

Background

- Advanced Care Planning involves:
 - Education on life sustaining treatments
 - Sharing values/preferences with loved ones
 - Completion of advanced directives:
 - Durable Power of Attorney for Healthcare
 - Living Will
- The presence of advanced directives:
 - Leads to end of life care more congruent with patient preferences and
 - Reduces unnecessary and unwanted medical interventions
- 67% of adults in the United States have not completed advanced directives
- There is no standardized process at a large, Midwestern, academic medical center for assessing and documenting where in the process of advance care planning (ACP) a patient is in the in-patient setting
- Initiating the advance care planning process falls within the scope and standard of the registered nurse, the ideal care provider to address this problem/issue

Purpose

To adapt and assess the usability of an evidence-based review flowsheet to support nurses in the ACP process in the in-patient setting

Framework

- Rogers' Innovation-decision process
- Heuristic evaluation for uncovering usability violations

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Methods

Design

Quality improvement project

Instrument Development

- Stakeholders (VP of Nursing, End-of-Life education and support coordinator, APN) identified heuristic principle violations and provided feedback on the ACP review flowsheet
- Investigators updated flowsheet based on stakeholder feedback

Setting and Participants

- Patients on the Hematology/stem cell transplant inpatient unit at a large, Midwestern, Academic Medical Center

Measure

ACP review flowsheet (4-items, nurse administered)

Advance Care Planning Review: "Epic" Flowsheet

Participant initials: Date:

Other individuals present:

Is the patient able to answer advance care planning (ACP) questions at this time? Yes No

Does the patient have a power of attorney for healthcare (POAHC) / legal guardian on file at ? Yes No

POAHC: A documents that identifies a person who the patient has chosen to speak or make decisions on his or her behalf should he or she no longer have the capacity to make decisions. Yes, POAHC

Yes, other:

Was the nurse able to locate the document(s) on file? Yes No

Has the patient ever written down thoughts about future medical treatments? Yes No

Does the patient wish to talk to someone about ACP? Yes No

If yes, does the patient agree to a consult with a chaplain to discuss ACP during this stay? Yes No

Time to complete flowsheet:

Procedure

- The student nurse invited in-patients to respond to the flowsheet
- For patients who indicated they wished to speak with a Chaplain about ACP the Chaplain on-call was contacted

Results

- 42 patients were invited; 28 (67%) were available and agreed to participate

Advance Care Planning Review Flowsheet Findings (n=28)

	n	(%)
Patient has power of attorney for healthcare	5	(18)
If yes, RN able to locate the document (n=5)	1	(20)
Patient has ever written down thoughts about future medical treatment	11	(39)
Patient wishes to talk with someone about advanced care planning	6	(21)
If yes, patient desires a bedside consult with Chaplain on-call	6	(100)
Seconds to complete the advanced care planning flowsheet, M [range]	62.5	[11 – 210]

- Five of the 6 (83%) of participant patients that requested an advanced directive consultation on the inpatient unit, reported no advanced directive at the time of admission

Discussion & Conclusions

- The flowsheet is a user-friendly tool to determine the status of a patient's ACP
- The ACP review flowsheet is brief and does not impede workflow, typically completed in one minute
- Further testing/evaluation of the flowsheet with a larger sample in other patient care settings is required
- A standardized, evidence-based ACP flowsheet helps empower nurses and patients, promotes communication among providers, and builds the consistency necessary to provide optimal patient care