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ONE CONVERSATION IS NOT ENOUGH: THE LONG-TERM IMPACT OF AN END-OF-LIFE COMMUNICATION INTERVENTION AMONG PATIENTS WITH COPD

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Aim: The aim of the project is to assess if an end-of-life communication intervention with patients with COPD led to higher long-term documentation of advance care planning discussions at the end-of-life.

Background: We previously demonstrated that providing clinicians a patient-specific feedback form about patients' communication preferences improved the occurrence and quality of clinician communication about end-of-life care.

Methods: Among those individuals enrolled in the intervention study (2004-2007) who had died during the follow-up period (up to 2013), we assessed if patients in the intervention arm had more goals of care discussions and formal advance directives completed as compared to controls. We conducted logistic models accounting for provider level clustering, adjusting for age, FEV1 and race.

Results: Among the 376 patients, 157 died (76 in the intervention arm, 81 controls). Over an average duration of 3.6 years (time of the first study appointment to death), 73% patients engaged in 451 unique end-of-life care discussions. The intervention was not associated with a higher percentage of patients with documented end-of-life conversations (I:C 75% vs. 72%, $p=0.63$) or completion of advance care directives (26% vs. 29%, $p=0.55$).

Conclusions: Despite initially improving the occurrence of end-of-life conversations, the intervention did not increase documentation of subsequent conversations about end-of-life care, nor did it improve documentation of advance directives. Future research should focus on testing multi-faceted, longitudinal, system-level interventions to enhance conversations about goals of care that promote goal-concurrent care.

BIOGRAPHY

Lynn F Reinke has completed her PhD in Biobehavioral Science at the University of Washington, School of Nursing and a post-doctoral fellowship at the Department of Veterans Affairs. Her program of research focuses on improving the delivery of palliative care for patients with advanced, serious illnesses specifically COPD, lung cancer and multi-morbidities. She has conducted several studies testing methods to improve clinicians end-of-life communication skills for patients with advanced illnesses. She is sought out for her clinical expertise in managing patients with severe dyspnea and dyspnea crisis episodes. She has over 40 publications in peer-reviewed journals and has presented her research nationally and internationally. She is an elected member of the National Academy of Nursing and serves in leadership roles for the American Thoracic Society. She has completed her Health and Aging Policy Fellowship in 2017.

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