

The Impact of Knowing a Patient's Wishes

ACP-b-roll 1:44

It's a conversation no one wants to have with their loved ones. If you are at the end of your life and you can't speak for yourself, who would you want to make health care choices for you and what decisions would you want them to make?

For the last ten years, OSF HealthCare has been offering the OSF Care Decisions program, an advance care planning (ACP) model that uses trained facilitators to help patients discuss future health care decisions with their families and providers. The idea is to decrease the chance of unwanted interventions and increase the chance for a greater quality of life for patients. More than 4000 Advance Care Plans take place throughout the Ministry every year. The research team for Jump Simulation, a part of OSF Innovation, recently released a study showing the impact of this work.

ACP-Bond 1 :23 ...What's the outcome?"

"We (Jump Simulation) are involved in the training of the facilitators who sit down with patients and their families and have these discussions," said William Bond, Director of Research for Jump Simulation. "We wanted to find out what's the downstream impact of this simulation training? These facilitators are doing this important service with patients and families. What's the outcome?"

The study compared the patient charts of 325 deceased patients who went through ACP with 325 deceased patients who did not go through the ACP process. The most important question the study answered is whether these patients designated Health Care Powers of Attorney to carry out their end-of-life wishes.

ACP-Bond 2 :25 ...a substantial difference."

"Many of us will need an assisted decision maker, a surrogate decision maker who is going to help us with that process," said Dr. Bond. "And what we found is that 98.5% of those in the Advance Care Planning group had their Health Care Power of Attorney designated and this was compared to 75% of those in the group that did not have Advance Care Planning, so clearly a substantial difference."

The study also tracked whether patients in the last 12 months of life filled out a Provider Orders for Life Sustaining Treatment (POLST) form which helps guide resuscitative efforts if they are near the end of their life. It found that 53% of patients who went through ACP had POLST forms on file while 45% of those without ACP had completed the forms. Dr. Bond said overall, the ACP program provides many benefits for those who have gone through the process.

ACP-Bond 3 :26 ...out of it."

"I think there's a lot of reduced guilt on the part of families, stress and anxiety on the part of patients and families. If they are appropriately referred to palliative care options, it may lead to better pain relief, better anxiety relief, symptom relief overall and higher quality of life towards the end of life," said Dr. Bond. "So there are a lot of positive things that can come out of it."

Using Accountable Care Organization (ACO) data OSF, the Jump research team also found that those who had ACP had fewer in-patient admissions and in-patient days. ACP was associated with overall costs that were \$9500 lower.

The study was recently published in the [December 2017 issue](#) of the Journal of Palliative Medicine and was a collaborative effort between team members from Jump Simulation, Healthcare Analytics at OSF, the Division of Supportive Care at OSF, the Center for Outcomes Research at the University of Illinois College of Medicine Peoria and Illinois Wesleyan University.

More information on the OSF Care Decisions program is available [here](#).