Advance Directive Completion in the Intensive Care Unit and the Pulmonary Step-Down Unit

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Introduction

The Patient Self Determination Act (PSDA) of 1990

- Provide education to all patients about advance directives (AD) and implement the wishes outlined in the AD.

(Title 42 of The United States Code 1395, Section 4751, 1990).

Background & Significance

- Advance Care Planning (ACP) enables and empowers individuals to drive their medical care.
- **Completion of an AD increases the probability of medical care that coincides with the patient's wishes.**
- **Advance directives have proven to decrease end-of-life expenditures by Medicare.**
- The Dartmouth Atlas Project discovered that **New Jersey patients received more aggressive care at the end-of-life which lacks data that suggests long-term benefit.**
- **NJ Board of Medical Examiners requires 2 CME credits related to EOL care for biennial renewal of licensure.**
- **Joint Commission & CMS mandate that healthcare facilities provide education to staff**
- **CMS has begun to offer reimbursement for healthcare providers that discuss ACP**

Objectives

- Increase number of ADs on file in the ICU & PSDU
- Implement the Guide to ACP Discussion Tool
- Appointing an ACP Champion

Methods

- Quality improvement project
- Pre- and post-test survey design
- Retrospective comparison of AD before and after educational sessions

Intervention

- Pre- and post-test surveys
- Educational session on ACP for IM residents & APNs that rotate through the ICU & PSDU
- Championing Person-Centric ACP PPT by Dr. Danielle Doberman
- Define and discuss ACP options
- How to complete AD & POLST
- Case study reflections
- Introduce ACP conversation guides

IRB Approval

- Site IRB Approval granted June 21, 2019
- Rutgers IRB Approval granted August 12, 2019

Advance Care Planning (ACP) is vital for **healthcare providers** to **initiate ACP conversations** with their patients.

CPT Code 99497	CPT Code 99498
•Used for the first 30-minute ACP conversation •Pays ~$86 for outpatient visits (included in AWV) •Pays ~$80 for inpatient visits	•Used for each additional 30-minute conversation •Pays $75 for each additional session •Yearly reimbursement available

Increasing urgency ↓

Triage ACP conversations according to life situation:	
Well patient	Full, focused ACP discussion triggered by life events (e.g., marriage, pregnancy, new job); emphasize choosing an SDM
Patient with chronic disease	Full ACP discussion at regular intervals and following medical events (e.g., new diagnosis, discharge from hospital)
Patient with acute ↓ in health	Revisit the ACP discussion with the patient or SDM emphasizing immediate or anticipated health care decisions

1. Introduce:
- Seek permission: "Can we talk about where things are with your health and where things might be going?"*
- Explain ACP's rationale and that the patient's decisions can be revised as their health/life situation changes.

2. Discuss:

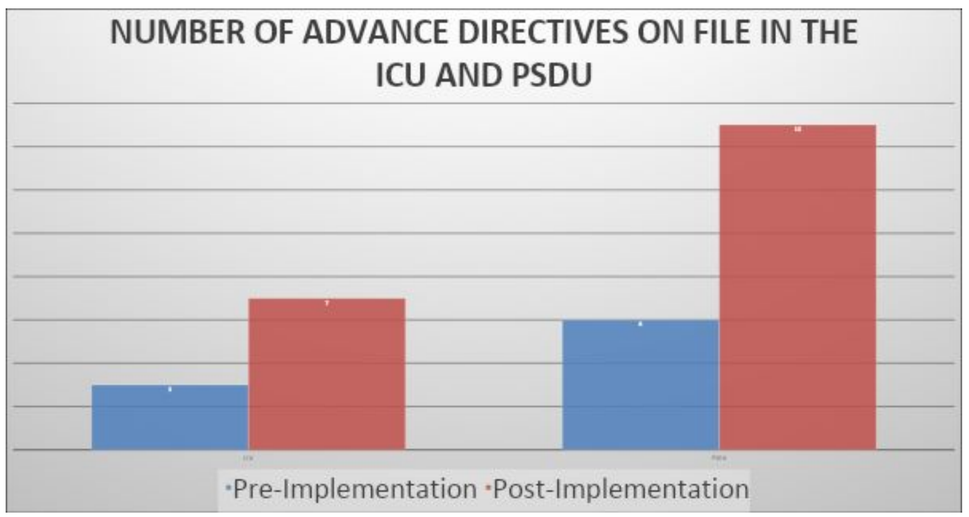
Understanding: "How much do you (and/or your family) know about your illness? What information would you like from me?"*	**Goals:** "What are the most important things you want to do in life?" "What are some abilities in life you can't do without?"*
Fears: "What are your biggest fears and worries about your health? About life in general?"*	**Trade-offs:** "If you get sicker, what health care services are you willing to endure to gain more time?"*

3. Decide:
Decide on an SDM and on patient-centred principles of care. Reaching a decision may require multiple visits, depending on urgency.

4. Document:
Document the discussion and encourage your patient to record their wishes (i.e., SDM, values) in a formal document. Complete province-specific ACP documents.

*Adapted from the *Serious Illness Conversation Guide*, licensed under the Creative Commons Attribution NonCommercial-ShareAlike 4.0 International License, http://creativecommons.org/licenses/by-nc-sa/4.0/.

Results



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Limitations

- Analysis limited to overall test scores
- Utilization of unvalidated questionnaire
- Not all IM residents attended educational session
- ADs were completed after admission
- Not all EMR charts are updated with new AD
- POLSTs were not included as part of ACP in this project

Discussion

- Knowledge deficit exists based on pre-test results
- An educational intervention increased knowledge based on the post-test results
- Lack of adherence to recommended guidelines
- Change in practice post intervention based on the amount of ADs on file

Recommendations & Implications for Practice

- Continuing education improves adherence to PSDA, JC and CMS guidelines
- Establishing goals of care
- Decrease financial burden related to aggressive EOL care
- Educational sessions to fulfill CME requirement by NJ Board of Medical Examiners

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