Aurora Health Care®
Internal Medicine Residency Program

ADVANCING ADVANCED DIRECTIVE DOCUMENTATION IN INTERNAL MEDICINE (AADD-IM)

National Initiative
NI VII STORYBOARD

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INTRODUCTION: BACKGROUND & CONTEXT

IMPORTANCE OF ADVANCE DIRECTIVE (AD) DISCUSSION IN PRIMARY CARE

- Planning for future health care needs has multiple benefits for elderly patients, their loved ones and the entire health care system
- 89% of patients prefer AD conversations be initiated in outpt setting[1]
- Patients expect their primary care provider, more than any other medical provider to initiate the AD conversation[2]

OUR CHALLENGE: INTERNAL MEDICINE RESIDENCY CLINIC (IMRC)

- **47%** of IMRC patients ≥ 65 and older have completed AD
- Existing clinic AD workflow limited utility as need process to:
  - Identify patients needing AD
  - Provide AD documentation and education to patients in busy clinic
  - Formalize workflow and tracking for patient follow up with Social Worker

1. AAH: "Advance Directive: The PCP Perspective & Key Roles For Patients 65 years and Older" Course
2. Myers JM, et al. What can a PCP discuss with older patients to improve AD completion rates? JPCR&R 2017;4(1):42-45

MISSION/VISION STATEMENT

VISION: To demonstrate GME's leadership role in driving a culture of continuous learning - essential in a high reliability organization
MISSION: To improve care for our patients and the well-being of our clinical team members through implementation of system aligned QI projects within and across our GME programs/clinics/service units

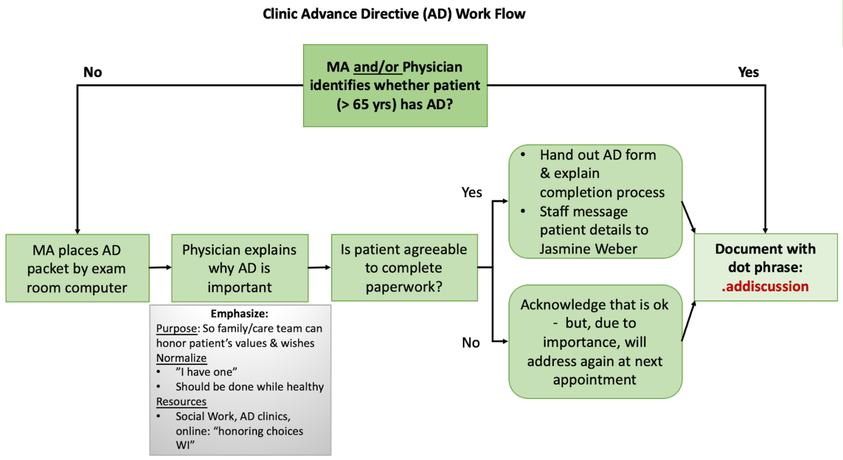
AIM/PURPOSE/OBJECTIVES

- **AURORA AIM:** Apply tested interventions to facilitate a safer environment for patients and caregivers
- **OUR AIM:** To Advance Advanced Directive Documentation in Internal Medicine (AADD-IM)
- **OBJECTIVE:** To increase our AD completion numbers for patients ≥ 65 years old in the Internal Medicine Residency Clinic at Sinai to > 59% by project completion (best possible Advocate Aurora QI Metric)

METHODS: INTERVENTIONS/CHANGES

PHASE 1: INTERPROFESSIONAL TEAM & STANDARDIZE WORKFLOW

- **Team:** Work with Medical Assistants (MAs), clinic administration, residents/providers, and social work
- **Review/Revise:** Post Clinic Leaders input
- **Produce AD Packets:** Hand to patients including AD paperwork, AD workshop dates, social worker info, and AD workshop dates/times



PHASE 2: EDUCATION/TRAINING

- **Residents:** Two 1-Hr Noon Conf: Fill out our own ADs; Strategies to discuss topic w patients in clinic + ½ Day on goals of care conversation
- **Clinic**: Staff/clinic huddles and faculty meetings

PHASE 3: MONITOR PER PDSA, ENGAGE CHAMPIONS & PATIENTS

METHODS: MEASURES/METRICS

PROCESS MEASURES & OUTCOME MEASURES

- CGCAHPS & QI Metrics w 2nd residency clinic as control
- # of ADs uploaded and Dot.Phrase Metrics
- Audit workflow via # pts who follow-up with MSW, # of packets, direct observation of physician/patient interaction
- Clinical Learning Environment Quick Survey (CLEQS) & Well-Being Index

BALANCING MEASURES: Overall Clinic QI Scores & CLEQS clinic data

BARRIERS – STRATEGIES

CURRENT CHALLENGES AND STRATEGIES

- Convincing clinicians and patients that ADs can be impacted (time):
  - Are vital for excellent primary care
  - To complete paperwork, signatures and upload to our system
  - Ongoing refreshers from specialists on how to discuss with patients
  - Continued Education: Use examples of real life scenarios; Follow-up with each resident to complete their own AD paperwork (supports advocacy and education with patients re: how to fill out forms)
- Gaps between paperwork ↔ social worker, (co) signing and uploading
  - Explore feasibility of "clinic-based in the moment completion" approach

DISCUSSION

NEXT STEPS

- Support seamless integration into daily clinic work flow → 2nd clinic
- Monitoring & sustaining process > NI7 study period (all ages)

AREAS SEEKING INPUT

- How assess the "quality" of clinician communication
- Strategies for follow-up with patient to facilitate completion – from packet distribution to returning document for uploading
  - How can we get patients to "value it" and act on it?
  - Has anyone developed an approach to support patient completion in clinic?

GROUP FEEDBACK

AdvocateAuroraHealth