Quality Improvement: Improving Discussion and Documentation of Advance Directives in an Outpatient Setting

Amanda Brenner, PGY3, Elizabeth Bogaty, PGY3, Anjan Parghi, MD
HCA Florida Orange Park Hospital

Background

Advance Care Planning (ACP) is an ongoing process in which patients can express goals and priorities of end-of-life care. ACP discussions, along with appropriate documentation, improve quality of care, as this information mitigates future difficult end-of-life decisions and therefore, reduces costs and overall poor outcomes. ACP discussions enhance coordination of care across health systems and documentation of advanced directives does not correlate with increased mortality. While evidence supports the benefit of ACP on patient outcomes, there is no evidence to guide optimal frequency and when to begin discussions and documentation. Studies on barriers to ACP show a need for interventions that are easily routinely integrated into time-pressured clinic workflows without the burden of extra documentation. Unfortunately, ACP documentation was poorly underrepresented in the HCA Orange Park Family Medicine outpatient clinic.

Objective

The purpose of this project was to increase ACP discussion and documentation among patients 50 years or older in an out patient clinic.

Methods

- Two Peer-to-Peer Lectures
- Educational Pamphlet
  - ACP definitions
  - Guidance on completing advance directives
  - Additional resources

Results

<table>
<thead>
<tr>
<th>Chart Review:</th>
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<tbody>
<tr>
<td><strong>Documented ACP</strong></td>
</tr>
<tr>
<td>Prior ACP QI</td>
</tr>
<tr>
<td>2 of 200 charts</td>
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<tr>
<th>Resident Interviews:</th>
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<tbody>
<tr>
<td><strong>ACP knowledge</strong></td>
</tr>
<tr>
<td>Prior ACP QI</td>
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<tr>
<td>Reported minimal to moderate</td>
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<tr>
<td><strong>ACP confidence</strong></td>
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<tr>
<td>Prior ACP QI</td>
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<td>Reported minimal</td>
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Discussion

Residents were interviewed after their ACP discussions and reported a significant increase in confidence to initiate such conversations and the ability to identify potential care gaps. The quality of education material was assessed and participant feedback was obtained for improvement and reimplementation. The educational presentation will be implemented annually and the pamphlet will be given to providers and patients as frequently as needed in clinic. ACP documentation may also become a care guideline in order to sustain longevity.

Conclusion

Family Medicine residents reported a significant increase in confidence to initiate ACP conversations and appropriately document patients’ ACP in the EHR.

There was a significant increase in ACP documentation after QI implementation.

References


Khan NS, Massare, J, Hussain N, McGuire M, Collburn, J. The Effectiveness of a Quality Improvement Project for Advance Care Planning among Older Adults. HVPAA National Conference. 2018.


