

# Advanced Care Planning in Older Adults Prior to Surgery

Brian Honeyman MD PhD<sup>1</sup>, Rebecca Kalman MD<sup>1</sup>, Rebecca Hutchinson MD MPH<sup>1</sup>  
<sup>1</sup>MMC, Division of Palliative Medicine

## Introduction

- In 2010, 19.2 million procedures were performed in patients >65 years of age
- Older adults are more likely to be frail and have more comorbid illness leading to more postoperative complications
- Surgical and geriatric societies are partnering to optimize surgical care of older adults
- Objective: To increase understanding of the state of pre-surgical advanced care planning which may show the need for low impact but high value changes in patient care

## Methods

- Retrospective cross-sectional analysis of the 480 patients greater than 65 years of age seen at the Pre-operative Readiness Education Program (PREP) clinic (2017-2019)
- Patient characteristics included demographics, functional status, severity of illness, and risk of mortality
- Outcomes included length of stay, disposition, palliative medicine consultation, and rate of surgical complications
- Advance care planning documents were reviewed for content and timing of completion/EMR documentation

## Results

- 153 (32%) patients had ACP documented in the EMR prior to surgery
- Of those with previously completed ACP, 62 (29%) were not uploaded in the EMR prior to surgery
- Timing of ACP completion did not modify ACP content
- Those with prior ACP were more likely to be older
- Presence of ACP did not differ on gender, functional status, and comorbidity burden.
- The majority of patients did not have a palliative medicine consultation or a change in code status prior to discharge
- Those with a higher initial Charlson Comorbidity Index had a statistically significant higher length of stay

# Less than 1/3 of older adults had advance care planning documentation at the time of surgery



## Graphs and Figures

Table 1: Demographics and Baseline Characteristics of Patients by Advance Care Planning Documentation

	Number (%)			P Value
	Total (N = 480)	No ACP Documentation (N = 326)	Prior ACP Documentation (N = 154)	
<b>Age</b>				
65-69	121 (25)	94 (19.58)	27 (5.63)	<0.01
70-74	122 (25)	85 (17.71)	37 (7.71)	
75-79	100 (21)	65 (13.54)	35 (7.29)	
80-84	83 (17)	49 (10.21)	34 (7.08)	
>85	54 (11)	33 (6.88)	21 (4.38)	
<b>Sex</b>				
Male	279 (58)	198 (41.25)	81 (16.88)	0.09
Female	201 (42)	128 (26.67)	73 (15.21)	
<b>Metabolic Equivalents</b>				
<4	74 (15)	237 (56.05)	11 (26.37)	0.94
>=4	347 (72)	50 (11.88)	24 (5.7)	
<b>Charlson Comorbidity Index</b>				
0	44 (9)	34 (7.08)	10 (2.08)	0.43
1	62 (13)	39 (8.13)	23 (4.79)	
>2	374 (78)	253 (52.71)	121 (25.21)	
<b>Length of Stay</b>				
1	189 (39)	136 (28.33)	53 (11.04)	0.62
2	72 (15)	42 (8.75)	30 (6.25)	
3-5 days	133 (28)	87 (18.13)	46 (9.58)	
5+ days	86 (18)	61 (13.71)	25 (5.21)	
<b>Discharge Location</b>				
Home or Self Care	234 (49)	164 (34.17)	70 (14.58)	0.3
Home Health Care Svc	123 (26)	81 (16.88)	42 (8.75)	
SNF/Rehab	121 (25)	81 (16.88)	40 (8.33)	
Hospice	2 (0.4)	0 (0)	2 (0.42)	
<b>Clavien Dindo</b>				
Grade I	405 (84.4)	4 (0.83)	3 (0.63)	0.25
Grade II	7 (1.5)	34 (7.08)	16 (3.33)	
Grade IIIa	50 (10.4)	3 (0.63)	1 (0.21)	
Grade IIIb	4 (0.8)	3 (0.63)	0 (0)	
Grade IVa	3 (0.6)	7 (1.46)	2 (0.42)	
Grade IVb	9 (1.9)	2 (0.42)	0 (0)	
Grade V	2 (0.5)	0 (0)	0 (0)	

Fig 1: Uploading to EMR of ACP Prior to Surgery

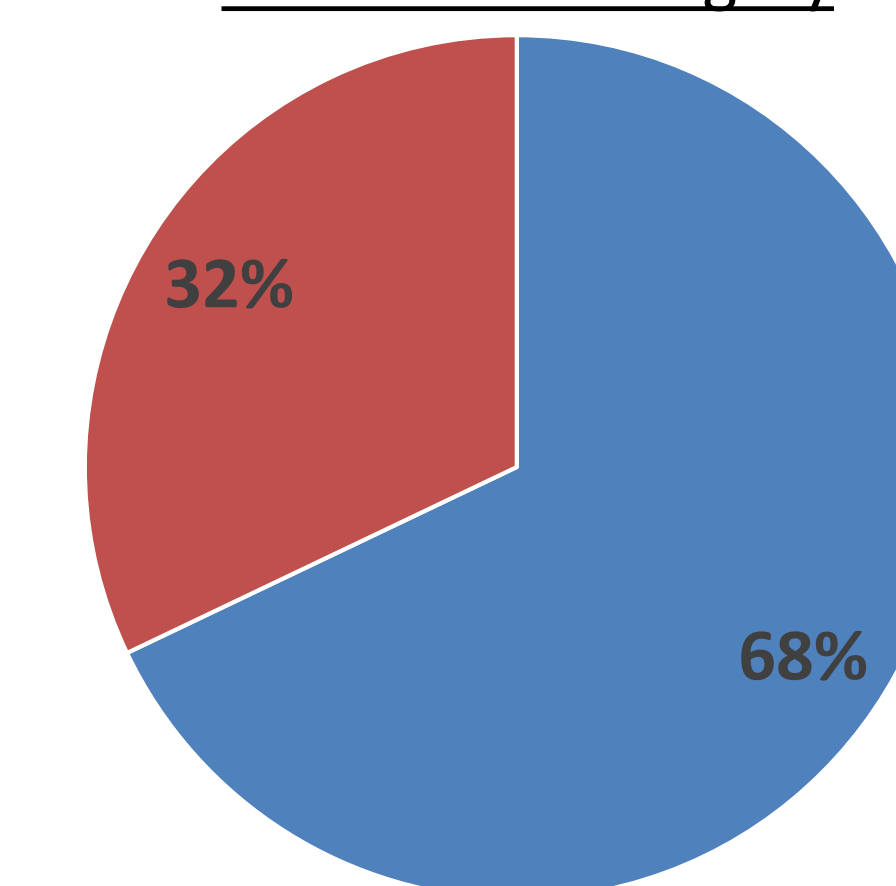


Fig 2: Completion of ACP Prior to Surgery

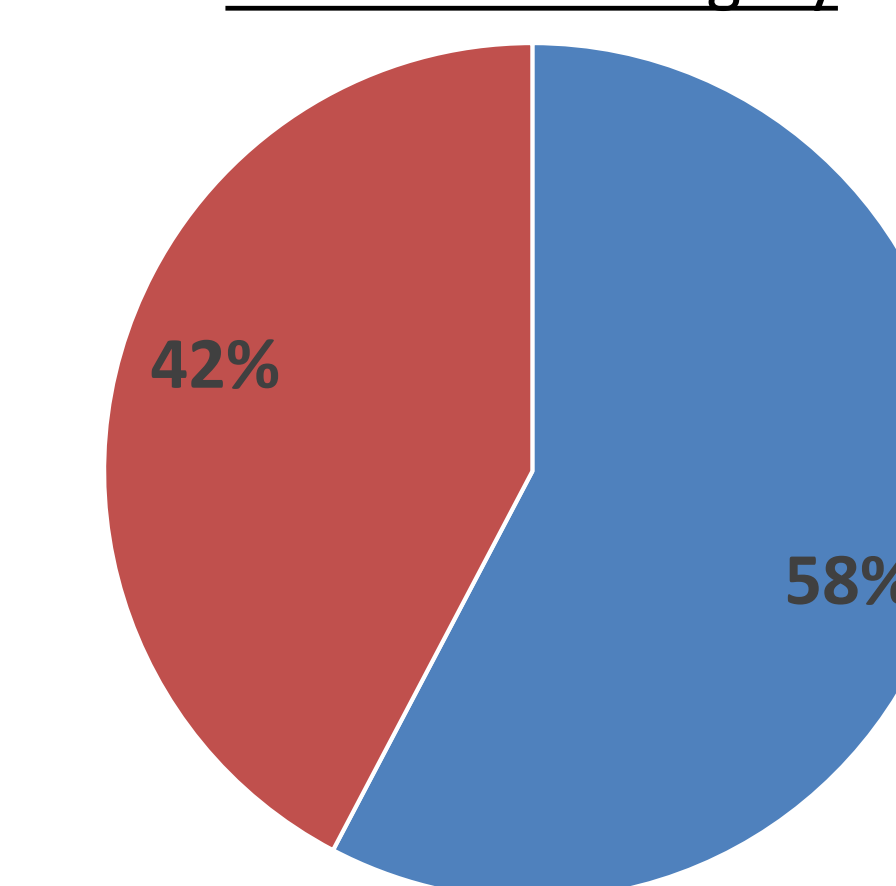


Fig 3: Timing of EMR Upload of Known ACP Documentation

