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

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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

Types of advance directives

Common end of life issues

The role of the healthcare provider

Educational Pamphlet

ACP definitions

Guidance on completing advance directives

Additional resources

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Results

Chart Review:

	Prior ACP QI	After ACP QI
Documented ACP	2 of 200 charts	107 of 200 charts

Resident Interviews:

	Prior ACP QI	After ACP QI
ACP knowledge	Reported minimal to moderate	Reported moderate to extensive
ACP confidence	Reported minimal	Reported moderate

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 re-implementation. 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.

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