

## **Nurse manager's perspectives of structural and process characteristics related to resident's advance directives in nursing homes**

### **BACKGROUND**

A number of federal initiatives such as the OBRA Act of 1987, the 1990 Patient Self-Determination Act, and the recent implementation of the Minimum Dataset 3.0 assessment require nursing homes (NHs) to inform and encourage residents to have Advance Directives in place. Establishing ADs as part of ACP has become an important measure of quality of care for NHs. Studies on the prevalence of these documents in NHs have indicated great variation regarding the implementation of advance directives (ADs).

### **THE STUDY**

This study examines the associations between nursing home structural and process characteristics and presence of advance directives and trends over 5 years of advance directives in Florida NHs.

### **STUDY METHOD**

This study reports secondary data from an annual survey of nurses (Directors of Nursing and Nurse Leaders) collected by the Florida Health Care Association (FHCA). The outcome study used 2005 survey data (n=249) to examine the structural and process characteristics in NHs that influenced the percentage of ADs in NHs. Three outcome measures of ADs (living wills, health care surrogates, and do not resuscitate orders) were used. Trend data was used to examine the prevalence of the same three advance directives for NH residents advance directives (living wills, health care surrogates, and do not resuscitate orders) over a five-year period (2005-2009). The sample included 693 NHs.

### **FINDINGS**

The structural predictors from the 2005 data included NH size measured by number of beds, number of deaths in the last month, and NH profit status.

The process predictors included from the 2005 data were staff and family involvement in ACP, number of hospice patients per month, and the presence of ethics committees.

Trends of NH residents with living wills, health care surrogate, and do not resuscitate increased from 2005 to 2009. The prevalence rates of living wills among NH residents have reportedly increased from 20.9% to 21.8%, and do not resuscitate orders have increased from 49.9% to 54.9% between 2000 and 2004.

### **POLICY IMPLICATIONS**

The presence of ADs, a necessary step to identify resident's EOL preferences and honoring ADs and achieving a good death are optimal goals for NHs, residents, and their families.

This study supports the involvement of an interdisciplinary team to work with family members in developing advance care plans to develop end of life care plans for NH residents. This study also indicates that hospice use can increase advance care planning in NHs, and should be promoted among the NH resident population,

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