, multi-sector, publicly funded health care system, and how to develop specific mitigating strategies, have not been well characterized.

METHODS

- Study design = mixed methods

PHASE 1 PAPER AND PEN SURVEY

Three groups of clinical and administrative leaders completed survey forms



PHASE 2 FACILITATED DISCUSSION

One group of clinical and administrative leaders
Barriers and key mitigating strategies were identified

- Survey instrument developed using published evidence on barriers and facilitators to uptake of ACP (Lovell & Yates. Palliat Med 2014;28:1026-35), the Theoretical Domains Framework (**Figure 1**), and early experience from the implementation of ACP in Calgary, Alberta, Canada



Michie et al 2005, J Qual Safe Health Care
Cane, O'Connor, Michie. 2012 Implement Sci

Figure 1: Theoretical Domains Framework (Cane et al. Implementation Science 2012, 7:37)

RESULTS

- 51/88 surveys (58%) returned

Table 1: Major barriers identified to the multi-sector uptake of ACP / GCD across the province of Alberta, Canada

| DOMAIN | ELEMENT | n=51 | % |
|------------------------------|---|------|----|
| Public/patient factors | Insufficient public engagement | 43 | 84 |
| | Public misunderstanding | 41 | 80 |
| Systems factors | Conflict because of too many other health care initiatives | 42 | 82 |
| | Insufficient infrastructure to support implementation – especially expert staff | 40 | 78 |
| | Ineffective public awareness campaign | 37 | 73 |
| Resources | Inadequate time for ACP/GCD conversations | 40 | 78 |
| | No electronic record capability to track GCD orders and ACP conversations | 35 | 69 |
| Health care provider factors | Health care provider's lack of mastery of ACP | 31 | 61 |
| | Ineffective staff education program | 26 | 51 |
| | Emotional discomfort initiating ACP/GCD discussions | 25 | 49 |

RESULTS CONT'D

Table 2: Strategies to mitigate against system-specific barriers and to facilitate enablers

| DOMAIN | SPECIFIC ELEMENT |
|------------------------------|--|
| Public/patient factors | Develop an impactful public awareness campaign so that patients and families are better prepared to participate in discussions |
| Systems factors | Leadership to communicate the high priority of ACP/GCD for frontline staff |
| Resources | Develop an electronic record to track ACP and GCD conversations |
| Health care provider factors | Provide HCP with training on conversation scripts and simple messages on ACP/GCD to promote comfort with the conversations |

CONCLUSIONS: KT IN ACTION

- Implementation of ACP across an entire health care system is complex
- Using an inexpensive process, innovators and agents of change across a multi-sector health care system advised us of:
 1. key barriers and facilitators to the implementation of ACP, and
 2. approaches to address them.
- With a better understanding of barriers to local uptake of the ACP process, our goal is to integrate these novel approaches with current strategies to improve integration of ACP into practice across this population-based healthcare system.

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