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### Advance Directives: Effectiveness of a Structured Process for Documented Patient Preferences at a Health System

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## Methods

- This descriptive, comparative, analysis included 500 random patients from 4 hospitals and the enculturated descriptive analysis included 302 patients from 6 hospitals.
- Comparative data analysis of pre and post study was done using bivariate comparisons of proportions with *p-value* set at .05.

## Evaluation

- **Table 1** illustrate the comparative analysis of Pre-study versus Post-study Four Hospitals (n=500), There was a statistically significantly less patients post with no AD (121, 48%) compared to pre (208, 83%); and greater number of patients post with institutional AD (126, 50%) compared to pre (86, 34%) (*p-value* < .05)
- **Figure 1** illustrates the breakdown of AD in Post Study Group, 6-hospitals (n = 302). AD found in the medical records represented 163 (54%) with 10 (3%) as stored personal AD and 155 (51%) having an institutional AD. Of the 155 only 58 (19%) were found stored and the remaining patients 97 (32%) completed AD after admission. Healthcare surrogates represented the highest completed documents 278 (92%).

## Shared Decision-Making & Leadership

### Purpose

The purpose of this research study was to compare advance directives (AD) data from a previous study (1999 – 2002) to post enculturation of structured AD process for documented patient preferences during the period of 2011 – 2015. Secondly, to conduct a descriptive and bivariate analysis of the enculturated structured AD process during 2011 – 2015, at a health system.

### Significance, Strategy, and Implementation

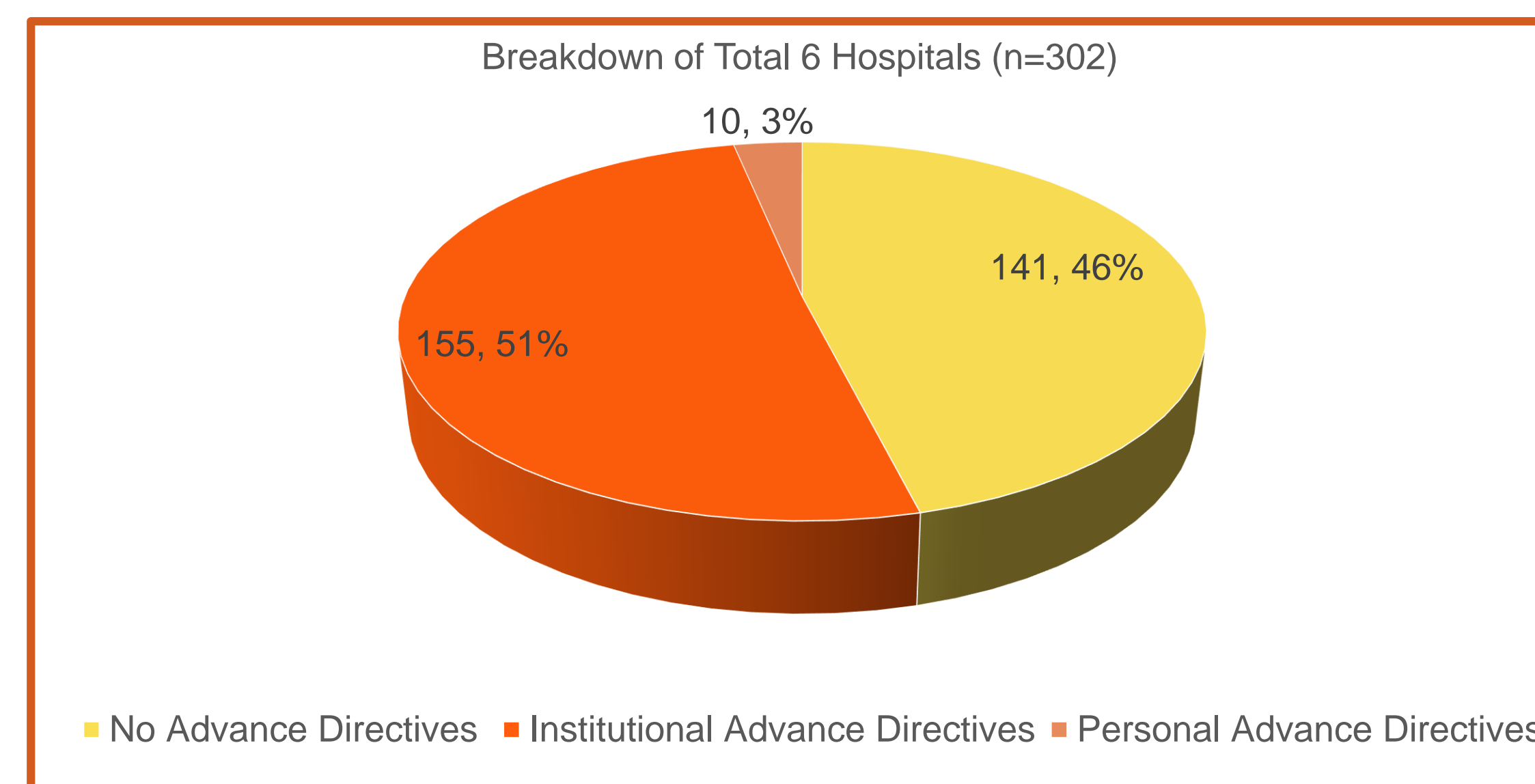
The Center for Medicare and Medicaid Services (CMS) requires organizations to comply with the Patient Self-Determination Act by having written policies and procedures that inform the admitted patient about his/her rights to execute an AD and engage in shared decision-making. Enculturation of a structured AD process was initiated by the Bioethics department in 2003 and included standardization of AD documents across the health system in English, Spanish, and Creole; development of a storage system in collaboration with health information management (HIM); creation of AD video on the patient education channel, and provision of ongoing education for all healthcare professionals and the community. Assessing the effectiveness of this enculturated process was essential.

## Outcomes

**Table 1 Comparative Analysis of Pre-study versus Post-Study, Four Hospitals (n=500)**

Variable	Prestudy (n = 250)	Poststudy (n = 250)	
No advance directives	208 (83%)	121 (48%)	<i>p</i> < .05
Claims to have an advanced directive	29 (12%)	3 (1%)	<i>p</i> < .05
Institutional advance directives	86 (34%)	126 (50%)	<i>p</i> < .05

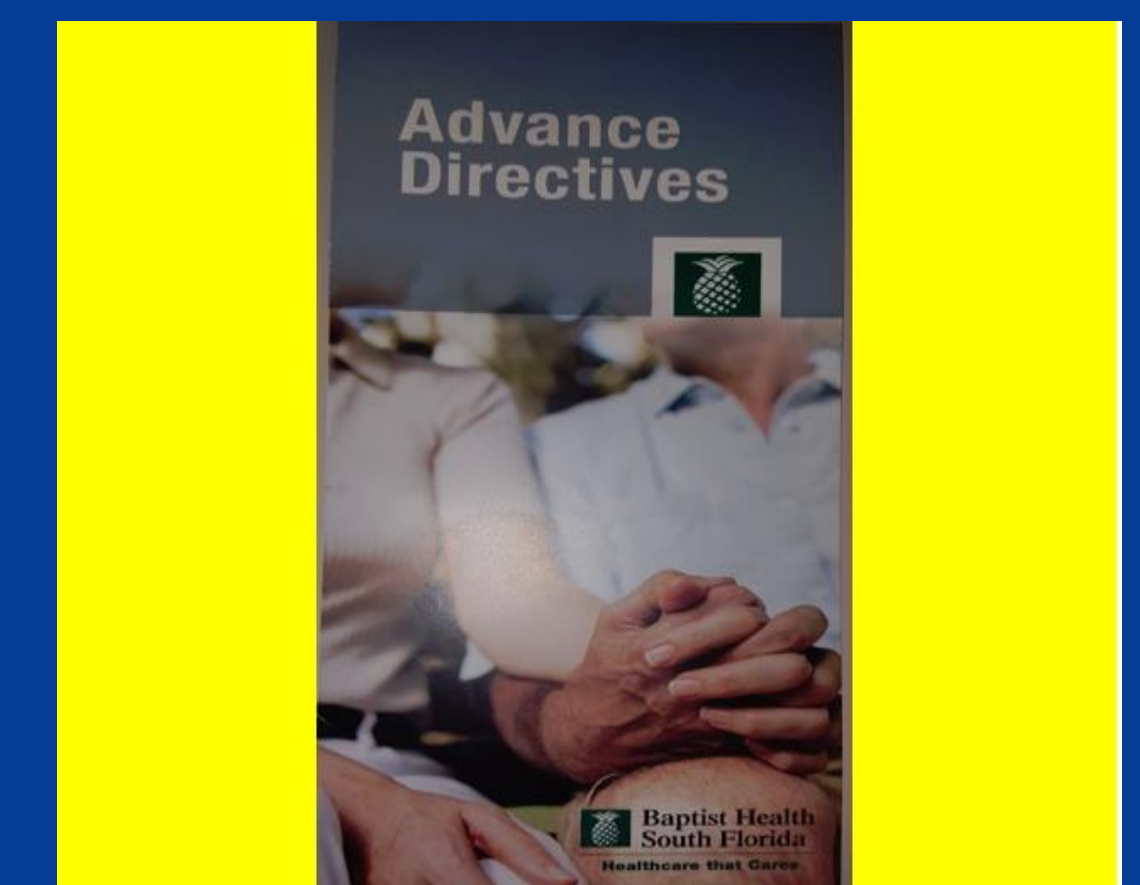
**Figure 1 Breakdown of Advance Directives in Post Study Group, 6 Hospitals (n = 302)**



Citation: Allen et al. (2019). Outcomes comparison of enculturating advance directives process at a health system. *SAGE Open Nursing*, 5, 1-9

## 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.