Retrospective cross-sectional analysis of advance care planning among Psychogeriatric inpatients
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National Safety and Quality Health Service Standards (NQHSS) Australia

- NQHSS recommendation.
  
- have shared decision-making.
Advance Care Planning is a process of reflection, discussion and communication that enables a person to plan for their future medical treatment and other care, for a time when they are not competent to make or communicate decisions for themselves.
Components of Advance care planning

- Document verbal discussions regarding end of life decisions.
- Completion of legal document (EPOA/AHD)
- Documenting end of life and values.
- Acute resuscitation plan
Respect values

- Patients’ choices
- Dignity
- Autonomy
Background

In Australia

50% of all deaths are clinically expected.

In the last year of life,
- average eight hospital admissions
- 60%–70% chance of dying in hospital
• Average prevalence rate of ACP in hospitals in Australia is 15.7% (Smith A et al, 2018)

• Prevalence of ACP in older patients presenting to Emergency department from residential aged care is 26.6% (Street M et al, 2014)
In United Kingdom

- ACP among patients with severe lung disease was around 14% (Sinclair C, et al. 2017)

- Only 12% of people above the age of 75 reported having a living will or advance care plan (Davidson S, Gentry T, End of life evidence review 2013)
Aim of the study

- To identify if psychogeriatric inpatients have been given the opportunity to develop an ACP

- Identify patients with ACP documentation.

- The main aim of this initiative is to promote ACP.
Method

- Approval from Quality improvement department, West Moreton Health.
- Retrospective cross-sectional audit
- Setting: Specialist psychogeriatric unit in Queensland, Australia.
- 47 patients aged 65 years or over who had been admitted between the 1st July 2017 and 31st December 2017.
• Data collected using an Excel template.
• Admission notes by receiving nursing staff reviewed.
• Discharge summaries reviewed.
• Patient’s Consumer Integrated Mental Health Application (CIMHA) reviewed.
Results

Primary diagnosis

- Schizophrenia
- Bipolar affective disorder
- Depression with psychosis
- Schizoaffective disorder
- Delusional disorder
- Adjustment disorder
- Acute and transient psychotic disorder
- Dissociative motor disorder
- Borderline personality disorder
Limitation of study

• This data is solely based on CIMHA records.
• Small sample size
• Severity of the mental illness and the degree of cognitive impairment was not taken into account.
Inference

- Seventy percent had severe physical illness.
- Prevalence of at least components of advance care planning is comparable to rates elsewhere.
- The majority of the patients had severe mental illness, cognitive impairment and dementia.
Recommendation

• Most patients are acutely unwell, discussion about ACP needs to be postponed until deemed appropriate.

• Including ACP as an agenda in weekly grand rounds.

• Prevalence of documented ACP should be Key Performance Indicator.
• Access to palliative care team or a Geriatric physician.
• Training and awareness.
• Liaison with in-hospital Advance Care Planning clinician.
• Reaudit in a year
Goal

To have shared decision-making where patients, substitute decision-makers, families and interdisciplinary teams support the patient’s best interests

Preserve Values

1. Patients’ choices
2. Dignity
3. Autonomy
Thank you