Advanced Care Planning
The experiences of community palliative care clinical nurse specialists

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Background

Advanced Care planning (ACP) is a process of conversations and review between practitioners, patients and families within a framework that emphasizes patients end of life preferences and goals of care (Lovell & Yates 2014). Government policy and palliative care services promote ACP as an important component of the end of life care (EOL) (IFHP 2016). However, ACP in palliative care in Ireland is a relatively recent phenomenon and little is known about the process within an Irish context.

Aim

To describe community Palliative Care Clinical Nurse Specialist’s (CNS) experiences concerning advanced care planning (ACP) in an Irish context.

Methodology

A qualitative descriptive approach was the chosen research design.

Ethical approval was granted by the HSE Ethics Committee.

A purposive sample of 25 community palliative CNS was selected across three palliative home care teams in Ireland. 9 (n=9) palliative CNS’s were randomly selected for semi structured interviews.

A thematic content analysis was utilised according to the description by Newell and Burnard (2006). This approach allowed themes to be formulated from the data.

Findings: 3 Major Themes each containing a cluster of subthemes

Factors influencing advanced care planning

- Education, knowledge, years of experience
- Uncertainty of prognostic indicators
- Knowing the patient
- Building relationships

One approach does not fit all

Experience of disease
Understanding of disease
Shared decision making

Healthcare facilitators & barriers

- Documentation
- Resources

Conclusion

Palliative CNS’s recognise ACP as part of their role but not exclusive to palliative care.

ACP discussions are influenced by complex individual, relational and social factors.

Challenges of ACP related to the uncertainty associated with the unpredictability of disease pathways for non-malignant illnesses and diverse family dynamics.

A MDT approach to decision making facilitated ACP.

Engagement in ACP was inhibited by lack of resources and documentation.

The process is unique to each person.

Recommendations

MDT education in ACP processes is needed.

The HSE could consider designating regional co-ordinators for ACP.

Further research is needed to identify which individual, relational or social variables are the strongest predictors and whether they change across care setting.

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