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Advance Directive Initiative- St. Johnsbury, VT

Item Type	Presentation;Presentation
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Download date	2026-06-16 09:16:43
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Link to Item	https://hdl.handle.net/20.500.14849/2013

INCREASING ADVANCE DIRECTIVE EDUCATION - ST. JOHNSBURY, VT

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July-August 2017
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IDENTIFYING THE PROBLEM

- National survey in 2014 shows that 26.3% of U.S. healthcare consumers had an Advance Directive (AD)¹
- 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^{2,3}
- Studies show AD forms to be written at higher educational level than national average (11th grade vs 8th grade)⁴
- 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

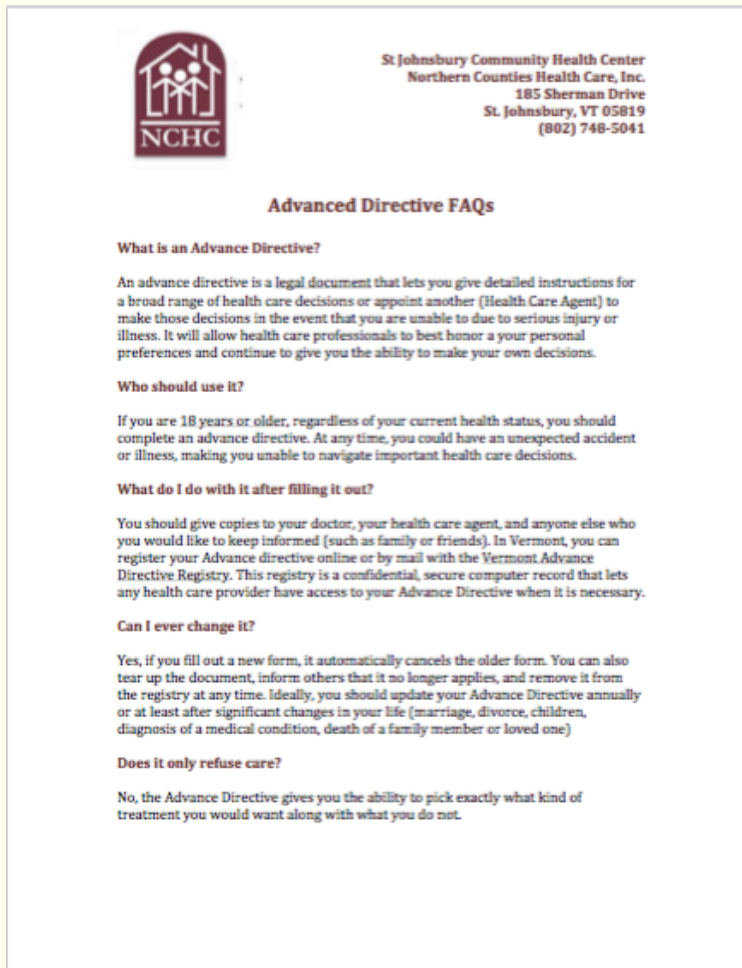
PUBLIC HEALTH COST

- Time and resources wasted when no health care agent or AD is available to guide treatment and patient lacks capacity
- Controversy!⁵
 - 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 care¹
- 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



<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

1. Rao, J. K., Anderson, L. A., Lin, F.-C., & Laux, J. P. (2014). Completion of Advance Directives Among U.S. Consumers. *American Journal of Preventive Medicine*, 46(1), 65–70.
2. U.S. Census Bureau. <https://www.census.gov/quickfacts/VT>
3. Vermont Department of Health, Health Professionals & Systems.
<http://www.healthvermont.gov/systems/advance-directives>
4. Mueller LA, Reid KI, Mueller PS. Readability of state-sponsored advance directive forms in the United States: a cross sectional study. *BMC Med Ethics*. 2010 Apr 25;11:6.
5. Klingler, C., in der Schmitten, J., & Marckmann, G. (2016). Does facilitated Advance Care Planning reduce the costs of care near the end of life? Systematic review and ethical considerations. *Palliative Medicine*, 30(5), 423–433.
<http://doi.org/10.1177/0269216315601346>
6. VT Ethics Network. <http://vtethicsnetwork.org/adforms.html>