Summary of Results
Advance Care Planning:
Sessions for LTC Home Administrators

Initiative #7 – Advance Directives on Care Choices
Ontario's Strategy for Alzheimer Disease and Related Dementias

2004

Carrie McAiney, Ph.D.
& Arron Service, M.A.

INTRODUCTION AND EVALUATION OVERVIEW

As part of Initiative 7 – Advance Directives on Care Choices, one of the initiatives within Ontario's Strategy for Alzheimer Disease and Related Dementias, a number of individuals were trained in advance care planning (ACP) in order to serve as members of ACP Resource Teams. Once trained, these teams were responsible for providing education sessions in the area of ACP to two groups: (1) members of the general public and (2) service providers. The teams were asked to conduct at least one session with each group.

As a means of supporting some of the service providers who were to attend the sessions, a number of educational sessions were held with long-term care (LTC) home administrators. The purpose of these sessions was to introduce the administrators to the information to be presented at the service provider sessions and to discuss ways that the administrators could support those who attend the sessions upon their return to the home. For logistical reasons, some of the sessions were conducted in person, others by teleconference.

As with each of the other initiatives within the Alzheimer Strategy, this initiative was evaluated. The evaluation was conducted through the use of pre and post session questionnaires. The questionnaires focused on the state of ACP (i.e., staff knowledge, policies and procedures) and the ability to support and promote ACP within the home.

This report provides a summary of the evaluation results for sessions conducted with the LTC home administrators.

RESULTS

A total of 7 sessions were conducted: 5 face-to-face sessions and 2 sessions via teleconference. (The sessions conducted via teleconference were for administrators of LTC homes located in northern Ontario.) A total of 259 administrators attended the face-to-face sessions. The number of administrators who participated in the teleconferences is not known; therefore, response rates for the North sessions cannot be calculated. In terms of the questionnaires, 174 administrators completed the pre-session questionnaire (overall response rate of 67%, ranging from 16% to 91%) and 93 completed the post-session questionnaire (overall response rate of 36%, ranging from 65% to 9%) (see Table 1). Because of the relatively low response rate, particularly for the post-session questionnaire, caution must be taken in drawing conclusions from these data.

Table 1: Administrator Participation

Site	Number of Participants	Percent (Number) Completing the Pre-session Questionnaire	Percent (Number) Completing the Post-session Questionnaire
Kingston	46	65.2% (30)	8.7% (4)
Windsor	37	83.8% (31)	64.9% (24)
Barrie	85	55.3% (47)	34.1% (29)
Scarborough	32	15.6% (5)	21.9% (7)
St. Catharines	34	91.2% (31)	50.0% (17)
North *	Unknown	25 questionnaires	11 questionnaires
Site not specified **	N/A	5 questionnaires	1 questionnaire
TOTAL	259	67.2% (174)	35.9% (93)

* The sessions for the North were conducted via teleconference.
** The questionnaires were faxed in and the session site was not specified.

PRE-SESSION QUESTIONNAIRE

The first set of questions on the pre-questionnaire asked about the administrators' previous training in ACP. Specifically, the first question asked if they had participated in any previous training and if they had, they were asked to provide the name of the training facilitator and the year that the training occurred.

The majority of participants (65%) had never participated in ACP training before (see Table 2a). Of those administrators who had participated in the past, they were most often trained by Dr. Malloy[1] (30%) and had received their training prior to 1996 (21%) (see Table 2b).

Table 2a: Previous ACP Training

Have you had any previous training in Advance Care Planning?	Percentage (Number) of Respondents (N=174)
No	64.9% (113)
Yes	33.3% (58)

* Percentages may not total 100% because of missing values.

Table 2b: Specifics Regarding Previous ACP Training

Who was the Training Provided By?	In What Year was Training Provided?
Dr. Malloy (18)	2002 (2)
CCAC (6)	2001 (6)
Current/Previous Employer (6)	2000 (6)
MOHLTC (4)	1999 (7)
OANHSS or OLTCA (4)	1998 (8)
PG&T (3)	1997 (5)
Palliative Care Group (3)	1996 (6)
ACE / Judith Wahl (3)	Prior to 1996 (12)
Not Sure / Can't Remember (2)	Other (5)
Other (11) *	

* "Other" includes: hospitals, being self taught, and other groups.
** "Other" includes: "several years ago" and "ongoing".

The question asked participants to recall if any other staff in their home had received ACP training in the past. Again, for those indicating "yes", follow-up questions were asked regarding who the training was provided by and when the training was provided.

The majority of administrators (75%) reported that their staff had not received ACP training or that they did not know if they had received such training (see Table 3a). Of those administrators reporting that they had staff that received ACP training (N=39), nearly half (45%) reported that Dr. Malloy provided the training. Results for the year that the training was provided was fairly evenly distributed over the six-year period (see Table 3b).

---

[1] Dr. Malloy is a geriatrician who has conducted research in and developed a number of resources related to Advance Care Planning.

Table 3a: Previous ACP Training for Staff

Have any other staff in your home had any previous training in ACP?	Percentage (Number) of Respondents (N=174)
No	39.1% (68)
Yes	22.4% (39)
Don't Know	36.2% (63)

* Percentages may not total 100% because of missing values.

Table 3b: Specifics Regarding Previous ACP Training for Staff

Who was the Training Provided By?	In What Year was Training Provided?
Dr. Malloy (N=17) ACE / Judith Wahl (N=3) MOHLTC (N=3) Other (N=15)	2001 (N=4) 2000 (N=6) 1999 (N=5) 1998 (N=4) 1997 (N=3) Prior to 1996 (N=6) Other (N=3)

* "Other" includes: hospitals, workshops, conferences, and Alzheimer Ontario.
** "Other" includes: "ongoing" and unsure.

LTC administrators were asked a set of questions about the roles that different staff have in their home in relation to ACP. The first question of this section asked administrators if there was anyone in their home designated to deal with ACP issues. Over three-quarters (78%) of administrators indicated that they had a staff member who was designated to deal with ACP issues in their home (see Table 4).

Table 4: Staff Member Designated to Deal with ACP

Are there individuals in your home who are designated to deal with Advance Care Planning issues?	Percentage (Number) of Respondents (N=174)
No	21.3% (37)
Yes	77.6% (135)

* Percentages may not total 100% because of missing values.

Administrators were then asked if they played a role in ACP in their homes. A follow-up question asked those who did play a role to describe the nature of this role. The vast majority of participants (83%) indicated that they played a role in ACP in their homes (see Table 5). Of those administrators who played a role, the role they played was as a resource to residents and their families, especially at admission (see Table 6).

Table 5: Administrators Role in ACP

In your current position, do you play a role in Advance Care Planning?	Percentage (Number) of Respondents (N=174)
No	17.2% (30)
Yes	82.8% (144)

* Percentages may not total 100% because of missing values.

Table 6: Administrator ACP Role Description

> - Resource / support to resident and / or family / meetings with resident and / or family (58)
> - At admission (& annual reviews / or when the condition changes) (45)
> - Policies and procedures / administrative involvement (18)
> - Direction / Support / Education to Staff/Physicians (12)

Administrators were then asked to rate their ability to carryout this role on a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). On average, participants rated themselves as "good" to "very good" in terms of their ability to carry out their role in ACP (see Table 7).

Table 7: Administrator Ability to Carryout Role

How would you rate your ability to carryout this role?	
Mean	3.29
Standard Deviation	.78
Range	1 - 5

Administrators were then asked a set of questions about their home's performance in relation to ACP issues. The first question asked participants to rate their home's performance in terms of supporting and promoting ACP. Responses were recorded on a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). Administrators rated their home between "good" and "very good" at supporting and promoting ACP issues. None of the administrators rated their homes' performance as "poor" (see Table 8).

Table 8: Administrator Rating of Home Support & Promotion of ACP

How would you rate the performance of your home in terms of supporting and promoting ACP?	
Mean	3.48
Standard Deviation	.89
Range	2 - 5

Participants were then asked if their home had any policies or procedures related to ACP. Responses for this yes/no question are summarized in Table 9. A follow-up question asked administrators to rate their home's ACP policies and procedures on a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). Responses to this question are summarized in Table 10.

Responses indicated that nearly four fifths (80%) of administrators had ACP policies or procedures in place at their home (see Table 9). The majority of administrators rated their home's ACP policies and procedures as "good" or "very good" (average rating of 3.3) (see Table 10).

Table 9: ACP Policy or Procedures in LTC

Does your home have any policies or procedures related to ACP?	Percentage (Number) of Respondents (N=174)
No	16.1% (28)
Yes	79.9% (139)

* Percentages may not total 100% because of missing values.

Table 10: Administrator Ratings of Home ACP Policy and Procedures

How would you rate your home's policies and procedures in terms of supporting and promoting ACP?	
Mean	3.31
Standard Deviation	.96
Range	1 - 5

Participants were then asked to identify ACP issues that their homes did well. Responses to this open-ended question are summarized in Table 11.

Table 11: Administrator Identified Home Strengths in ACP

- Discussing issues at Admission and/or Annually (52)
- Discussing Wishes with Resident &/or Family / Assist Resident &/or Family (45)
- Respect Wishes of Resident (28)
- Multidisciplinary Involvement / Involvement of Doctor (25)
- Review Regularly (18)
- Tools / Forms to Assist Resident and/or Family (17)
- Positive Things that May Not Fit in Another Category (16)
- Good Communication (13)
- Policies and Procedures (8)
- Things that are Not Positive that Don't Fit into Another Category (3)

The final question on the pre-session questionnaire asked participants to identify areas where they would like to see their home make changes with respect to ACP. Responses to this open-ended question are summarized in Table 12.

Table 12: Administrator Identified Home Changes in ACP

- Education (69)
- Change / Improve Approach (64)
- Change Policies / Procedures (28)
- Develop New Forms (18)
- Increase Staff / Physician comfort / awareness / acceptance (8)
- Communication (6)

POST-SESSION QUESTIONNAIRE

The post-session questionnaire was administered at the end of each education session. The first set of questions on this questionnaire asked administrators to rate the helpfulness of the session, helpfulness in relation to identifying staff whom could deal with ACP, and their home's general performance as it relates to ACP. Ratings were recorded on one of two five-point scales; for the first and third questions in Table 13, the scale ranged from not that helpful (1) to very helpful (5), for the second in Table 13, the scale ranged from poor (1) to excellent (5).

The administrators rated the session as "very helpful" in encouraging thought about how they could enhance their home's approach to ACP. Administrator ratings of their own home's performance in relation to ACP issues generally fell in the middle of the scale indicating neither excellent nor poor performance. Participants also felt that the session was helpful in aiding them identify staff members who were best suited to handle ACP issues in their homes (see Table 13).

Table 13: Administrator Ratings of Session Effects

Questions	Mean (Standard Deviation) Range
(1) How helpful was this session in getting you to think about how your home could enhance its approach to ACP?	4.47 (0.64) 3 – 5
(2) How would you rate your home's performance right now in terms of supporting and promoting ACP?	3.19 (0.93) 1 – 5
(3) To what extent has today's session helped you understand which staff member(s) are best suited to handle ACP?	3.97 (0.86) 2 – 5

Administrators were asked to indicate their confidence level in relation to a number of aspects of ACP on a five-point scale ranging from not confident (1) to very confident (5). A follow-up question asked administrators how their confidence level after the session compared with their confidence before the session; these responses were recorded on a three-point scale that ranged from less confident (1) to more confident (3). Responses to these questions are summarized in Table 14.

Administrators felt most confident in their ability to support their ACP trainee and least confident in their ability to carry out their legal obligations related to ACP, although the difference between these ratings was small (0.6). Ratings on current levels of confidence generally were between "fairly confident" and "quite confident". When asked to compare their level of confidence after the session with that before the session, average ratings were around 2.5, suggesting that the administrators felt about the same or more confident after the session than they did before the session (see Table 14).

Table 14: Administrator Confidence Ratings

How confident are you right now in the following areas?	Mean (SD) Range	Confidence now vs. confidence prior to session
(1) Your understanding of the legal obligations related to ACP?	3.36 (0.88) 1 – 5	2.54 (0.66) 1 – 3
(2) Your ability to carryout your legal obligations related to ACP?	3.30 (0.84) 1 – 5	2.42 (0.67) 1 – 3
(3) Your ability to identify potential areas of conflict related to ACP?	3.42 (0.77) 1 – 5	2.56 (0.62) 1 – 3
(4) Your ability to facilitate conflict resolution?	3.46 (0.71) 1 – 5	2.45 (0.56) 1 – 3
(5) Your knowledge of resources available to assist others with ACP?	3.34 (0.95) 1 – 5	2.62 (0.63) 1 – 3
(6) Your ability to discuss performance expectations with the person who attends the ACP training?	3.51 (0.91) 1 – 5	2.61 (0.60) 1 – 3
(7) Your ability to support the person who attends ACP training?	3.9 (0.84) 1 – 5	2.61 (0.56) 1 – 3
(8) Your home's ability to promote and support ACP?	3.75 (0.91) 1 – 5	2.56 (0.54) 1 – 3
(9) Your overall understanding of ACP?	3.66 (0.73) 1 – 5	2.73 (0.58) 1 – 3

The question asked participants to rate their home's policies and procedures in terms of promoting and supporting ACP. Responses were recorded on a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). A follow-up question asked if administrators were planning to develop or revise any policies or procedures related to ACP. Responses to these questions are summarized in Table 15.

Results suggest that administrators generally rated their home's policies and procedures as good in terms of promoting and supporting ACP while at the same time reporting that they plan to develop or revise their ACP policies or procedures.

Table 15: Administrator Ratings of Home Policy and Procedure

Questions	Mean (Standard Deviation) Range
How would you rate your home's policies and procedures in terms of promoting and supporting ACP?	3.04 (0.9) 1 – 5
Do you plan to develop or revise any policies or procedures related to ACP? Yes	91.4% (85)

The final question asked administrators to share any information they would like with the facilitators of the ACP session.   Administrators took the opportunity to complement the session and generally were positive about their experience (see Table 16).

Table 16: Administrator Feedback to ACP Session Facilitators

▪ Positive comments made about session / facilitators / program (20)   ▪ Need to improve communication (5)   ▪ Need more resources / staff (2)

ACKNOWLEDGEMENTS

There are a number of individuals and groups who contributed to this evaluation. I would like to thank the Initiative #7 Work Group, the Alzheimer Society of Ontario, and the representatives from the Ontario Seniors' Secretariat for their assistance with the development and implementation of the evaluation.   As well, thank you to those who participated in the educational activities and completed evaluation forms.

I would also like to extend my gratitude to the following individuals for their assistance with the administrative and data management aspects of the evaluation:

Kirstin Stubbing   Teresa Leung
Michelle O'Brien   Laura Wheatley
Karen Lin

For further information or questions about the Initiative #7 evaluation, please contact:

Carrie McAiney, PhD
Assistant Professor, Dept. of Psychiatry & Behavioural Neurosciences
McMaster University
&
Evaluator, Geriatric Psychiatry Service
St. Joseph's Healthcare Hamilton
Centre for Mountain Health Services
Email: mcaineyc@mcmaster.ca
Phone: (905) 388-2511, ext. 6722