

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>
- www.Texaslivingwill.com

Advance Directives: What Patients Want*

Majority of patients prefer discussion:

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

*JohnstonSC, et al. The discussion about advance directives: Patient and physician opinions regarding when and how it should be conducted. *Arch Intern Med*;1995;155.

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



What We Are Trying to Accomplish?

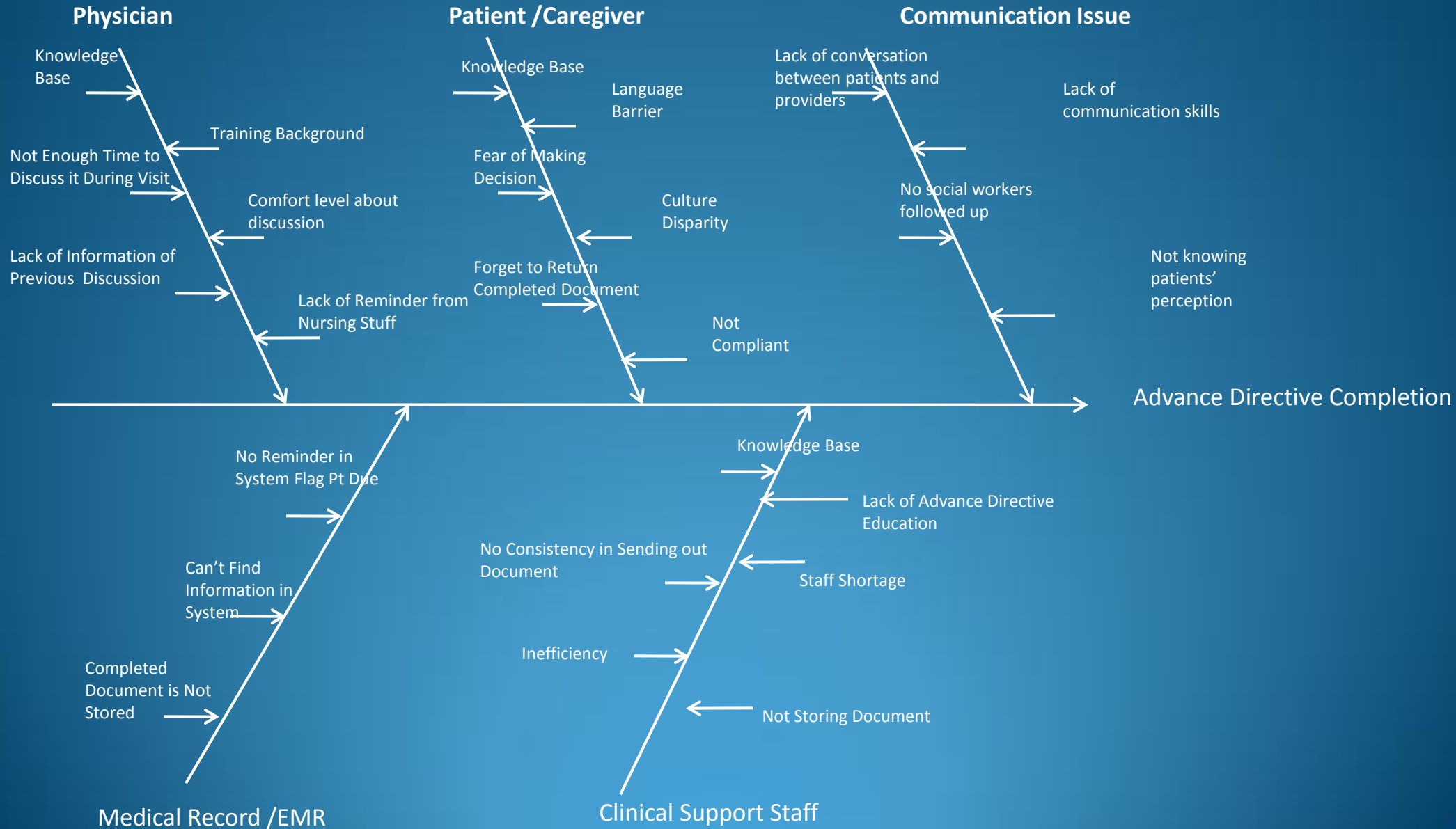
OUR AIM STATEMENT

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.

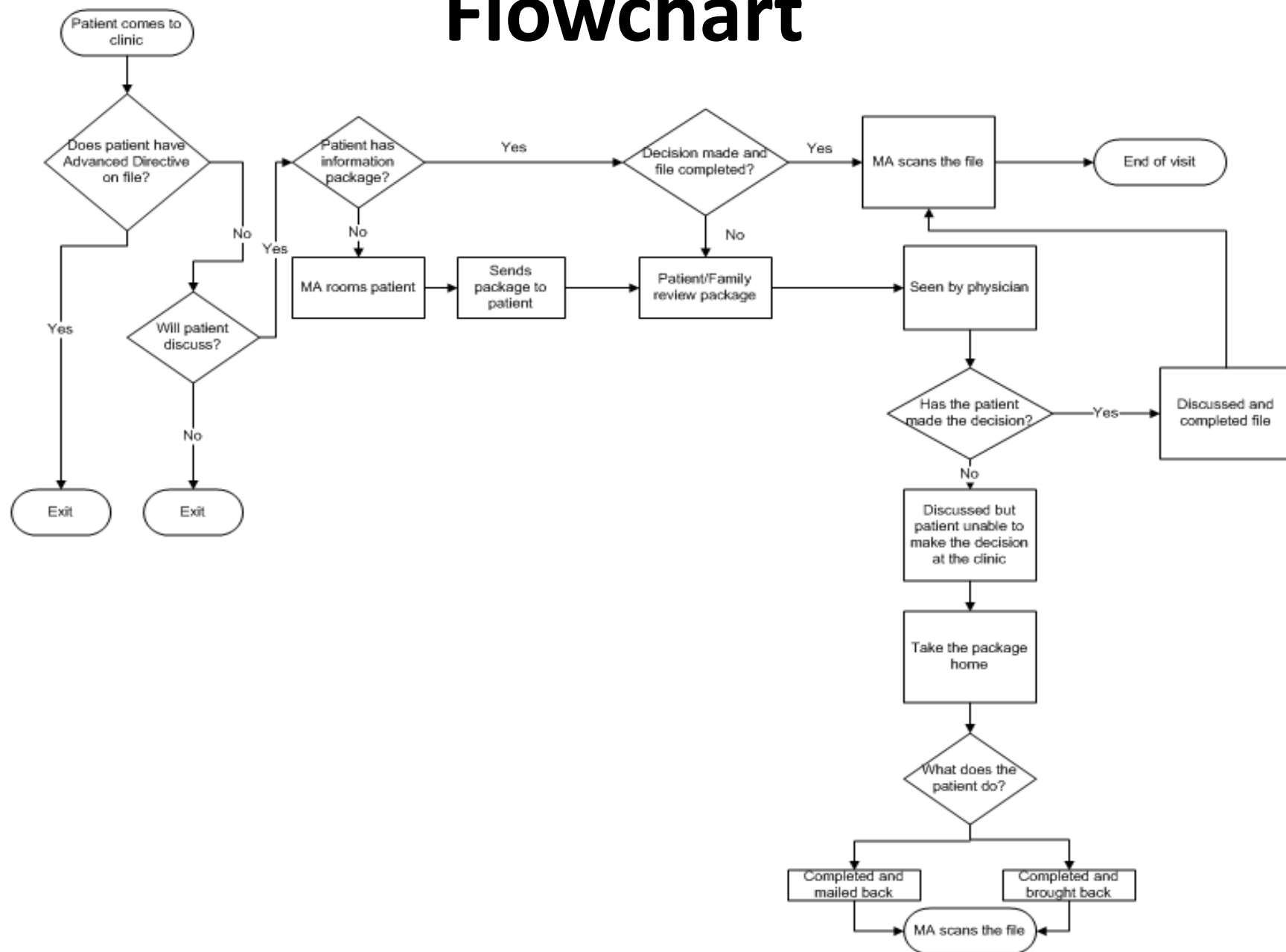
Background Data

- 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

Cause-and-Effective Diagram



Flowchart



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 pulling up EMR website and paste here

Sevacity v. 08

Yanping Ye, MD @ Nix - UT Medicine Senior Care Services

Refills (4) Rx Pending (0) Rx Need Signing (13)

Desktop > Chart > Encounter (Nix - UT Medicine Senior Care Multi System 12/06/2009)

Note Display

HPI

Past History

Allergies / Meds Hx

Review of Systems

Vitals

Flowsheets / Labs

Physical Exam

Studies

Assessment

Medications

Orders / Procedure

Immunizations

Plan / Disposition

Carbon Copy

Coding

Attachments

Encounter 12/06/2009

Allergies: NKDA

Current Medications:

Actonel (risedronate) 35 mg Tablet Take 1 tablet(s) as directed, take with water once a week on an empty stomach, remain upright for, Disp. 12 Rfl #6, Start Date: 09/10/2008

Aspirin 81 mg Tablet OD (Daily), Disp. 100 Rfl #6, Start Date: 04/11/2008

Azithromycin 500 mg Tablet Take 1 tablet(s) One time, Start Date: 04/27/2009

Fosamax (alendronate) 35 mg Tablet Take 1 tablet(s) Q1wk, Start Date: 09/10/2008

Ibuprofen 800 mg Tablet NIGHTLY, Disp. 90 Rfl #3, Start Date: 02/06/2009

Lisinopril 5 mg Tablet QD (Daily), Disp. 90 Rfl #6, Start Date: 04/11/2008

Ryzolt (tramadol) 100 mg Tab, Multiphasic Release 24 hr Take 1 tablet once

Note Contributing Authors:

Yanping Ye, MD

Secondary Alerts

Advanced Directive, Due: NOW

Breast cancer screening, Due: NOW

Colorectal cancer screening - colonoscopy, Due: NOW

Influenza, Due: NOW

OK

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Yahoo! Search

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Sevocity v. 08

Yanping Ye, MD @ Nix - UT Medicine Senior Care Services

Refills (4) Rx Pending (0) Rx Need Signing (13)

Desktop > Chart

Summary
Demographics
Referrals
Past Encounters
Imported Documents
Medications / Assessments
Flowsheets / Labs
Health Guidelines / Disease Management
Immunizations
Pending Orders

Allergies: NKDA

New Encounter Close Record Export Create Letter

Past Encounters

Medical History
major illnesses /conditions requiring medical attention - cataracts, myocardial infarction, hypertension. **I have reviewed & edited the students PFSH entries as appropriate..**

Surgical History
Eye - cataract surgery left.

Social History
marital status - widow, current living arrangements - living alone, tobacco use - former smoker, alcohol use - nondrinker, Activities of Daily Living [ADL's] - patient is independent in all ADL's. Patient can perform the following ADLs - 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 Calcium 240 mg Capsule 1 capsule(s) QD (Daily), Start Date: 02/19/2009
Enalapril Maleate 10 mg Tablet 1 tablet(s) QD (Daily), Disp. 60 Rfl #6, Start Date: 08/26/2009
Mirtazapine 30 mg Tablet Take 1 tablet at bedtime, At bed time daily, Disp. 90 Rfl #2
Risperdal (risperidone) 0.5 mg Tablet QD (Daily), Disp. 60 Rfl #6, Start Date: 08/26/2009
Vitamin D (ergocalciferol (vitamin d2)) 50,000 unit Capsule Take 1 unit 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 HPI.
CARDIOVASCULAR Denies orthopnea, PND or chest pain, see HPI.
GASTROINTESTINAL Complains of constipation. Denies melena, hematochezia or fecal incontinence, diarrhea, excessive flatulence, fecal incontinence, gallstones, jaundice, loose stools, melena, nausea, rectal bleeding, swallowing pain, vomiting blood, see HPI.
NEUROLOGICAL Denies paralysis.
PSYCHIATRIC behavior - no aggressive or agitated behaviors noted.
ENDOCRINE Denies excessive hunger or sweating, cold intolerance, excessive hunger, excessive sweating, polydipsia, polyphagia, see HPI.

Vitals:

All View Amend Design PrintL Get Next 5 Encounters

Date	Location	Provider/Finalizer	Summary	Assessments	Category
12/02/2009	Nix -UT Medicine Senior Care	Yanping Ye, MD	Alzheimer's Disease Followup, Hypertensio...	ALZHEIMER'S DISEASE, LOSS OF WEIGHT, ...	Multi-System
11/25/2009	Nix -UT Medicine Senior Care	Manbel Trujillo, MA		Telephone	Telephone
11/19/2009	Nix -UT Medicine Senior Care	Stephanie Gilliam, LVN	hypertension followup, Alzheimer's Disease	ALZHEIMER'S DISEASE, LOSS OF WEIGHT, ...	Multi-System
10/14/2009	Nix -UT Medicine Senior Care	Yanping Ye, MD	Hypertension Followup, Anxiety, Seasonal al...	*HYPERTENSION, *ALLERGIC RHINITIS, A...	Multi-System
09/30/2009	Nix -UT Medicine Senior Care	Yanping Ye, MD			

Sevocity v. 08

Yahoo! Search

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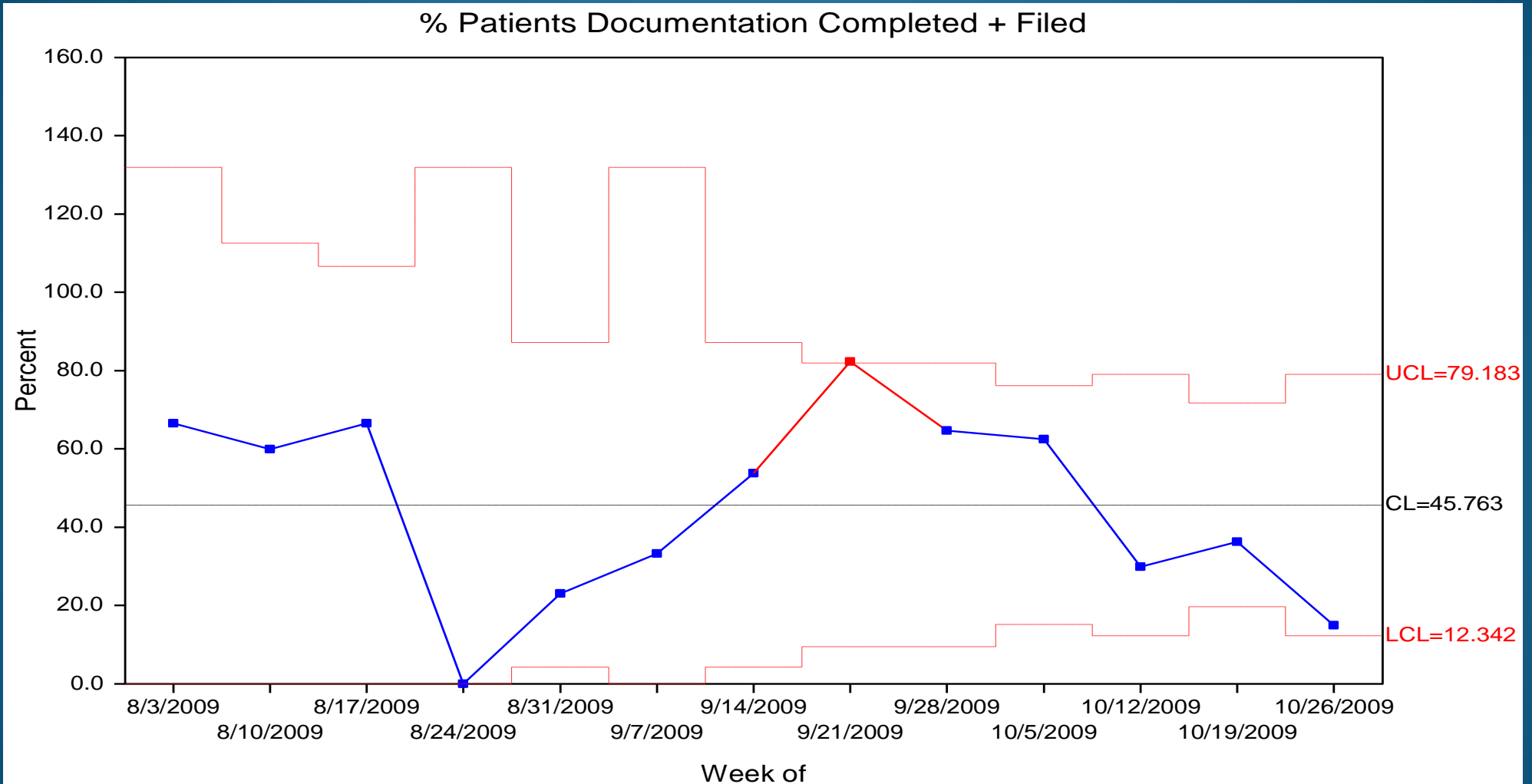
Outcome Measurement

Scanned Advance Directive document in EMR system

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

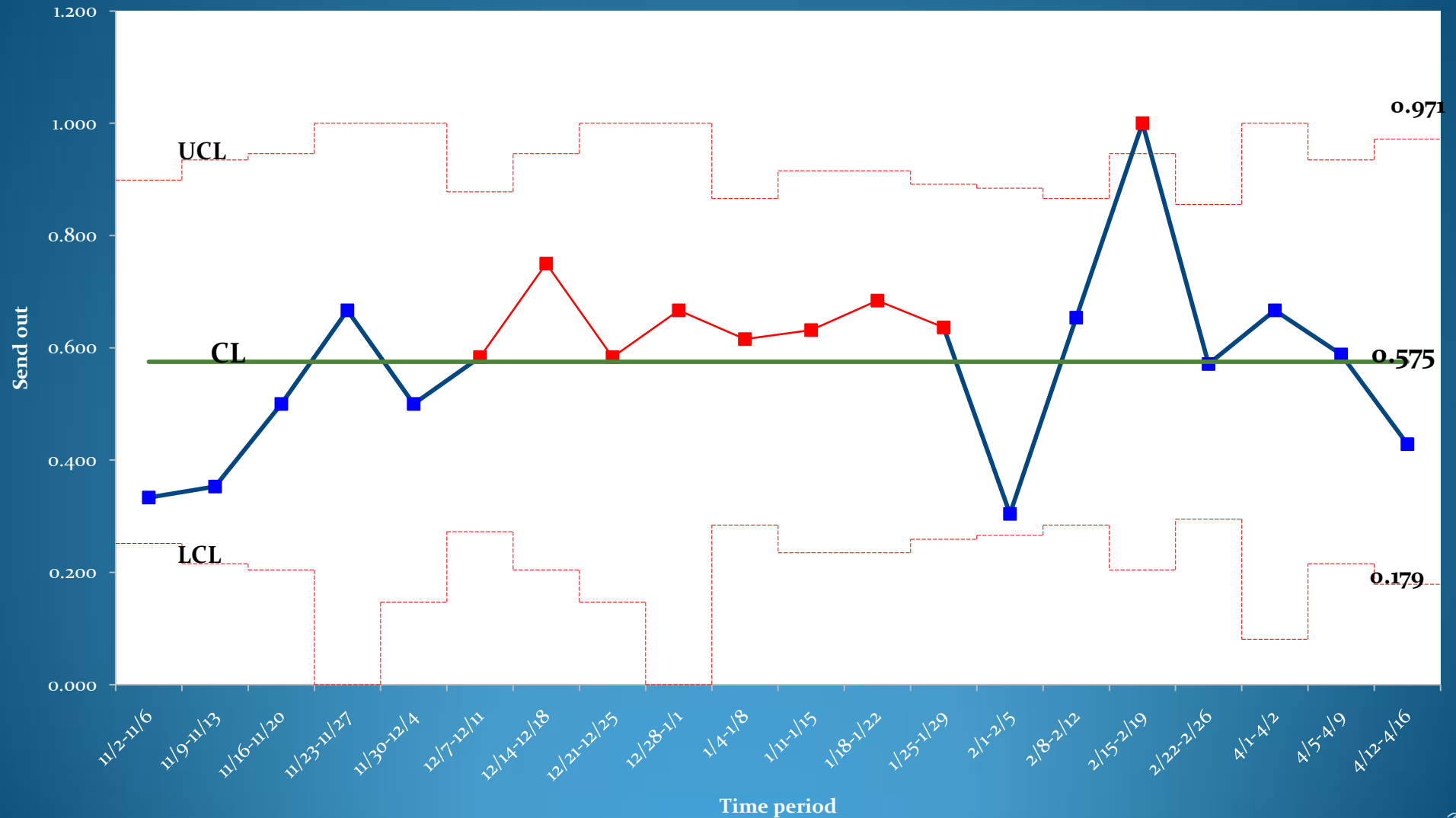
Result

Preintervention data



Postintervention Data

p chart showing % giving back



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
- Emanuel EJ. Cost savings at the end of life: what do the data show? *JAMA* 1996;275:1907-1914.

