

Advance Care Planning and Emergency Care

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Background: Advance Care Planning (ACP) provides people with an opportunity to be involved in decision-making underpinning their care and treatment choices. When an older person is transferred to the Emergency Department (ED), health professionals seek to consider any advance directives for treatment options.

Aim: To examine the uptake of ACP by older people and explore the deeper context of ACP adherence.

Method: A mixed methods approach was used for this retrospective study of emergency presentations by older people, 150 from residential aged care and 150 from the community, who presented to any of three EDs at Eastern Health, Victoria in 2011.

Results: Prevalence of ACP was 13.3% (n=40/300); over one-quarter (26.6%, n=40/150) of those presenting to the ED from residential aged care had documented ACP, compared to none (0%, n=0/150) of the people from the community. Those with a co-morbidity of cerebrovascular disease or dementia were more likely to have documented ACP on arrival at ED. There were no significant differences in the median ED length of stay, number of investigations and interventions undertaken, time seen by a doctor, or rate of hospital admission for those with an ACP compared to those without. Many of the instructions and directives included in the ACPs were contradictory or unclear, limiting the ability of clinicians in the ED to act upon them. Length of hospital stay was shorter for those with an ACP (median (IQR)=3days (2-6) vs 6 days (2-10), p=0.027) and readmission to hospital lower (0% vs 13.7%).

Conclusions: Older people from the community transferred to ED were unlikely to have documented ACP. In the ED, decisions of care did not appear to be influenced by the presence of ACP. However, ACP may be associated with shorter lengths of hospital stay and a lower rate of readmission to hospital within 30 days.