



## Advance Care Planning after Stroke:



### An interventional pilot study exploring the delivery of advanced care planning to stroke survivors

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**Aim:** One third of patients with stroke will die within a year, however their wishes for treatment are commonly unknown. Advance care planning (ACP) can facilitate appropriate treatment and reduce low value healthcare. The best method for delivering ACP in stroke is unknown. This study aimed to determine if face to face ACP compared to usual care could improve documentation, communication and awareness of stroke survivor wishes around end of life care. The impact of conducting face to face ACP upon patient mood and wellbeing was also assessed.

**Method:** An interventional pilot study with nonrandomised control was conducted in a rural rehabilitation unit. Twenty one participants were recruited and allocated to control (n=12) or intervention (n = 9) conditions using time sampling methods, over four months each. The control received usual ACP practices and the intervention received a face to face ACP session during their admission. Primary outcomes of communication and documentation of patient wishes were assessed using the Advance Care Planning Audit Questionnaire. Mood was assessed using the Hospital Anxiety and Depression Scale, and wellbeing with the Personal Wellbeing Index for Adults. Data was analysed with independent samples t-tests for continuous variables, Fisher's Exact Test for categorical variables and Mann Whitney U for nonparametric variables.

**Results:** Groups were comparable for baseline and stroke related characteristics. There was a statistically significant difference in patient reported (p=0.001) and documented (p<0.001) ACP, along with communication with health providers about previous ACP (p<0.001), personal values (p<0.001) and life sustaining treatments (p<0.001). There was no significant difference in anxiety (p=0.986), depression (p=0.179) or wellbeing (p=0.101) between groups.

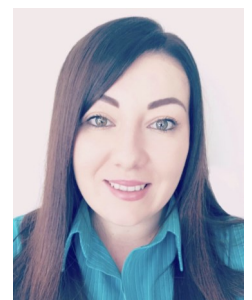
**Conclusion:** The delivery of face to face ACP with stroke survivors was more effective in achieving documentation, communication and awareness of end of life wishes compared to usual care. The process did not have adverse effects upon depression, anxiety or wellbeing.

**Implications:** This study showed that face to face ACP is both acceptable and feasible during rehabilitation for stroke survivors. This could ultimately improve awareness and clinical documentation around the future care wishes, ensuring that end of life care is valuable and patient centred. This pilot study will inform the intervention of the larger Plan, Assess, Understand Survival: After Stroke study.

**Keywords** Advance Care Stroke, Palliative Care, Planning, Affect, Communication,

***For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'***

Melanie Malpass is a Speech Pathologist working for Hunter New England Health with the Aged Care and Rehabilitation Service in Taree. For the past 7 years she has provided speech pathology service to adults in sub-acute and community settings. Melanie completed a Master of Health Science (Stroke Specialisation) in 2013 and has strong interest in improving the provision of effective, client centred healthcare for patients with stroke.



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