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Advancing advance directives in internal medicine residency clinic

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Advancing Advance Directives in Internal Medicine Residency Clinic

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Q1. What did you hope to accomplish?

- **AIM**: To increase our advance directive (AD) completion numbers for patients ≥ 65 in Internal Medicine Residency and Faculty Clinics to >59% by project completion
  > Starting point: 47%

- **Secondary Goals:**
  > Standardize AD clinic workflow
  > Educate residents on discussion strategies for advance directive and goals of care
  > Improve resident and faculty comfort with having these discussions in the outpatient setting
Q2. What were you able to accomplish?

- 49% of patients ≥ 65 have completed advance directives
  - ↑ 1% Jan-Dec 2020; + 1% Jan 2021
- Created a clinic workflow to standardize AD completion process
- Set up educational sessions to teach strategies for AD and goals of care conversations
- Improved teamwork and communication between residents and the clinic social worker
- Established an online AD completion tool in the clinic setting (VYNCA) and trained staff in its use
Q3. Knowing what you know now, what might you do differently?

- **Incentivize early steps in a complex process**
  > For example: Create incentives for residents to discuss the need for AD over the phone and schedule office visits for that specific purpose

- **Focus** more resources and attention to AD completion specific visits as opposed to expecting patients to fill out document outside the clinic

- **Earlier introduction** of and education on how to use online (VYNCA) platform to virtually fill out AD paperwork to the clinic
Q4. What surprised you and why?

- **Global Pandemic:** Halted in-person visits - project relied on the ability to hand the paperwork to the patient

- **Two Witnesses:** The difficulty for patients to find 2 witnesses (per Wisconsin law) who were not listed as POAs, close relatives, or medical caregivers

- **Complexity of the AD completion process**
  - Unlike many other QI measures, filling out AD requires patient legwork
  - There are limits to what doctors and the care team can do
  - Limited resident knowledge of interprofessional team member roles/workflows
  - Mistrust members of the public & value AD’s importance in own care
Q5. Cohort Four – Expectations versus Results

- Score 4 out of 10

- Areas where accomplishment met expectations
  - Implemented an educational series to train residents in strategies for initiating AD discussions
  - Created a clinic workflow standardizing the process of AD completion
  - Involved input from many different members of the clinic team ("teaming")

- Areas where accomplishments didn’t meet expectations
  - Moving the needle on the overall percentage of AD completions in our goal population
Clinic Advance Directive (AD) Workflow

Identify patient > 65 who needs advance directive (AD)

- Call patient to discuss importance of filling AD. Is patient agreeable?
  - no
  - yes

- Acknowledge that is ok. Will revisit later.

- Schedule Appointment

- Contact Jasmine Webster to see if she and additional SW is available during appt to witness
  - no
  - yes

- Complete document during visit

Optional: Discuss goals of care wishes prior to visit over the phone. Document in goals of care note.

Emphasize:
- Purpose: So family/care team can honor patient’s values & wishes
  - Normalize
  - “I have one”
  - Should be done while healthy
- Resources
  - Social Work, AD clinics, online: “honoring choices WI”

Identify two witnesses available to sign virtually via vynca