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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

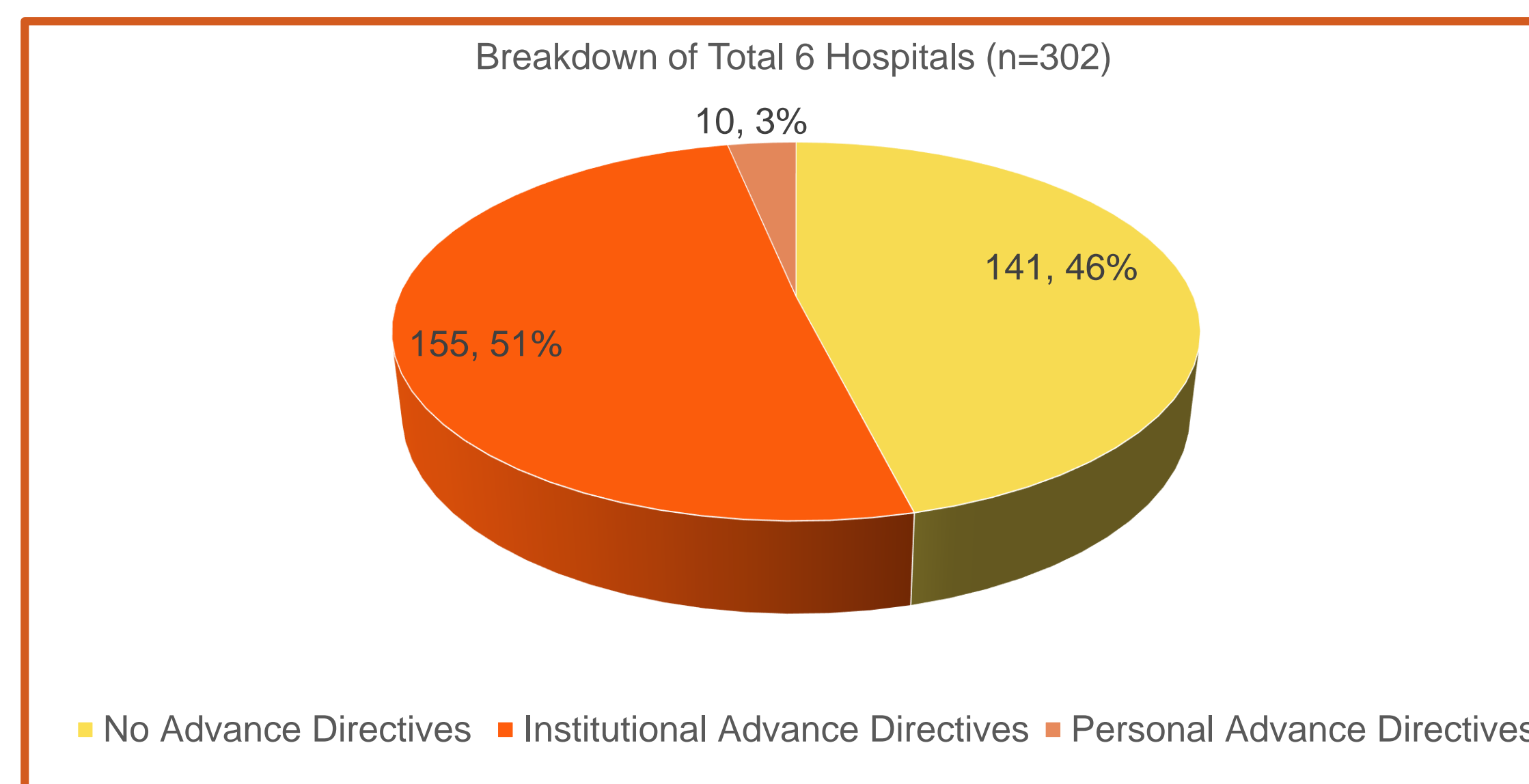
The Center for Medicare and Medicaid Services (CMS) requires organizations to comply with the Patient Self-Determination Act by having written policies and procedures that inform the admitted patient about his/her rights to execute an AD and engage in shared decision-making. Enculturation of a structured 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

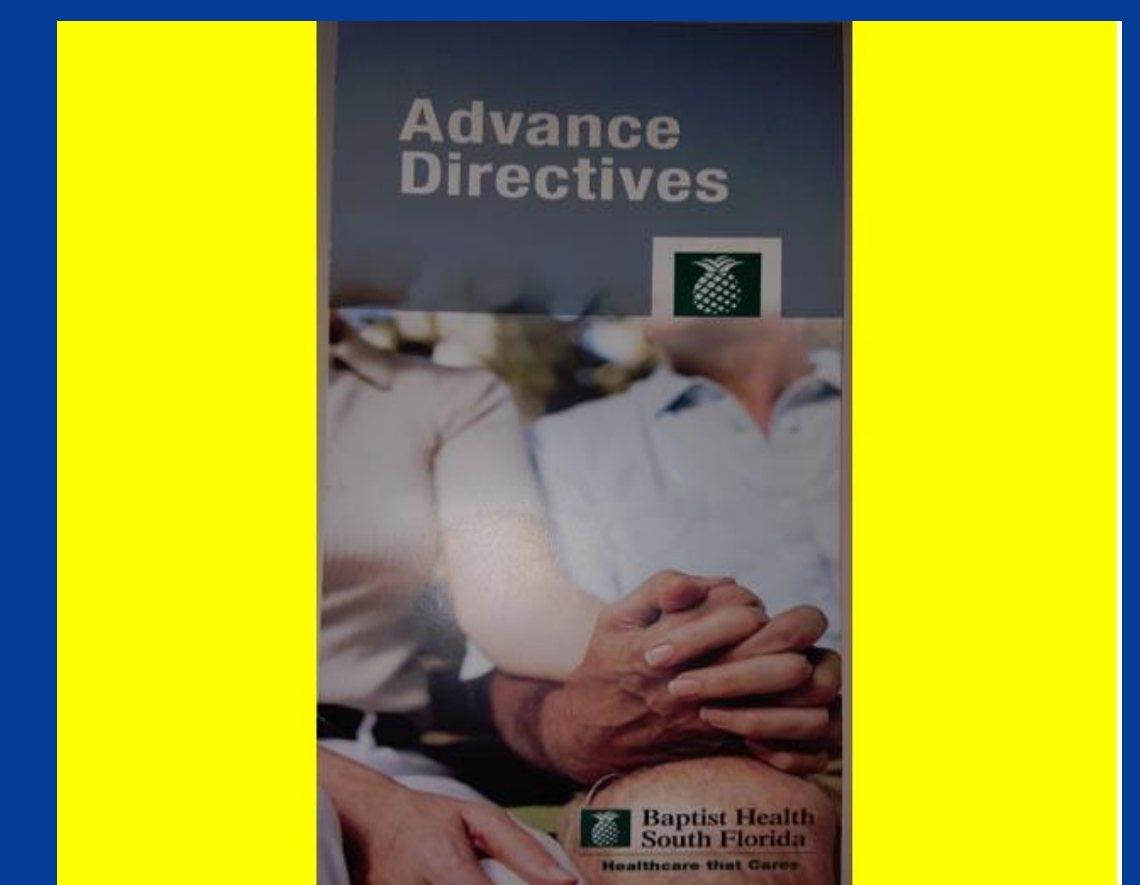
Figure 1 Breakdown of Advance Directives in Post Study Group, 6 Hospitals (n = 302)



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.