ADVANCE DIRECTIVES

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Advance Care Planning

RIVERSIDE

Advance Care Planning

CoP and Meaningful Use

- Established ability to measure advance directives
  - Indicator of awareness of patient preferences
- Education and work habits must follow
- Focus is on compliance
  - Improving end of life care requires additional investment

Advance Directives as a Tool

- Adding to advance directive forms and processes may not lead to the results we are looking for

What is needed?

- Better understanding of AD's purpose
  - When AD is to be followed
  - When Living Will portion is to be followed
- Education
  - Palliative and end of life care principles (myths)
- Time for planning
  - Work processes that allow time for discussion
- Reliable communication across settings
  - AD and POLST Repository

Experience with Compliance

- Ask for AD at admission
  - Chart audit for deceased inpatients
  - Found that some staff “checked the box” if they asked the question
  - No correlation to ADs in the record
- Outpatient practices
  - Confusing AD with DNR order
  - Notify patients that we “do not honor” ADs
- Assistance with Advance Directives
  - Viewed as “self service” documents
  - Those providing assistance not always educated for the role
- Inform patients of health status and medical condition
  - Access to physicians in long term care
  - Care planning process in long term care

Challenges incorporating capture of ADs in workflow

- Rely on patients and families to provide documents
- After hospital registration, managing paper is disruptive to workflow
- Availability of scanners limited
- Nursing homes do not typically send ADs to hospitals
  - Not seen as relevant?
- PO(L)ST promises a better system

PO(L)ST Orders in the EHR

- Riverside's developing process
  - Indication that POST exists
  - Transcribe POST into in-house orders
  - Considering an electronic POST order set

- Scanning is an unsettled issue:
  - Must be sure to overwrite old versions
    - Much more likely to change than an AD
  - Hard copy only for transfer
  - If scanned, electronic form valid only for current admission

Communication for Transitions

- In patient transfer, record:
  - Patient reports having AD
  - AD is on file / location
  - POST form accompanies patient
- Ensuring we follow the latest version:
  - Common repository needed
  - Ability to remove/rescind in the absence of a replacement order