The Process of Advance Care Planning (ACP) in Nursing Home Settings: an Integrated Literature Review

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Background
- In the United States, 47.8% of nursing home residents are diagnosed with Alzheimer’s disease and related dementias (ADRD)
- Most ADRD nursing home residents lack advanced care planning (ACP)
- Lack of ACP can lead to unwanted or unnecessary, aggressive, and costly interventions
- ACP can reduce unnecessary hospitalizations and improve quality of end-of-life (EOL)

Purpose
Examine the evidence on what is known about when, who and how ACP is being conducted with residents with ADRD and their family caregivers in nursing home settings.

Methods
Literature review
Data bases searched:
- PubMed
- Scopus
- CINAHL
- Hand search
MESH terms:
- Advance Care Planning
- Advanced directives
- End of life decision making
- Dementia
- Alzheimer’s Disease

Methods, contd.
Literature review, contd.
Inclusion criteria:
- Studies focusing on ACP process
- Published between 2011-2021
- Full text, in English
- Including samples of residents with ADRD and/or their families
- In nursing home settings.

Exclusion criteria:
- Study limited to specific advance directive
- Other terminal diagnoses besides dementia
- Interventions did not address the process of ACP implementation (e.g., surveys or chart reviews)

Results
Final sample included 16 studies

Origin:
- Europe (n=11)
- US (n=4)
- Australia (n=1)

Level of evidence (Johns Hopkins Evidence-based Practice Hierarchy of Evidence Guide):
- Level I (RCT, n=5)
- Level II (quasi-experimental, n=4)
- Level III (descriptive quantitative/qualitative, n=7)

ACP process
When – variable: at admission to facility (DNR status), with changes in residents’ medical condition, during everyday conversations

Who – ACP education for staff alone, ADRD family caregivers alone, and staff and family together

How – ACP videos, structured family meetings, structured staff meetings (ranging from 1 to 10 sessions)

Conclusions
Major gaps found:
- Lack of ethnic and racial minorities in study samples
- Lack of consistent or systematic approach to conducting ACP in nursing homes
- Lack of clear roles in initiating ACP conversations
- Lack of staff knowledge and skills to conduct ACP conversations
- Family lack of understanding that dementia is a terminal illness