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Advance Directives and the ESRD Patient: Why are They Missing?

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Advance Directives and the ESRD Patient: Why Are They Missing?

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Abstract

Problem Statement: Poor documentation of advance directives in the majority of End Stage Renal Disease (ESRD) patients is evidenced by literature and reflects a gap in providers addressing advance directives with this population.

Purpose: Does an educational intervention using “Five Wishes” by the advance practice provider, increase knowledge and intention to complete an advance directive in the ESRD population.

Conceptual and Theoretical Model: Conceptual model: Donebedian’s Quality Framework by McDonald and colleagues (2007). Theoretical model: Transitions Theory (Smith & Liehr, 2018).

Methods: A one group pre/post-test design was used. Participants were recruited from one dialysis center in Lafayette, Louisiana from February 2, 2021 - March 25, 2021 with thirty participants enrolled. Participants completed a pre/post intervention Neuro-QoL Scale v2.0 End of Life Planning (Carlozzi, 2016) instrument termed ‘HDQLIFE survey’. The advance practice provider delivered the “Five Wishes” to participants after the initial survey.

Analysis: Data were analyzed using descriptive statistics and Wilcoxon signed rank test in IBM SPSS Statistics 27 (Armonk, NY).

Results: Pre-post HDQLIFE survey T-Scores were compared for 30 participants. There was a statistically significant increase in the HDQLIFE T-scores from visit one (Mdn=41.5) to visit two (Mdn=45.2), $z = -2.962$, p -value <0.003.

Conclusion: There was a statistically significant improvement in knowledge and intention to complete an advance directive, post-“Five Wishes” education. The clinical significance warrants

further discussion, as median survey scores were below the average (i.e., T-score 50) and T-scores did not improve by 10 (SD), as would be clinically indicative of change.

Keywords: ESRD and Palliative Care, ESRD and Advance Directives, Advance Directives and Chronic Disease

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