Advancing advance directives in internal medicine residency clinic

Tanya Shah  
*Advocate Aurora Health*, tanya.shah@aah.org

Ramandeep Dhaliwal  
*Advocate Aurora Health*, Ramandeep.Dhaliwal@aah.org

Zeba Shethwala  
*Advocate Aurora Health*, zeba.shethwala@aah.org

Henok Hardilo  
*Advocate Aurora Health*, henok.hardilo@aah.org

Jasmine Webster  
*Advocate Aurora Health*, Jasmine.Webster@aah.org

*See next page for additional authors*

Follow this and additional works at: [https://institutionalrepository.aah.org/medicineresidents](https://institutionalrepository.aah.org/medicineresidents)

**Recommended Citation**

This Oral/Podium Presentation is brought to you for free and open access by the Aurora Residents and Fellows at Advocate Aurora Health Institutional Repository. It has been accepted for inclusion in Aurora Internal Medicine Residents by an authorized administrator of Advocate Aurora Health Institutional Repository. For more information, please contact AAH-Library@aah.org.
Authors
Tanya Shah, Ramandeep Dhaliwal, Zeba Shethwala, Henok Hardilo, Jasmine Webster, David Hamel, and Deb Simpson

This oral/podium presentation is available at Advocate Aurora Health Institutional Repository: https://institutionalrepository.aah.org/medicineresidents/60
Advancing Advance Directives in Internal Medicine Residency Clinic

Tanya Shah, MD; Ramandeep Dhaliwal, MD; Zeba Shethwala, MD; Henok Hardilo, MD; Jasmine Webster, MSW; David Hamel, MD; Deborah Simpson, PhD
Internal Medicine Residency Program, Milwaukee, Wisconsin
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
    - Acknowledge that is ok. Will revisit later.
  - yes
    - Schedule Appointment
      - Contact Jasmine Webster to see if she and additional SW is available during appt to witness
        - no
          - Identify two witnesses available to sign virtually via vynca
        - 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”