Background

- Advance Care Planning (ACP) is often completed by outpatient providers, however inpatient hospitalization presents a unique opportunity to elicit and document ACP.
- Literature indicates that the presence of ACP documentation aligns care with patient wishes and may reduce unwanted procedures or interventions.
- Pilot surveys at our institution show a wide variation in content and documentation of inpatient ACP discussions, with conversations recorded in H&P’s, discharge summaries, event notes and progress notes.
- Fragmented documentation practices make it difficult to locate and communicate inpatient discussions of ACP goals to outpatient and emergency room (ER) providers.

Project Goals

- Engage house-staff in quality improvement (QI) by collectively leading a medical center sponsored financial incentive program.
- Increase rates of ACP documentation for patients admitted to the medicine service.
- Standardize the location of ACP documentation in order to make this information easily accessible to inpatient, outpatient, and ER providers.
- Educate house-staff about key aspects of ACP conversations and documentation.

Interventions

- Designed a template within the electronic discharge summary to standardize the location of ACP documentation.
- Provided performance data to housestaff on a bi-weekly basis.
- Offered housestaff a $400 incentive for completion of the ACP template for at least 75% medical patient admissions.
- Provided housestaff education about ACP documentation.
- Integrated ACP documentation into POLST (Physician Orders For Life Sustaining Treatment) forms into the medical record.
- Collaborate with the Palliative Care service to enhance access to ACP documentation.
- Survey house-staff, outpatient, and ER providers to assess the impact of standardized ACP documentation on patient outcomes.
- Consider expansion of documentation with the integration of Physician’s Orders For Life Sustaining Treatment (POLST) forms into the medical record.
- Collaborate with the Palliative Care service to enhance education about ACP documentation.
- Strategize ways to ensure continued high performance by house-staff after completion of the incentive program with this academic year.
- Incorporate key aspects of the ACP template into the new EMR system (EPIC) to encourage continuity in practices.

Project Plan

Results To-Date

Conclusions

- A resident-led QI program to improve rates of ACP documentation on the inpatient medicine service led to significantly higher rates of standardized, easily accessible documentation.
- Timely individualized feedback can motivate changes in house-staff behavior.
- In designing programs for house-staff participation in quality improvement, it is important to consider education to align goals, optimal methods for feedback, and incentives to promote desired change.

Future Directions

- Survey house-staff, outpatient, and ER providers to assess the impact of standardized ACP documentation on patient outcomes.
- Consider expansion of documentation with the integration of Physician’s Orders For Life Sustaining Treatment (POLST) forms into the medical record.
- Collaborate with the Palliative Care service to enhance education about ACP documentation.
- Strategize ways to ensure continued high performance by house-staff after completion of the incentive program with this academic year.
- Incorporate key aspects of the ACP template into the new EMR system (EPIC) to encourage continuity in practices.