Finding a Voice for the Voiceless – A Housestaff-Led Initiative to Facilitate Advance Care Planning Through Documentation of Surrogate Decision Maker in the Electronic Medical Record

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Introduction

- Advance care planning (ACP) is a powerful step toward preserving patient autonomy in clinical situations when the patient may not be able to participate in their clinical decision making.
- Identification of a surrogate decision maker (SDM) is a vital step of ACP.
- Beginning in August 2015, the Housestaff Quality and Safety Council (HQSC) at OHSU, led a hospital-wide initiative to increase rates of documentation of patients' SDMs to 40% of all adult, non-observation, non-psychiatric patients admitted by April 2016.
- This work was initiated in partnership with the *Caring Wisely* team, an institution-prioritized workgroup focused on improving ACP.

Methods

- At the start of the project, the Caring Wisely team had developed an Advanced Care Planning (ACP) Navigator within the electronic health record (EHR), which allowed providers to capture patients' SDM information in a durable, standard fashion (Figure 1).
- The HQSC worked with the institution clinical informatics team to develop a data collection tool to track the input of SDM down to service level.
- Throughout the project, feedback from residents lead to multiple interventions with the aim to improve documentation.
  - Clarification of risk/legal viewpoints on the work
  - Education to all services
  - Gemba walks to observe and educate services
  - Performance feedback to services in a weekly e-mail
  - Expansion of ACP navigator to non-admitting services
  - Electronic training module for all staff
  - Pareto chart to identify high impact services (Figure 4)
- In order to assist with understanding SDM, a flowsheet was created to guide residents through the documentation process (Figure 2)

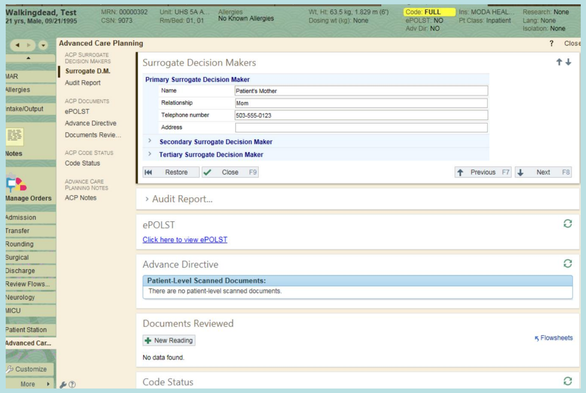

Figure 1: Advanced Care Planning Navigator in Epic

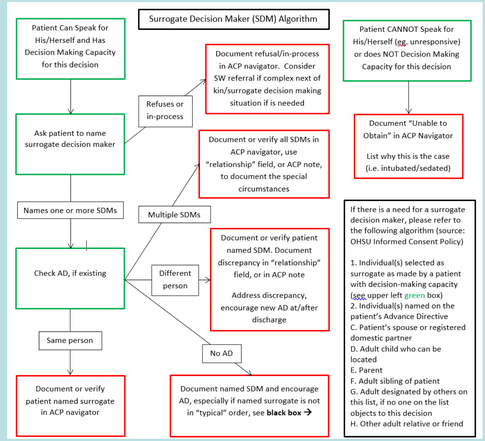

Figure 2: Surrogate Decision Maker Flowsheet Aid

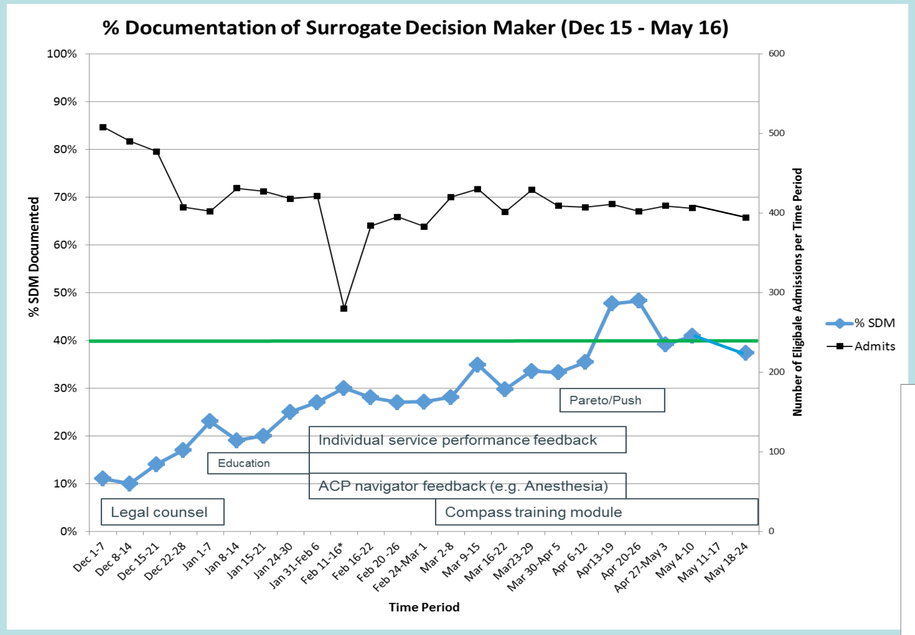

Figure 3: Surrogate Decision Maker Documentation by Week

Figure 4: Pareto Chart of Patient Admissions per Service

Results

- Eligible admissions to the hospital during this time period averaged 415 per week
- Approximately 2600 new surrogate decision makers were documented
- During the intervention period of December 2015 through April 2016, weekly adherence to documenting surrogate decision makers for the adult inpatient population increased from 11% to 48% at most.

Discussion

- This housestaff driven initiative to improve surrogate decision maker documentation to the target goal within an academic year was successful.
- Critically assisting this success was the development of a user-friendly ACP navigator within the EHR and resources for accurate data collection regarding its use.
- HQSC rapidly identified implementation issues, and subsequent triage to macro-level barriers which were handled by HQSC leadership (e.g. ACP navigator access and changes) vs micro-level barriers the member representatives were most equipped to address.
- Significant surge of adherence in the final two weeks of the project, with the 13% gain between April 6-12 and April 13-19, reflect the impact of financial incentives.
- High-performing services report evidence of culture and system changes, with housestaff reporting that documentation of SDMs for their patients is the "right thing to do" and advising the new housestaff to incorporate this practice, and adding documentation to standard admission work.
- Issues
  - Separation in services with those obtaining SDMs of most of their patients with others having minimal adherence.
  - Decrease in the data following the attainment of the goal indicates the need for anchoring measures to prevent further decrease in documentation and likely the transient nature of financial incentives.

Future Directions

- Increase SDM documentation on all services to 70%.
- Development of interprofessional partnerships like nursing or social work to assist in obtaining and documenting SDM
- Gemba walks to successful services to determine other system changes that could be bundled and spread to other services.
- Qualitative audits to ensure the documented SDM is appropriate.
- Assessment of the confidence and competency of residents in obtaining and discussing SDM or other concepts of advanced care