Barriers and Facilitators of Implementing a Pragmatic Trial to Improve Advance Care Planning in Two Large Nursing Systems

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BACKGROUND

- Advance care planning (ACP) has the potential to promote more preference-based, higher quality, and cost-effective care among nursing home patients.
- To achieve widespread improvements, effective and scalable ACP interventions in this setting are needed.
- The PRagmatic trial Of Video Education in Nursing homes (PROVEn) is one of the first large pragmatic clinical trials to be conducted in nursing home care systems and intends to evaluate the effectiveness of a video ACP support program.

This report leverages PROVEn's qualitative data to examine facilitators and barriers to intervention implementation.

METHODS

- INTRODUCTION: PROVEn was conducted in 360 nursing homes (119 intervention; 241 control) owned by 2 large health care systems. Champions at each intervention facility were charged with implementing the ACP video program, including offering the video to patient/family members according to protocol-specified temporal parameters.
- STUDY DESIGN: Qualitative semi-structured interviews
- PARTICIPANTS: Data from 49 champions representing 44 purposively-sampled facilities were included in this analysis.
- DATA COLLECTION: Interviews were conducted via telephone at months 4, 9, and 15 of the 18-month intervention implementation period.

RESULTS

- Evidence Strength & Quality
- Relative Advantage
- Adaptability
- Cost
- External Policies & incentives
- Structural Characteristics
- Networks & Communications
- Implementation Climate
- Readiness for Implementation
- Compatibility
- Available Resources

INTERVENTION CHARACTERISTICS

- Process
- Characteristics of Individuals
- Knowledge & Beliefs about the Intervention
- Individual State of Change
- Engaging
- Executing
- Reflecting & Evaluating

...where in the past if they don't have written healthcare directives and if they're in the facility, in the past a lot of times they just kind of put it in a folder. Now when they're watching the video, they're like, I really need to complete these forms. You know, that video was really encouraging. I can't wait...

...some people they just say, "I don't need to see that. I don't need advance directives, I'm young, I'm not going anywhere."

Very much had...50 percent of them are not interested. Or they don't want to talk about it. Or they're not ready to talk about it. So we're not a very hand communication sometimes that we have to back off when that happens...

"I felt very prepared, because I watched every video so I knew what it was and the printed material – I was excellent going through that."

Facility-initiated customization included: sending families individual letters or newsletters with online videos (linking to “family night” of video viewing) offering snacks to patients as they viewed the video as a group.

"So I think the feedback was the best part of the training...I really, the videos are pretty self-explanatory as far as showing... you, but the challenges you run into... it was good... hearing other ones - other centers had the same challenges, and what they were doing to Aima experience those things.

DISCUSSION

- A promising ACP intervention for nursing home use may be hindered by immovable issues such as the limits of facility resources (i.e., "inner setting") and end-user characteristics (i.e., "characteristics of individuals").
- Restrictions imposed by the research context, (i.e., "outer setting"), even within pragmatic trials, may limit interoperability of whether or not implementation could be successful in the real world.
- Customizable implementation efforts (i.e., "process") may represent the most modifiable for optimizing implementation.
- Limitations of this study include: 1) minimal information was collected on champion demographics; 2) analysis did not encompass the interview data collected 9 months into implementation given resource constraints; and 3) we cannot claim to know whether our findings are transferable to non-profit nursing homes or not other long-term care settings.

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