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# Advance Directive Initiative- St. Johnsbury, VT

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# **INCREASING ADVANCE DIRECTIVE EDUCATION - ST. JOHNSBURY, VT**

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St. Johnsbury Community Health Center  
July-August 2017  
Mentor: Gidget Doty, RN**

# IDENTIFYING THE PROBLEM

- National survey in 2014 shows that 26.3% of U.S. healthcare consumers had an Advance Directive (AD)<sup>1</sup>
- Based off statistics from the U.S. Census Bureau and correlating it to VT Advance Directive Registry numbers, about 7.1% of persons aged 18 years and older have registered ADs<sup>2,3</sup>
- Studies show AD forms to be written at higher educational level than national average (11<sup>th</sup> grade vs 8<sup>th</sup> grade)<sup>4</sup>
- With University of Vermont Medical Center (UVMCC) pushing policy change and awareness of ADs in adults of all ages, St. Johnsbury Community Health Center identified similar need in Northeast VT

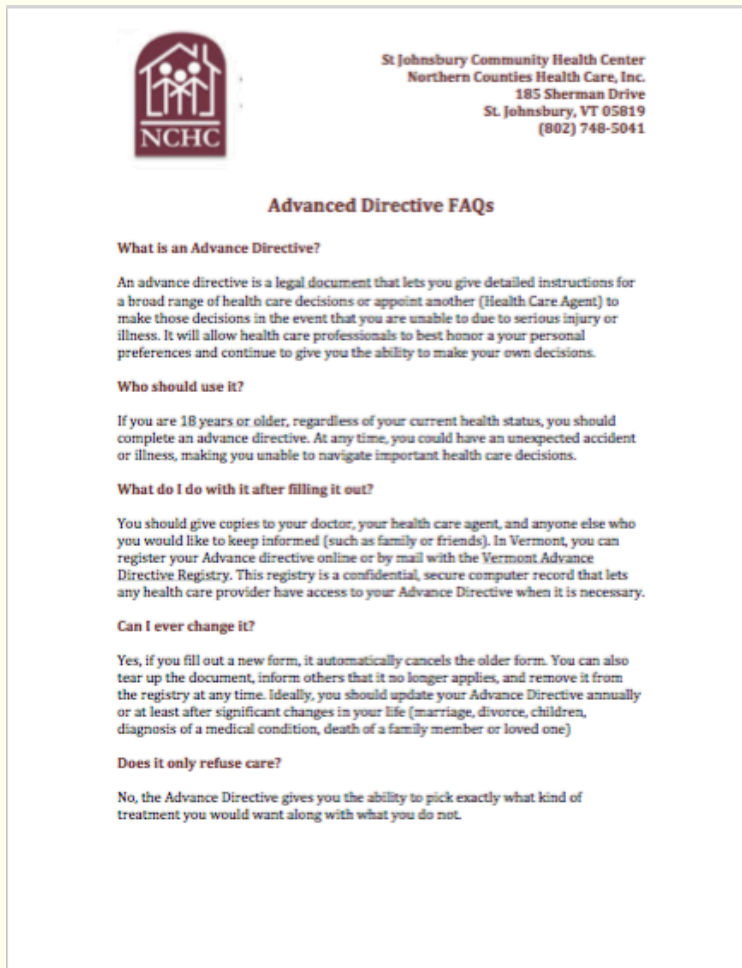
# PUBLIC HEALTH COST

- Time and resources wasted when no health care agent or AD is available to guide treatment and patient lacks capacity
- Controversy!<sup>5</sup>
  - Intended purpose of an AD is to better communicate patients' preferences at end of life (EOL)
  - Potential to reduce overall expense at EOL can become implicit goal of ADs
- Research reveals association between ADs and significantly lower levels of Medicare spending, decreased in-hospital deaths, and increased hospice care<sup>1</sup>
- How much state/federal involvement with education and funding for Advance Directives would be ethically acceptable?

# COMMUNITY PERSPECTIVE

- **Pamela Dearborn, RN- St. Johnsbury Community Health Center**
  - Both patients and providers need more education about ADs, in slightly different ways.
  - The major barrier I have noticed is the patients' fear regarding this subject. Some feel that this might mean limiting care or efforts even when they are healthy.
  - This initiative will help our FQHC better coordinate patient-centered care for our community. Whether it is our critical access hospital across the street or other community resources, knowing our patients' preferences will help us meet their needs.
- **Anonymous Ethics Liaison**
  - Current trends across the state show decades of work paying off in the form of new policies and this topic finally coming into the spotlight.
  - We offer training at health centers and practices all over VT, customizing it for providers, triage nurses, and front office staff alike, to educate them about which forms are most appropriate in a given situation and regarding the ongoing changes in state laws/legislature.

# INTERVENTION AND METHODS



- FAQ sheet created using information available via VT Ethics Network and similar policy/education changes at UVMCC.
- Use of patient-friendly terminology
- Descriptions of various forms:
  - Health care proxy
  - AD Short form
  - DNR/COLST

# RESULTS/RESPONSE

- Resulting 2-sided handout is seen on previous slide
- Copies will be made available in each patient room at health center to accompany AD forms
  - Staff feel that these forms will help guide patient discussions
- Will also be uploaded to NCHC (Northern County Health Care) external website as portrayed on the right for further access



The screenshot shows the Northern Counties Health Care, Inc. website. The header includes the NCHC logo, the company name, and the tagline "COMPLETE, COMPASSIONATE CARE FOR THE WHOLE FAMILY, IN OUR HOME OR YOURS." A toll-free number "Call Toll Free: 1 (800) 499-9405" is displayed in the top right. The navigation menu includes: HOME, ABOUT NCHC, SERVICES, LOCATIONS & PROVIDERS, HEALTH & WELLNESS RESOURCES, GIVING, CAREERS, and CONTACT US. The main content area is titled "Patient Education" and features a large image of an open book with silhouettes of people on the pages. Below the image, there is a list of health conditions: Asthma, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease (COPD), Chronic Pain, Depression, Diabetes, Expectant Mother's Program Resource List, HealthQuest, High Blood Pressure/Hypertension, Heart Failure, and Oral Health. A section titled "Click on the options below to learn more about:" lists "Asthma" and "Atrial Fibrillation (AF)".

<http://www.nchcvt.org/healthwellness-resources/patient-education/>

# EVALUATION

## ■ Effectiveness:

- Patients are shown to better digest material and follow up on topics when written information is provided in the form of handouts
- Qualitatively, currently awaiting feedback from staff and patients to gauge usefulness of this handout in their understanding of advance directives
- Quantatively, EMR will track changes in completion rates over time to see if education, policy changes, and training of staff has desired effect

## ■ Limitations:

- Time constraints did not allow me to survey patients before and after use of handout to better assess barriers and effectiveness
- Due to timeline, EMR tracking will make the educational handout and staff training confounding factors in determining how effective each method was



# FUTURE DIRECTION

- NCHC is updating their policies to reflect the new changes in advance directive forms and related laws
- Training will be completed under the guidance of the VT Ethics Network with grant funding to help providers understand which forms are appropriate in various scenarios and how to access records through online registry
- EMR modifications will be installed to track patients and measure completion rates of AD forms

# REFERENCES

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