

Improving the Quality of Discussion and Documentation of Advance Care Directives in a Community-Based Resident Primary Care Clinic

Authors : Jason Ceavers, Travis Thompson, Juan Torres, Ramanakumar Anam, Alan Wong, Andrei Carvalho, Shane Quo, Shawn Alonso, Moises Cintron, Ricardo C. Carrero, German Lopez, Vamsi Garimella, German Giese

Abstract : Introduction: Advance directives (AD) are essential for patients to communicate their wishes when they are not able to. Ideally, these discussions should not occur for the first time when a patient is hospitalized with an acute life-threatening illness. There is a large number of patients who do not have clearly documented ADs, resulting in the misutilization of resources and additional patient harm. This is a nationwide issue, and the Joint Commission has it as one of its national quality metrics. Presented here is a proposed protocol to increase the number of documented AD discussions in a community-based, internal medicine residency primary care clinic in South Florida. Methods: The SMART Aim for this quality improvement project is to increase documentation of AD discussions in the outpatient setting by 25% within three months in medicare patients. A survey was sent to stakeholders (clinic attendings, residents, medical assistants, front desk staff, and clinic managers), asking them for three factors they believed contributed most to the low documentation rate of AD discussions. The two most important factors were time constraints and systems issues (such as lack of a standard method to document ADs and ADs not being uploaded to the chart) which were brought up by 25% and 21.2% of the 32 survey responders, respectively. Pre-intervention data from clinic patients in 2020-2021 revealed 17.05% of patients had clear, actionable ADs documented. To address these issues, an AD pocket card was created to give to patients. One side of the card has a brief explanation of what ADs are. The other side has a column of interventions (cardiopulmonary resuscitation, mechanical ventilation, dialysis, tracheostomy, feeding tube) with boxes patients check off if they want the intervention done, do not want the intervention, do not want to discuss the topic, or need more information. These cards are to be filled out and scanned into their electronic chart to be reviewed by the resident before their appointment. The interventions that patients want more information on will be discussed by the provider. If any changes are made, the card will be re-scanned into their chart. After three months, we will chart review the patients seen in the clinic to determine how many medicare patients have a pocket card uploaded and how many have advance directives discussions documented in a progress note or annual wellness note. If there is not enough time for an AD discussion, a follow-up appointment can be scheduled for that discussion. Discussion: ADs are a crucial part of patient care, and failure to understand a patient's wishes leads to improper utilization of resources, avoidable litigation, and patient harm. Time constraints and systems issues were identified as two major factors contributing to the lack of advance directive discussion in our community-based resident primary care clinic. Our project aims at increasing the documentation rate for ADs through a simple pocket card intervention. These are self-explanatory, easy to read and allow the patients to clearly express what interventions they desire or what they want to discuss further with their physician.

Keywords : advance directives, community-based, pocket card, primary care clinic

Conference Title : ICPCHQL 2022 : International Conference on Palliative Care, Hospice and Quality of Life

Conference Location : New York, United States

Conference Dates : June 02-03, 2022