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Advance Directives: Assessing Effectiveness at a Health System

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Relevance/Significance

The Center for Medicare and Medicaid Services (CMS) requires organizations to comply with the Patient Self-Determination Act by having written policies and procedures that inform the admitted patient about his/her rights to execute an advance directive and engage in shared decision-making. Assessing the effectiveness of this health system's advance directives initiatives and processes for honoring patient's wishes was essential.

Evaluation

- Tables 1 and 2 illustrate the descriptive analysis of demographics between the pre and post groups as it relates to institutional ADs and no ADs.
- Comparative data analysis of pre and post study was done using bivariate comparisons of proportions with *p-value* set at .05.
- Comparisons of pre and post study showed statistically significantly less patients post with no advance directives (121, 48%) compared to pre (208, 83%); and greater number of patients post with institutional advance directives (126, 50%) compared to pre (86, 34%) (*p-value* < .05)

Advance Directives: Assessing Effectiveness at a Health System

Shared Decision-Making & Leadership

Purpose

The purpose of this research study was to compare advance directives data from a previous study (1999 – 2002) to assess the effectiveness of a nurse-driven, post enculturation (2011 – 2015) of a structured process for documented patient preferences at a health system.

Strategy and Implementation

Enculturation of a structured advance directives process was initiated by the Bioethics department in 2003 and included standardization of advance directives documents across the health system in English, Spanish, and Creole; development of a storage system in collaboration with health information management (HIM); creation of advance directives video on the patient education channel, and provision of ongoing education for all healthcare professionals and the community. Data from the previous descriptive study (1999 – 2002) that included only four of the hospitals, was retrieved and used as a comparative analysis, for the years 2011 – 2015, in this, totaling 500 de-identified, randomly selected medical records.

Outcomes

Table 1 Descriptive Analysis of Institutional AD Pre and Post Demographics

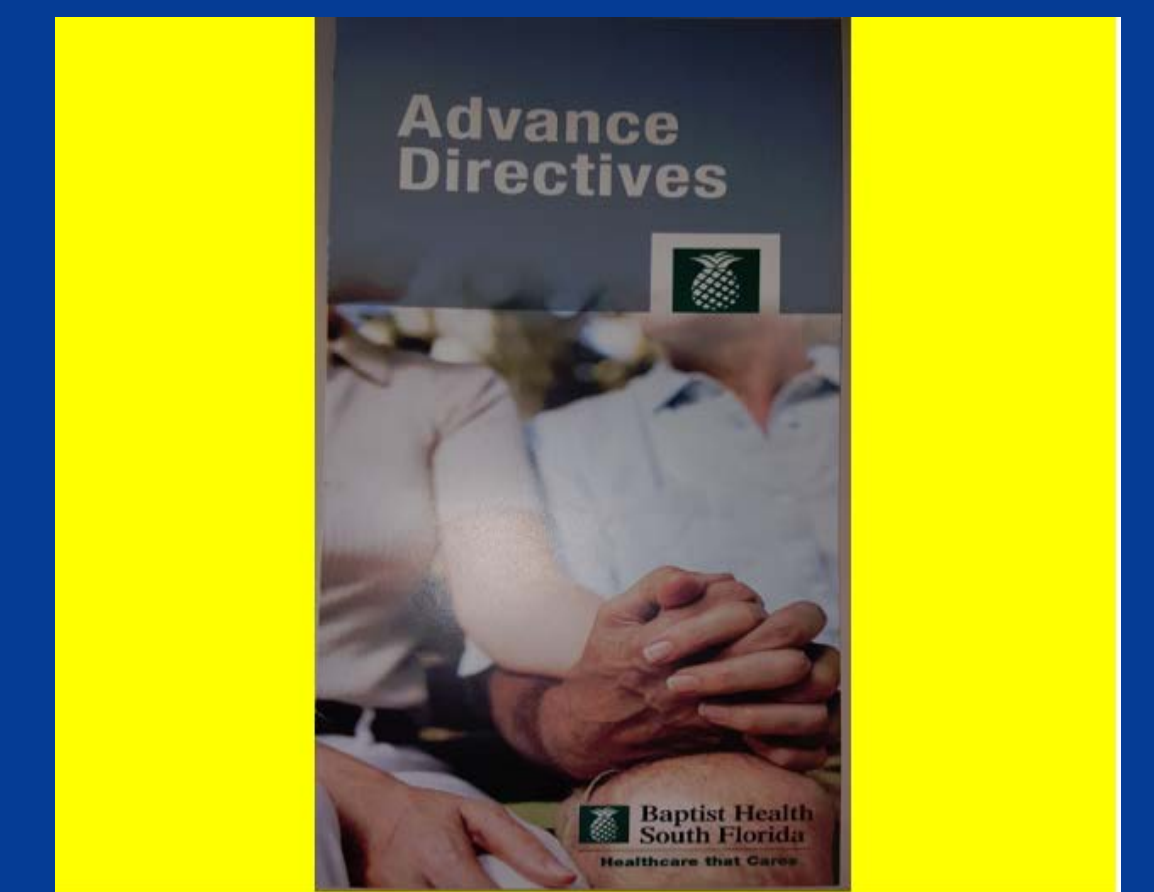
Variables	Institutional AD (Pre)	Institutional AD including Stored (Post)
All Study subjects	n=86	n=126
Age, mean (years)	54.22	56.36
Median household income, mean	\$48,511.33	\$51,514.79
Hispanic, n(%)	53(50.5%)	66(52.4%)
Type of Admit Highest, n(%)	Routine elective admission: 56(53.3%)	Emergency Admission/Urgent Admission: 74 (58.7%)
LOS, mean (days)	4.77	3.99
Mortality, n(%)	4(3.8%)	4(3.2%)
Having DNR order, n(%)	8(7.6%)	7(5.6%)
Requiring Proxy designation, n(%)	17(19.8%)	2(1.6%)
Having resuscitative measures, n(%)	0	0

Table 2 Descriptive Analysis of Does not Have an AD Pre and Post Demographics

Variables	Does Not Have AD (Pre)	Does Not Have AD (Post)
All Study subjects	n=208	n=121
Age, mean (years)	52.6	59.802
Median household income, mean	\$46,186	\$54,699.44
White Hispanic, n(%)	45(21.6%)	76(62.8%)
Type of Admit Highest, n(%)	Emergency Admission/Urgent Admission: 54(26%)	Emergency Admission/Urgent Admission: 85(70.2%)
LOS, mean (days)	4.8	5.28
Going on to complete hospital AD, n(%)	86(41.3%)	84 (69.4%)
Mortality, n(%)	8(3.8%)	4(3.3%)
Having DNR order, n(%)	12(5.8%)	10(8.3%)
Requiring Proxy designation, n(%)	16(7.7%)	17(14%)
Having resuscitative measures, n(%)	4(1.9%)	2(1.7%)

Discussion

- The sustained enculturation of a structured process for documenting patients' healthcare preferences at an acute care hospital system in South Florida, since 2004, has proven to be hardwired and efficient.



Implications for Practice

- Healthcare professionals can best provide quality, patient, family-centered care when patient's preferences are known through documented advance directives.
- Education for nurses, case managers, and physicians is essential for goal achievement.