

2019

Increasing Advance directive utilization in Hardwick, VT

Maeve Lauren Donnelly

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Donnelly, Maeve Lauren, "Increasing Advance directive utilization in Hardwick, VT" (2019). *Family Medicine Clerkship Student Projects*. 425.

<https://scholarworks.uvm.edu/fmclerk/425>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

INCREASING ADVANCE DIRECTIVE UTILIZATION IN HARDWICK, VT

By: Maeve Lauren Donnelly, MS-III

December 2018 - January 2019

Project Mentor:

Kari White, NCHC Director of Quality Initiatives/Compliance

PROBLEM IDENTIFICATION

- Advance Care Planning is a process in advance of critical illness, to help individuals plan for future medical decisions at a time when they are unable to speak for themselves [1]
 - This includes both written documentation of specific wishes and appointing a healthcare agent, who is a person to make wishes on your behalf when you are unable
- A 2017 meta analysis estimates that 36.7% of US adults had completed an advance directive. [2]
- A search of the NHCN's Electronic Health Record (EHR) shows that at the Hardwick Health Center only 5.15% of adults 18+ and 14.41% of adults 65+ have completed an advance directive.
- 90% of people say that talking with their loved ones about end-of-life care is important, yet only 27% have done so according to the Conversation Project National Survey in 2013 [3]
- 82% of people say its important to put their wishes in writing yet only 23% of actually done so according to the California HealthCare Foundation in 2012[4]

PUBLIC HEALTH COST

- Advance directive (AD) use has been associated with a lower likelihood of in-hospital deaths, significantly reduced levels of Medicare spending, and increased hospice use [5]
- However, some studies show that there is insufficient evidence to support a relationship between the presence of ADs and lower end-of-life costs[6]
- Regardless, ADs allow patients to maintain as much control over their health care as possible and increases healthcare satisfaction among patients and their family members [1]
- Resources and time are wasted when a patient lacks capacity and no AD or health care agent is available to guide treatment [7]

COMMUNITY PERSPECTIVE

Kari White, NCHC Director of Quality Initiatives/Compliance

"I think a common misconception in Vermont is that if something happens and a person is unable to make health care decisions, that it defaults to next of kin or spouse, and that's simply not true. A lot of family strife can be avoided by filling out a Health Care Agent if nothing else."

Alison Landrey, MD at Hardwick Area Health Center

Most patients are quite receptive to these conversations...often patients and/or their family members thank me for being so thorough when I ask whether they have an advanced directive or have thought about this and give them paperwork or help them fill out a COLST form together in the office.

"Time is a big challenge in the traditional office visit... as these conversations take time and there are often a lot of other competing priorities for issues to address at the patient visit. Currently, there is a Medicare code that reimburses providers to have these conversations in the office, but at Northern Counties, code is not (yet) available to use. Additionally, there isn't a systematic approach to identifying who doesn't have an advanced directive on file and who should be offered advanced directive paperwork at their visit..."

INTERVENTION AND METHODOLOGY



Take Control of Your Healthcare Decisions
Fill Out Your Advance Directive Today

Have **you** talked with your provider about filling out an **Advance Directive**?

Only 5% of Hardwick Area Health Center Adult Patients Have Completed an **Advance Directive**

Sharing Your Wishes Is Critically Important: And **You Can Do It!**

Start Taking Steps Today

1	Who's Your Person?	Are You Over 18?	➔	Appoint a health care agent , to make your <u>medical decisions</u> if you are unable
2	What's Your Plan?	Do you have specific wishes, values or a chronic illness ?	➔	Complete an advance directive with specific details for <u>health care goals and treatment priorities</u>
3	Are There Limits?	If you are critically ill , consider talking with your provider about <u>Medical Orders</u> to limit the use of life-sustaining treatment at the end-of-life		

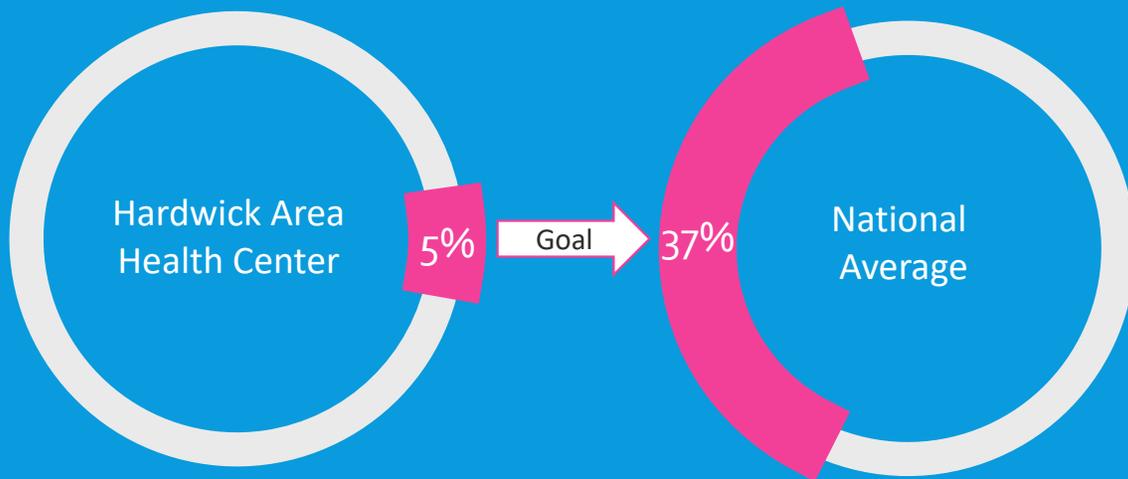
One Conversation Can Make All The Difference

Adapted from Vermont Ethics Network Taking Steps Vermont and The Conversation Project Your Conversation Starter Kit

- Educational materials and initiatives have already been implemented statewide and locally through the VT Ethics Network [7]
- Intervention was aimed at raising awareness to start the conversation and position the provider to use educational materials
- **Persuasive flyer** created to increase patient initiative
 - Combined overview of previously constructed educational materials:
 - *Vermont Ethics Network, Taking Steps Vermont*[1]
 - *The Conversation Project, Your Conversation Starter Kit*[3]
 - *BeginTheConversation.org* [8]

RESULTS/RESPONSE

Current % of Adults with Advance Directive:



- Flyer will be distributed in patient rooms, waiting room and restrooms
- Staff awareness is anticipated to increase
- Utilization of previously constructed educational materials is anticipated to increase
- Educational materials from VT Ethics Network will be accessible and available in all patient rooms

EVALUATION OF EFFECTIVENESS

- Report through Electronic Health Record (EHR) will be re-run in 3 months to assess efficacy of initiative
 - % of patients 18+ and 65+ with an indication of an Advance Directive of any kind on file in one of four places within our EHR
- Educational materials will be monitored for use to assess efficacy of initiative
- Qualitatively, awaiting staff/provider feedback on usefulness of flyer, as well as patient interest in Advance Directive discussions
- Limitations:
 - Time constraints did not allow for EHR tracking post-initiative during timeframe of project
 - Due to the high number of current interventions, feasibility of creating a script for front desk personnel was not possible at this time

FUTURE DIRECTIONS

- Hardwick Area Health Center will work towards creating an updated policy of screening for Advance Directive on file and beginning discussions about the importance of Advance Directives
- Staff will work to create a plan for beginning discussion at front desk, reinforcing topic during patient rooming and follow-up discussion with provider
- Staff will work towards developing a systematic approach to identify which patients need an advanced directive and will incorporate advanced directives as part of pre-visit planning
- Grant funded training will be completed through VT Ethics Network to enhance provider discussions and to use encouraging terminology with end of life discussions
- EHR will be updated to have a streamlined process for documenting Advance Directive

REFERENCES

1. Vermont Ethics Network. Taking Steps Vermont [Internet]. 2019 [cited 2019 Jan 3]. Available from: <https://vtethicsnetwork.org/taking-steps-vermont.html>.
2. Yadav KN, Gabler NB, Cooney E, Kent S, Kim J, Herbst N, et al. Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care. Health Affairs. 2017; 36(7):1244-1251.
3. The Conversation Project. Conversation Project National Survey [Internet]. Institute for Healthcare Improvement. 2013 [cited 2019 Jan 3]. Available from: <http://theconversationproject.org>.
4. Lake Research Partners, Coalition for Compassionate Care of California. Final Chapter: Californians' Attitudes and Experiences with Death and Dying [Internet]. California Health Care Foundation; 2012 [cited 2019 Jan 3]. Available from: <https://www.chcf.org/publication/final-chapter-californians-attitudes-and-experiences-with-death-and-dying/>
5. Rao JK, Anderson LA, Lin FC, Laux JP. Completion of advance directives among US consumers. American journal of preventive medicine. 2014 Jan 1;46(1):65-70.
6. Fonk J, Davidoff D, Lutzow T, Chesley N, Mathiowetz N. The effect of advance directives on end-of-life cost experience. Journal of health care for the poor and underserved. 2012;23(3):1137-56.
7. Janardhan A. Advance Directive Initiative- St. Johnsbury, VT. Family Medicine Clerkship Student Projects [Internet]. 2017 Jan 1; 283. Available from: <https://scholarworks.uvm.edu/fmclerk/283>
8. Lower Cape Fear Hospice & Life Care Center. Begin the Conversation: Healthcare planning [Internet]. 2019 [cited 2019 Jan 3]. Available from: <http://www.begintheconversation.org/>