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INCREASING ADVANCE DIRECTIVE UTILIZATION IN HARDWICK, VT

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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]
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].
“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...”

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.
INTERVENTION AND METHODOLOGY

- 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


