

INTRODUCTION

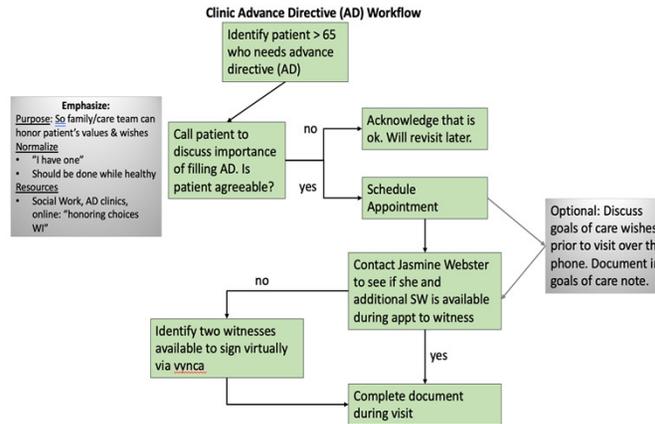
- Advance directives are considered to be important tools for promoting patient autonomy, dignity, reassurance, and empowerment^{1,2}
- However only 15% - 25% of adults complete advance directives in U.S.^{1,3,4}
- Advance directive completion in patients 65 or older increased nearly three fold following discussion with primary care physician or nurse⁵
- When primary care physician initiates an advance directive discussion within clinic visit, it normalizes the discussion, enhances relationship and improves patient satisfaction⁶
- Only **47%** of patients ≥ 65 years old have completed AD in our internal medicine residency clinic

AIM

To increase our advance directive (AD) completion numbers for patients ≥ 65 years old in the Internal Medicine Residency Clinic at Sinai to $>59\%$ by project completion.

METHODS: Interventions

- Create standardized clinic AD completion work flow
- Hold educational sessions for residents to learn/teach advance directive and goals of care conversations
- Incentivize residents to discuss need for AD over the phone with the patient and schedule office visits for AD completion
- Regular 1-on-1 follow up with each clinic pod basis, sharing updated list of their >65 years old patient's without ADs
- Project mid-point: Establish online AD completion tool (VYNCA), begin to train staff in its use



METHODS: Measures

1. Number of AD uploaded at residency intervention clinic compared to control clinic
2. Mayo Well Being Index (Resident well being) completed at mid-point and end point.
3. Clinical Learning Environment Quick Survey (CLEQS)⁷ 10 item on-line form completed by interprofessional team members at project start (Oct-Dec 2019); midpoint (Aug-Sept 2020); and endpoint (Jan 2021)
 - o Focused on 4 items of particular relevance to this project

RESULTS

Measure #1: Advance Directive Numbers:

- Increased by 2% (+4% compared to our controls)
- Number of Advance Directive conversations and specific appointments with patients



RESULTS: Continued

Measure #2: Mayo Well-Being Index

- Mayo Well Being Index score improved 0.9 between project mid- and end-point (and better than national specialty comparison group mean at both timepoints)

Measure #3: CLEQS Survey Results N=29-39 per admin



DISCUSSION

KEY FINDINGS

- Percentage of ADs completion - minimal change
- Clinic learning environment (CLEQS) improved

LIMITATIONS

- Wisconsin's 2-witness rule for document completion
- Limited social work support in clinic
- Global Pandemic halting in person visits

NEXT STEPS AND SUSTAINABILITY

- Refocus efforts on virtual completion with VYNCA
- Continue training new employees on work flow
- Incentivize early steps in work flow

References

1. Emanuel L, et al. Advance directives for medical care—a case for greater use. *N Engl J Med.* 1991;324:889–95.
2. Emanuel LL, et al. Advance care planning as a process: structuring the discussions in practice. *J Am Geriatr Soc.* 1995;43:440–6
3. Cugliari AM, et al. Factors promoting completion of advance directives in the hospital. *Arch Intern Med.* 1995;155:1893–8.
4. Stetler KL, et al. Living will completion in older adults. *Arch Intern Med.* 1992;152:954–9.
5. Gordon NP, Shade SB. Advance directives are more likely among seniors asked about end-of-life care preferences. *Arch Intern Med.* 1999;159:701–4.
6. Myers JM, et al. What can a primary care physician discuss with older patients to improve advance directive completion rates? *A Clin-IQ. J Pt-Centered Res & Rev.* 2017;4(1):42.
7. Simpson D, et al. Preliminary Evidence Supporting a Novel 10-Item Clinical Learning Environment Quick Survey (CLEQS) Submitting as Educational Innovation. Under Review J Grad Med Educ.