QI Project on Advance Directive Education and Documentation

Authors
Connie Edelen, MD, Niki Koesel, ANP, ACHPN, FPCN, Catherine Hall, LCSW, Melissa Waller, RN

Background
• Advance care planning allows individuals to make decisions about their future healthcare that are consistent with their values and can be documented in legal forms called advance directives (AD).
• Oncology Care Model (Centers for Medicare and Medicaid Services) and ASCO’s Quality Oncology Practice Initiative recommend AD documentation by third visit.
• At LCI’s palliative medicine clinic, we identified a gap in tracking AD education and eventual completion in the EHR.

Methods
• All new patients to an outpatient oncology palliative medicine clinic in Q4 2015 were included.
• Physicians /ACPs were provided a bright intake sheet as a prompt to offer viewing of a 3-minute educational advance directive video.
• Following the video viewing, the clinic social worker provided additional education and assisted with completion of HCPOA and/or living will.
• AD conversations, desire to complete documents, or pre-existing ADs were tracked in an electronic spreadsheet by clinic staff.
• The spreadsheet was reviewed in daily team huddles prior to subsequent visits to prompt follow-up conversations.
• If AD documents were previously completed, a note was placed in the scheduling system which triggered staff to ask patients to bring any completed documents during appointment reminder calls.

Results
84 new patient visits occurred during the QI project period.
56% received video education on the first visit.
88% of new patients received both AD conversation and video education.
29% completed AD documents within 3 visits.
12% increase in recording rate of AD for both new and established patients.

Conclusions
• AD educational videos, a system to remind patients to bring copies of ADs to clinic, and tracking AD conversations resulted in a higher rate of document completion and EHR recording.
• The project increased team awareness for AD education and completion among established patients.
• Similar models could be effective for outpatient practices that care for individuals with serious illness.

References

Figure 1: Advance directive tracking and completion process

Figure 2: Advance directive completion rate for entire clinic

Figure 3: Advance directive education completion rate in intervention group

Objectives
To determine if incorporating an AD educational video into new outpatient clinic visits, tracking of AD conversations, and status of document recording would increase completion and EHR recording rate of AD documentation within three visits.