Do you know your patient's end of life goals? Improving communication between patients, providers, and Electronic Health Records

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Background

•Advanced directives (AD) and medical power of attorneys (POA) enable patients to make medical decisions about their end of life before they are in end of life situations.

•A study from NEJM stated that in the general population, patients with completion of legal documents such as ADs or POAs approaches 29%.[1]

•Another study found that among 998 patients in a university hospital, 51.3% of patients reported having a prepared document of either an AD or POA. Of those, only 23% of these patients had such information documented in their hospital record.[2]

•Finally, a study from the Journal of the American Geriatrics Society found that of patients who were asked about advanced care planning, 76% of patients were able to complete some form of advance care planning.[3]

•A chart review in 2017 of Kaiser Permanente Supportive care found only 10% of patients had a CPR directive, and 33% had appropriate LCP documentation.

Aim Statement

By March 2019, 90% of patients will have been asked if they have a form of life care planning (LCP*), and 75% of patients will have a documented form of life care planning with Kaiser Supportive Care.

*LCP includes: medical durable power of attorney (MDPOA), living will including: Five Wishes®, Statement of Treatment Preferences, Colorado CPR Directive and Colorado Medical Orders for Scope and Treatment (MOST).

Methods

- A chart review was performed of the patients on the Supportive Care list on Epic in November. Each patient's chart was evaluated for: ribbon code status, scanned documents, DNR status, and listed Health Care Agents (HCA) in their ACP/LCP tab, and additional scanned documents in the demographics tab.
- From January-March 2019, patients who had appointments with Kaiser Supportive Care were given a ½ sheet questionnaire with three questions assessing their current LCP status.
- In early March, a second chart review was performed of patients who had appointments since January for any new LCP documentation in their EHR.

Results

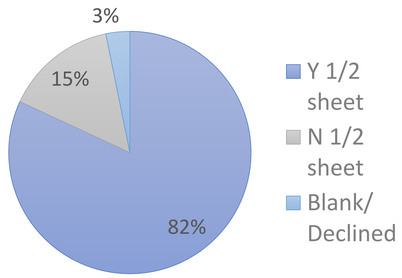

Figure 1. Patients who received the half-sheet questionnaire at their visit. (N=94)

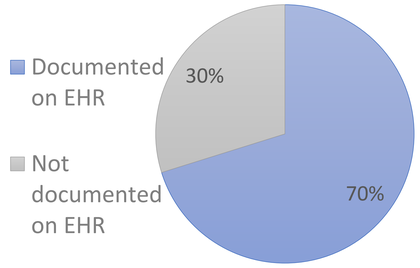

Figure 2. Concordance self reported LCP documentation on questionnaire with EHR documentation. (N=58)

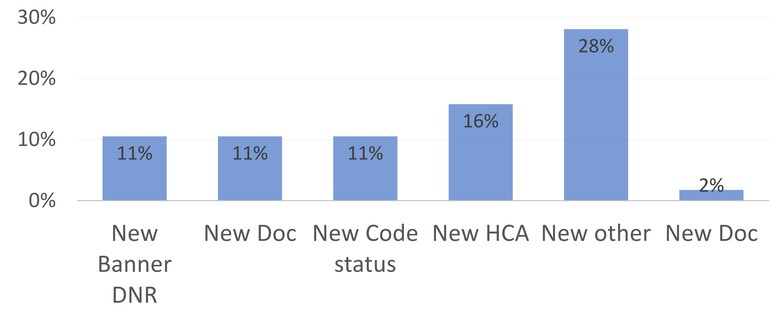

Figure 3. Percentage of patients that had new document added after receiving the ½-sheet questionnaire. (N=57)

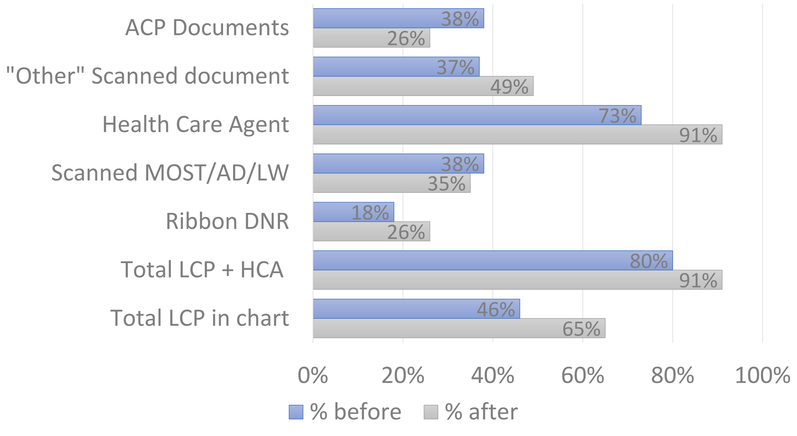

Figure 4. Percentage of patients with LCP documents in their EHR before and after ½-sheet distribution. (N=57)

Discussion

- Approximately 82% of patients were given the questionnaire prior to their appointment with Supportive Care.
- The largest barriers to not receiving the ½ sheet were telephone encounters, occasional home visits where form was not available, or lack of time during the appointment.
- The majority of patients who indicated that they had an MDPOA or form of LCP on their ½-sheet questionnaire had some form of LCP documented in their EHR, although it may have been a different form of LCP.
- For the patients who had a new form of LCP added to their chart after using the ½-sheet questionnaire, the majority of changes were added in the "other" document section as "PD Document".
- When combining results from each individual section where documents were added in the EHR, the percentage of patients with any form of LCP increased from 46% to 65% after they saw the ½-sheet questionnaire.
- There is currently no standard protocol for documenting patient wishes causing many differences in documentation in the EHR.

Conclusions

- Providing an intake questionnaire regarding life care planning can help begin the conversation between patient and provider about end of life wishes.
- Although a LCP document may be completed and in the chart, there is no consistent location between out-patient and in-patient EHR charts.

Next Steps

- Evaluation of in-patient hospital charts to identify any consistency between out-patient and in-patient charts.
- Discussion with all stakeholders to identify best possible location in EHR for LCP information to be documented and found quickly in out-patient or in-patient settings.

References

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2. de Heer, G., et al. "Advance Directives and Powers of Attorney in Intensive Care Patients." Dtsch Arztebl Int 114.21 (2017): 363-70. Print.
3. Bischoff, K. E., et al. "Advance Care Planning and the Quality of End-of-Life Care among Older Adults." J Am Geriatr Soc 61.2 (2013). Print.