Making Advance Directives Accessible

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NorthRidge Clinic: UnityPoint Health Systems

Introduction

- Inaccessible advanced directives (AD) result in undesired outcomes.
- Institutional impact: Providers cannot identify goals of care or update documents as needed.1-3 Initial chart review at UnityPoint: 55% of ADs are inaccurate, inaccessible, illegible, and incomplete.
- Societal/community impact: Creates significant emotional distress and patient’s impact on life.4,5,6
- Recommendations: Leadership must persist with improvements until ADs are accessible when needed and the attending provider has a copy.7,8

Purpose

- Healthcare providers will develop knowledge regarding ADs, efficient management of documents within Electronic Medical Record (EMR), increase ease of accessibility, and identify goals of care.
- Desired outcomes:
  - Improve staff understanding of various ADs within 93% knowledge accuracy
  - Placement of ADs in the EMR within 1 minute and 10 clicks of the mouse.
  - Retrieval of ADs from the EMR within 30 seconds and 5 clicks of the mouse

Methods

- Project was deemed not human subjects research
- Model for change: Rossworm and Lareabe
- Setting: UnityPoint NorthRidge Clinic and Emergency Department (ED)
- Population: Patients ≥65 y/o; N: 647 records reviewed

Evaluation

- Accuracy in knowledge 85% - 20% improvement
- Goal met: Storage – 10 clicks in 1 minute; Retrieval – 5 clicks in 30 seconds
- Overall time improved 77%; Overall clicks improved 26%
- Goal met: Matching AD to index improved 80% to 93%
- Algorithm and coordination of processes incorporated into 3 state healthcare organization

Conclusions

- Choices made by the patient for his/her care are more likely to be carried out when made accessible to care providers.
- Accessibility is improved through the development of staff knowledge and facilitated by well-designed computer systems
- Knowledge and processes are more accurate and efficient with use of algorithm.
- Limitations of a large healthcare system
  - Difficult to coordinate meetings and preferences of many members
  - Differing EMR programs to coordinate

References


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