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Increasing Advance Directive Knowledge among Healthcare Professionals

Laura K. Donnelly

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Increasing Advance Directive Knowledge among Healthcare Professionals

Laura Donnelly, MS3
Hinesburg Family Practice
March 2017
Mentor: Dr. Michael Sirois

Advance Directives as an Area of Need

- Nationally, Advance Directive (AD) completion rates are ~25%
 - In a 2014 survey of 8000 community-dwelling adults, 26.3% had completed an AD
 - 67.8% expressed concerns about end-of-life care
 - Most frequently cited reason for not having an AD was lack of awareness
 - Those with ADs were more likely to be more educated, have a higher income, be older, and have a regular source of care when compared with those without⁴
- Population aged ≥ 65 years is projected to increase from 43.1 million to 92.0 million from 2012-2060
- Population aged ≥ 85 years is projected to increase from 5.9 million to 18.2 million by 2060⁵
- University of Vermont Medical Center named increasing AD utilization as a quality measure
- Multiple staff members at Hinesburg Family Practice identified AD awareness as an area to be improved upon
 - Questions included:
 - How to access the Vermont AD online registry
 - Whether ADs were valid across state lines
 - Applicability of ADs in emergency situations



Cost

- Healthcare costs increase exponentially in last year of life¹
 - Does this increase quality of life?
 - Is this consistent with the patient's goals?
- ADs have the potential to decrease costs by limiting expensive interventions when not desired by patients
 - Controversial → ethical concerns that cutting costs may motivate use of ADs
- ADs have been associated with lower levels of Medicare spending and lower likelihood of in-hospital death in regions with high end-of-life costs³
- Review found that “advanced care planning may reduce net health expenditures—despite the costs of implementation and maintenance”²
- Limitations²
 - Costs are difficult to assess
 - No studies account for costs accrued by family/friends in providing care
 - Many studies exclude home care costs
 - No prospective studies



Community Perspective

- “I see on an ongoing basis the need for this [ADs]...the quandaries people end up in if they were not counseled on an ongoing basis. What does it [an AD] mean, allow you to do, and what kind of decisions are okay—all these answers must be conveyed to patients.”
- “So much of what we do is to extend life. A lot of people don’t understand that they can decide to limit treatment. The more planning you do, the less guilt your loved one will have doing the things you wished.”

--Michael Sirois, M.D.

Family Medicine Physician

Hinesburg Family Practice

Community Perspective

- “Advance directives are, first and foremost, one of the most important parts of healthcare information. They should be stewarded by clinicians as carefully as allergies and medical history, but it is difficult to know how to chart a medical care plan.”
- On who needs an AD: “Everybody over the age of 18. This is not about death and dying, it is about affirming choices and affirming life. Remember, the three most famous cases in medical ethics were young women in their 20s.”
- On patients’ concerns about appointing a healthcare agent: “Fear of burdening someone is a barrier. Remember, the charge of a an agent is *not* to make decisions, but to represent the patient’s decisions...to say what the patient would say for themselves. We’re not asking you to ‘pull the plug,’ we’re asking what the patient would want.”

--Sally Bliss, MSB, RN

**Clinical Ethicist, University of Vermont Medical Center
Chair of the Vermont Ethics Network Board of Directors**

Intervention

- 15 minute PowerPoint presentation was given to office staff at Hinesburg Family Practice on March 6, 2017
- One week prior to this, an email was sent by the practice manager to all staff requesting attendance
- Optional anonymous pre- and post-surveys assessing staff knowledge of ADs and confidence in counseling patients were administered
- Presentation was made available electronically to staff unable to attend
- Application for provider access to the Vermont Advance Directive Registry was completed and submitted for Hinesburg Family Practice

Results

- Survey given prior to presentation asked staff to rate their agreement with various statements assessing knowledge and comfort with ADs
 - (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)
- Identical survey was given immediately following the presentation
- Data were analyzed using student's t-tests
- Comments and questions were requested

Please indicate your agreement with the following statements regarding Advance Directives by circling 1-5.

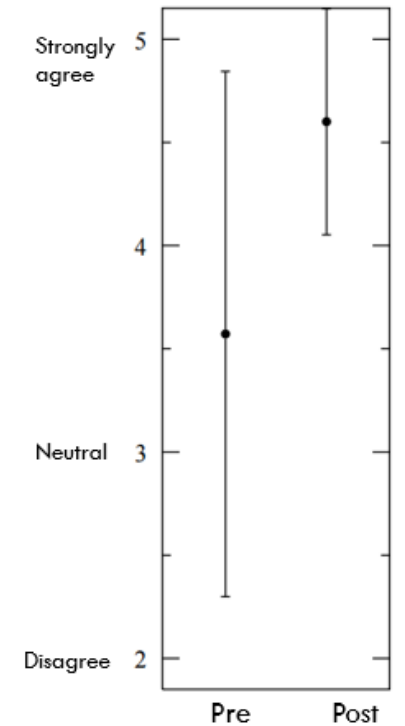
- 1=Strongly disagree
2=Disagree
3=Neither agree nor disagree
4=Agree
5=Strongly agree

-
1. I know what an Advance Directive (AD) is.
1 2 3 4 5
 2. I believe that ADs are an important part of patient care and well-being.
1 2 3 4 5
 3. I am comfortable explaining to a patient what an AD is.
1 2 3 4 5
 4. I can advise patients on where to find resources about ADs.
1 2 3 4 5
 5. I know how to access a patient's AD online.
1 2 3 4 5
 6. There is not enough time during office visits to address Advance Care Planning with patients.
1 2 3 4 5
 7. ADs are followed in emergency situations (i.e. by ambulance crew outside hospital)
1 2 3 4 5
 8. I understand the difference between an AD and a Do Not Resuscitate (DNR)/Clinician Orders for Life-Sustaining Treatment (COLST).
1 2 3 4 5
 9. I have personally appointed a healthcare agent
No Yes

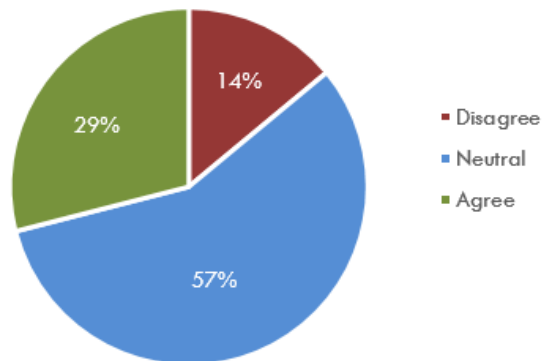
Results

- Mean agreement with the below statements increased following the presentation:
 - “I can advise patients where to find resources about ADs.” (pre mean 3.6, post 4.6, $p=0.12$)
 - “I understand the difference between an AD and a Do Not Resuscitate (DNR)/Clinician Orders for Life-Sustaining Treatment (COLST).” (pre mean 4.3, post mean 5.0, $p=0.32$)
- 100% of those surveyed strongly agreed with the statement “I believe that ADs are an important part of patient care and well-being.”

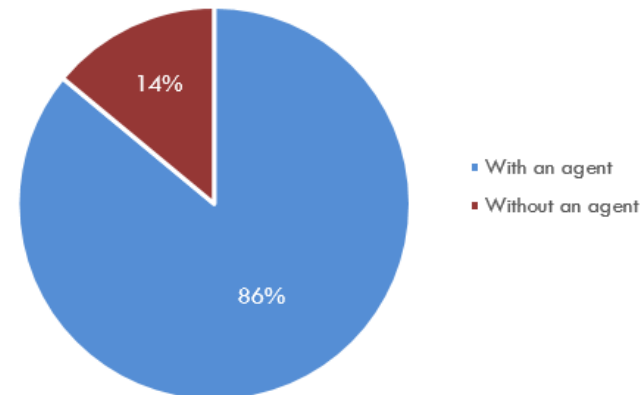
Agreement with “I can advise patients where to find resources about ADs”



Agreement with "There is not enough time during office visits to address Advance Care Planning with patients."



Staff Who Have Appointed a Healthcare Agent



n=7

Limitations

- Difference in mean ratings pre- and post-presentation did not reach statistical significance
 - Possible reasons for this:
 - Those surveyed may have started out highly knowledgeable regarding Advance Directives
 - Staff had been at the practice for many years
 - Sample included a disproportionate number of physicians and fewer RNs/LPNs/LNAs, who may be less familiar with ADs
 - Survey method was not well-suited for the setting
 - Presentation was given during lunch hour, and staff came and went during
 - Surveys were completed by fewer staff members than attended
 - Two people completed a pre-presentation survey but left prior to the end
 - Ultimately, the sample size (n=7 and 5, pre- and post-) was simply too small to draw conclusions
- Time constraints did not allow for more in-depth exploration of ADs
- Future proposal to assess efficacy of staff education:
 - Provide online module/PowerPoint for staff to review when convenient
 - Electronic surveys could then be completed, allowing for greater statistical power than was possible in my assessment

Efficacy

- Aspects of presentation worked well:
 - Specific questions posed by staff over prior weeks were addressed
 - Notably, question of how to access Vermont AD Registry was answered and an access code established for the practice
 - Presentation was made available electronically for reference
- Comments were positive
 - Staff who may not otherwise be counseling patients expressed that they felt empowered to do so
 - Staff noted that they often felt frustrated handing patients AD forms which may ever be returned; after presentation, they observed that providing AD forms still initiated an important conversation for patients and their families
- Variance of responses decreased while mean agreement with statements increased, indicating a qualitative improvement in knowledge of and comfort with ADs

Future Interventions

- Add AD training to onboarding for new staff
 - Future projects could create training materials for orientation
- Determination of best place in the workflow to integrate advanced care planning
- Train staff to identify what patients should receive the long-form AD
 - Patients with significant co-morbidities/terminal conditions
 - EMR could be automated to identify these patients
 - Too involved for office visit; organize follow-up with social worker if needed
- Encourage staff to complete their own Advance Directives!
 - Increases familiarity and comfort with process—complete yours, then help others
 - Health measure (receive \$35 for completion)



References

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4. Rao, Jaya K., et al. "Completion of advance directives among US consumers." *American journal of preventive medicine* 46.1 (2014): 65-70.
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