Improve Rates of Advance Directive Documentation
Contact

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Advance Directives: The Purpose

• An opportunity to open ongoing dialogue between patient, MD and family regarding advance care planning
• Facilitate patient control over future medical decisions
• Pertain to periods of incapacity for medical decision making
• Closely related to concept of patient autonomy
Advance Directives: A Menu for Personal Selection In Texas

1. Directive to physicians

2. Out of Hospital Do Not Resuscitate Order (OOH) DNR

3. Medical Power of Attorney—*the priority document*
Advance Care Planning and Best Practice Guidelines

Put It in Writing

• “An Advance Directive is Your Life on Your Terms”
• Key resources to enhance educational interventions and raise awareness
  • American Hospital Association,
    • American Bar Association
• [http://www.putitinwriting.org](http://www.putitinwriting.org)
• [www.Texaslivingwill.com](http://www.Texaslivingwill.com)
Majority of patients prefer discussion:

- Initiated by MD
- Early in patient-MD relationship
- In outpatient setting while healthy
- With diagnosis of life-threatening illness

Efficacy of Advance Directives: Lost Opportunities

• Discussion often delayed due to emotional distress inherent in discussing end-of-life issues, individual then seriously ill and/or no longer has decisional capacity

• Lack of MD involvement in AD completion: adequate informed consent and refusal???
The Team

Team Members

- CS&E Participant - Yanping Ye M.D
- LVN Team Member - Stephanie Gilliam
- MA Team Members – Mary Amesquita, Bianca McCumbers, Maribel Trujillo
- Facilitators - Wayne Fischer, PhD; Amruta Parekh

Sponsor

- M.D. – SOT/Chair/Professor
To increase the completion rate of advance directive documentation (Patient completed package and the file was scanned into EMR) by 10% by April 16, 2010 at the Nix Senior Clinic.
Background Data

- Advance directive documentation is a compliant requirement for hospital based clinics by CMS, JACHO.
- Advance directive completion rate is low in our clinic.
- Advance directive completion rates varies among providers.
- Information are not found in system after completion.
Physician Knowledge Base
Not Enough Time to Discuss it During Visit
Lack of Information of Previous Discussion
Fear of Making Decision
Forget to Return Completed Document
Not Compliant
No Reminder in System Flag Pt Due
Can’t Find Information in System
Completed Document is Not Stored
Medical Record / EMR

Patient / Caregiver Knowledge Base
Fear of Making Decision
Forget to Return Completed Document
Not Compliant
Language Barrier
Comfort level about discussion
Lack of Reminder from Nursing Stuff
No Reminder in System Flag Pt Due
Can’t Find Information in System
Completed Document is Not Stored
No Consistency in Sending out Document
Inefficiency
Knowledge Base
Lack of Advance Directive Education
Staff Shortage
Not Storing Document
Clinical Support Staff

Communication Issue Lack of conversation between patients and providers
Lack of communication skills
No social workers followed up
Not knowing patients’ perception
Advance Directive Completion

Cause-and-Effective Diagram
Intervention: Cycle 1

Increasing Advance Directive awareness level

- Focus: Staff role in care coordination
- Focus: MD awareness of patient’s advance directive status
Educational Intervention

- Targeted educational sessions
- Acknowledging and validating concerns about Advance Directives
Technology Intervention

Please press the CTRL and Print Screen buttons simultaneously after pulling up EMR website and paste here
Allergies: N/A

Past Encounters

Medical History
Major illnesses/conditions requiring medical attention: cataracts, myocardial infarction, hypertension. I have reviewed & edited the students PF/SH entries as appropriate.

Surgical History
Eye - cataract surgery left.

Social History
Current living arrangements: living alone. tobacco use - former smoker. alcohol use - non drinker. activities of daily living (ADL's) - patient is independent in all ADL's. Patient can perform the following ADL's - uses telephone: requires assistance; shops: requires assistance; cooks: requires assistance; cleans: independently; does laundry: independently; transports: travels with assistance, medications responsible for own medications; diet - meals per day one: education - grade completed 9. advance directives - Patient a DNR directive.

Allergies: No known drug allergies

Current Medications:
- Centrum Silver QD (Daily)
- Docusate sodium 100 mg capsule 1 capsule(s) QD (Daily), Start Date: 02/19/2009
- Enalapril Maleate 10 mg Tablet 1 tablet(s) QD (Daily), Disp. 60 RR #6, Start Date: 02/06/2009
- Mirtazapine 30 mg Tablet Take 1 tablet at bedtime, at bed time daily, Disp. 90 RR #2
- Risperdal (risperidone) 0.5 mg Tablet QD (Daily), Disp. 60 RR #6, Start Date: 02/06/2009
- Vitamin D (ergocalcetophorin vitamin d2) 50,000 unit capsule Take 1 capsule once a week, Disp. 12 NR

Review of Systems:
CONSTITUTIONAL SYMPTOMS: denies fever, chills, fever, chills or night sweats, malaise, sudden weakness.
EARS, NOSE, THROAT: mouth and throat: denies difficulty chewing, difficulty swallowing, see HP.
CARDIOVASCULAR: denies orthopnea, PND or chest pain. see HP.
GASTROINTESTINAL: denies incontinence, diarrhea, excessive flatulence, fecal incontinence, gallstones, jaundice, loose stool, mouth, nausea, rectal bleeding, swallowing pain, vomiting; see HP.
NEUROLOGICAL: denies paralysis.
PSYCHIATRIC: behavior - no aggressive or agitation behaviors noted.
ENDOCRINE: denies excessive hunger or sweating, cold intolerance, excessive hunger, excessive sweating, polydipsia, polyphagia. see HP.

Vitals:

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Outcome Measurement

Scanned Advance Directive document in EMR system

- Directive to physicians
- Out of hospital DNR
- Medical power of attorney
Result

Preintervention data

Week of 8/3/2009 to 10/26/2009

% Patients Documentation Completed + Filed

Percent:
- UCL = 79.183
- CL = 45.763
- LCL = 12.342

Week of:
- 8/3/2009
- 8/10/2009
- 8/17/2009
- 8/24/2009
- 8/31/2009
- 9/7/2009
- 9/14/2009
- 9/21/2009
- 9/28/2009
- 10/5/2009
- 10/12/2009
- 10/19/2009
- 10/26/2009
Postintervention Data

p chart showing % giving back

Time period

Send out

UCL

CL

LCL

0.971

0.575

0.179
Lesson learned

• Administrative support: Stability of staffs

• Incentive for QI project: Staff time

• IT support: Update Advance Directive status in the system, better way to find document

• Continuing educational intervention
Expansion of Our Implementation

Act

Initiative our implementation into EPIC system, expand our project into other UT medicine outpatient clinics

Carrying Advance Directive document when patient is discharged from hospital

Initiative of our implementation into nursing homes transfer form, improve the quality care of transition
Return on Investment

CMS/JACHO compliance

Patient autonomy

Quality improvement during transitions care for elderly

Potential financial savings: Avoid unnecessary ICU admission/transfer and life sustaining treatment
• 6% of Medicare recipients who died in 1978 and 1988 accounted for 28% of all costs
• 77% of the Medicare decedents’ expenditures occurred in the last year of life, 52% of them in the last 2 mo, and 40% in the last month.
• Inpatient expenses accounted for over 70% of the decedents’ use advance directives and hospice could save 25 to 40% of health care costs of the patients during the last month of life
What’s Next

1. Obtain institutional support for QI project

2. Increase educational interventions: grand round, mock role play, video educational program in waiting room

3. Work with IT personnel

4. Save the cost: online form www.texaslivingwill.com
Literature Reference

- Michael A Lamantia; Interventions to improve transitional care between nursing homes and hospitals: A systemic review. JAGS 58 777-782, 2010

- John M. Luce etc; Can Health Care Costs Be Reduced by Limiting Intensive Care at the End of Life? AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE VOL 165 2002

- Literature review on Advance Directive: U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy
