

# Advance Care Planning in elderly care

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON23024

### Source

Nationaal Trial Register

### Brief title

ACP

### Health condition

Advance Care Planning, Respecting Choices, Elderly care, Vroegtijdige Zorgplanning, Ouderen

## Sponsors and support

**Primary sponsor:** Erasmus Medical Center Rotterdam

**Source(s) of monetary or material Support:** - ZonMw  
- Innovation Fund Laurens Rotterdam

## Intervention

## Outcome measures

### Primary outcome

Primary effect outcome measure:  
- Patient activation (PAM-13)

### Secondary outcome

- Quality of life (SF-12)
- Satisfaction with health care (PSQ-18-SF6)
- Health care costs (for the calculation of the health care costs we will distinguish intramural and extramural medical costs)
- Use of burdensome medical interventions: hospitalisations, use of ventilation, resuscitation, chemotherapy, feeding tube, operations, antibiotics
- Appointment of surrogate decision-maker and documentation of care wishes in advance directives

## Study description

### Background summary

End-of-life care involves high costs, but frequently fails in providing optimal patient centred care and quality of life. In the US, Advance Care Planning (ACP), a formalised process of communication about care preferences, has resulted in better patient outcomes and significant cost savings. In the Netherlands, interest in ACP is increasing, but data on cost-effectiveness are lacking. We aim to assess effects of ACP in older people residing in Dutch care homes or receiving home care and hypothesize that ACP will lead to better patient activation and quality of life in the intervention group compared to the control group, while reducing health care costs.

### Study objective

Currently, health care and medical decision-making for older people are often insufficiently patient-centred. Communication about people's needs and preferences is typically postponed until acute events necessitate short-term medical decision-making. At that stage, patients are often unprepared or unable to make decisions while relatives and professional caregivers are unaware of their wishes and preferences, which may result in overtreatment and a suboptimal quality of the last phase of life. The main objective of this project is to assess the effects, the costs and the cost-effectiveness of ACP in elderly care. In this study we focus on patients living in care homes or living at home and receiving home care. As far as we are aware, the proposed study is a unique study, it does not overlap with any ongoing or finalized projects.

We hypothesize that ACP will lead to better patient activation and quality of life in the intervention group compared to the control group, while reducing health care costs. All in all we expect ACP to provide a superior way to organize care for older persons in comparison to usual care.

### Study design

- Patient Activation Measure (PAM-13): during inclusion and one year later
- Generic Health-Related Quality of Life (SF-12): during inclusion and one year later
- The Patient Satisfaction Questionnaire Short Form (PSQ-18-SF6): during inclusion and one

year later

- Medical files of all residents and of people receiving home care will be studied with the use of a checklist, one year post-intervention. The following points will be studied:
- People's characteristics: age, gender, SES, diagnosis, co morbidity
- Registration of completion of advance directive and assignment of proxy decision-maker including date of completion
- Medical care in the last 12 months: hospitalizations, other transfers (number, length of stay), use of ventilation, resuscitation, chemotherapy, feeding tube, operations, antibiotics - Furthermore a cost effectiveness analysis (CEA) and a budget impact analysis (BIA) will be done one-year post- intervention

## **Intervention**

Control groups will be offered usual care.

Individuals in the intervention group will be offered formal ACP using the Respecting Choices Model in addition to their usual care. This programme, developed in the US and Australia, involves a coordinated approach to ACP whereby trained nurse facilitators, in collaboration with treating physicians, assist residents and their families to reflect on the resident's goals, values and beliefs and to discuss their health care wishes. This discussion also directs individuals to identify specific activities and experiences that contribute to, or detract from, their quality of life. Individuals are encouraged to appoint a surrogate decision-maker, and to document their wishes about the care they do or do not want to receive in an advance directive. These wishes can e.g. concern the (non)use of burdensome life-prolonging interventions such as hospitalisation, cardio-pulmonary resuscitation, etc. The intervention will concern a 1-hour meeting, but additional meetings are possible. The content of the meeting will be structured by the use of a checklist.

## **Contacts**

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## Eligibility criteria

### Inclusion criteria

In order to be eligible to participate in this study, a subject must meet all of the following criteria:

- > 75 years of age;
- Mentally competent, as measured by a Mini-Mental State Examination (MMSE score > 16 and subsequently by judgement of caregiver;
- Fluent in Dutch;
- Living in a care home or at home receiving home care;
- Being frail, as measured by the Tilburg Frailty Index (TFI score of 5 or more)

Study participants who leave the care home during follow-up remain included in the study. If study participants pass away during follow-up, the interview will be held with a relative as a proxy for the participant's perspective

### Exclusion criteria

An individual who does not meet the described inclusion criteria will be excluded from participation in this study.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

### Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	10-02-2014
Enrollment:	196
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	22-01-2014
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL4216
NTR-old	NTR4454
CCMO	NL.46444.078.13

## Study results

### Summary results

We will write articles for (inter)national scientific and lay journals on care for older people, health care, palliative care, health policy, and health economics.