

ASCO's Quality Training Program

Project Title: Increase the percent of advance directives in patient medical records

Presenter's Name: Christopher Waynick, M.D.; Victor Gian, MD; Jan Conwill, MBA

Institution: Tennessee Oncology, PLLC

Date: October 18th, 2017

Institutional Overview

Tennessee Oncology is one of the nation's leading organizations of cancer care specialists and is nationally recognized for clinical trial research and innovation in patient care.

We are one of the largest physician-owned practices in the country with nearly 80 physician partners in 30 locations throughout Middle and Southeast Tennessee.

We offer a comprehensive range of cancer care services including specialized oncology nursing care, laboratory services, outpatient chemotherapy, palliative care, specialty pharmacy, PET/CT services and patient education and support services.



Problem Statement

Advance care planning is often initiated too late and well into a serious illness. This leads to added stress and high resource utilization at the end of life which is contrary to many patients' wishes.^{1,2} Ideally, discussions about what is important to patients should start early.²

An advance directive (AD) documents patient preferences for end-of-life care. It is estimated, that 25-50% of new cancer diagnosis patients in our clinic have an existing AD, while less than 2% of patients have an AD in their medical record.

Team Members

Leader: Christopher Waynick, M.D.

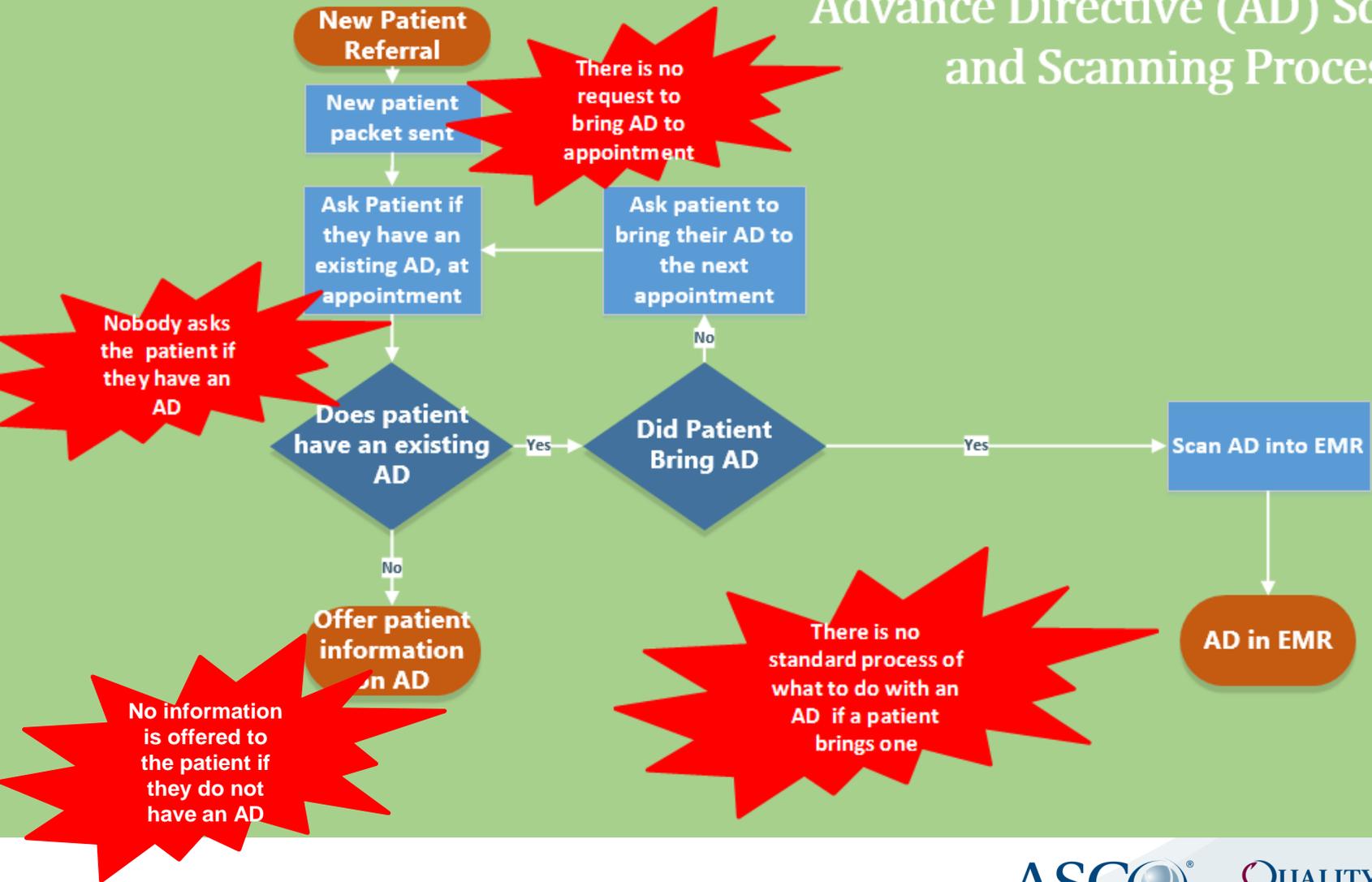
Members: Victor Gian, M.D.; Jan Conwill, Regional Operations Manager; Ellen Distefano, QTP Improvement Coach

Jani Sarratt, Process Improvement Specialist; Lynne Martin, RN; Kathryn Grant, NP; Carrie Toombs, Patient Navigator; Nidhi Tammareddi, Patient Navigator; Karissa Cagle, Front Office

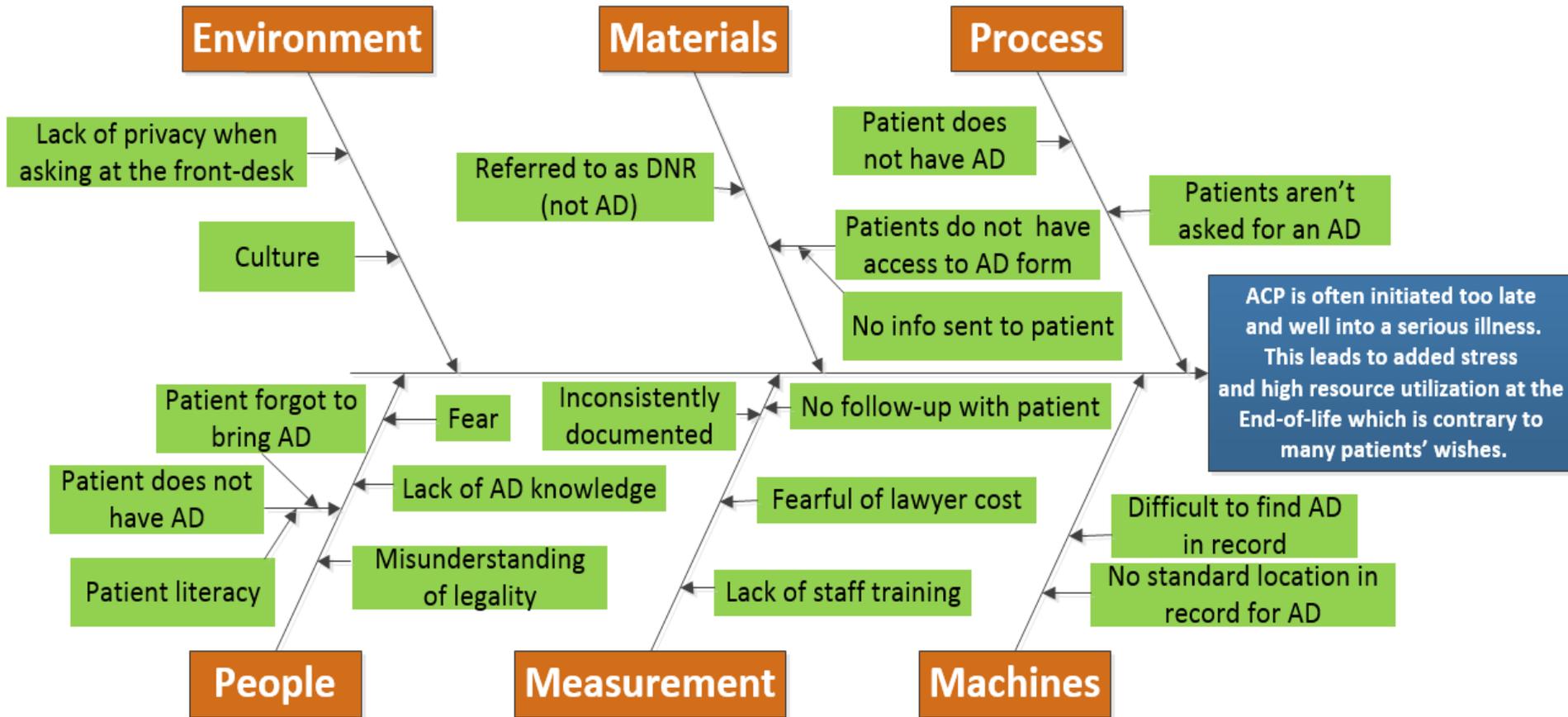
Project Sponsor: Jeff Patton, M.D.; CEO Tennessee Oncology, PLLC

Process Map

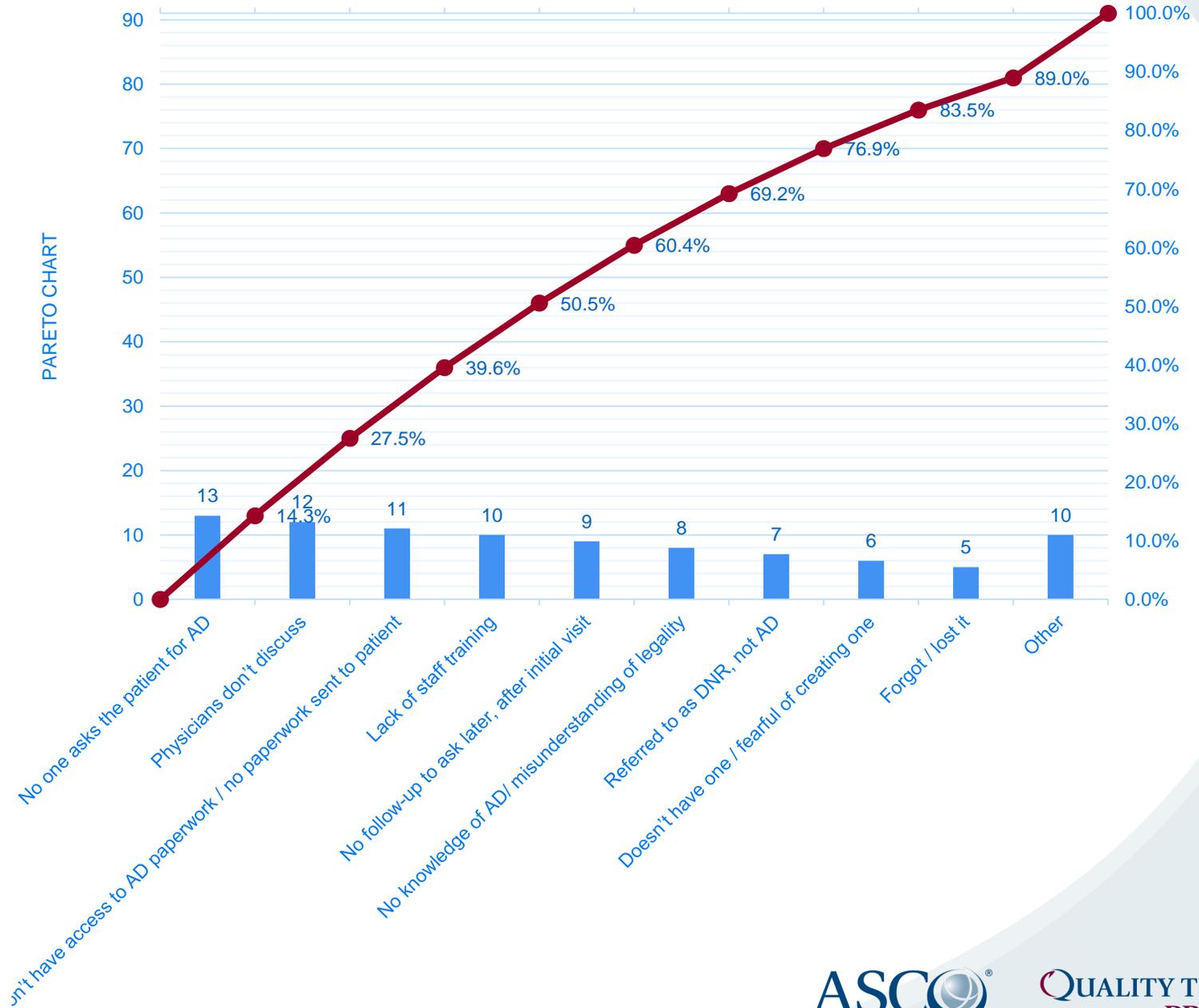
Advance Directive (AD) Screening and Scanning Process



Cause & Effect Diagram



Pareto Chart



CATEGORIES



Diagnostic Data

- A view of 79 new patient's medical records, with a cancer diagnosis, ≥ 65 years old, who had a visit within 30-days of their first appointment, who were seen between January 1, 2017 and March 31, 2017 revealed:
 - 25.58% of these patients claimed to have an AD
 - 5% of these patients had an AD documented in the record within 30 days after first visit.
- Observation and staff interviews findings:
 - Process for screening for AD is unknown
 - Process for collecting and scanning into the medical record is not followed.
 - Staff are unfamiliar with AD in general.

Aim Statement

This project aims to increase the percent of AD in the medical record of new patients, with a cancer diagnosis ≥ 65 years old, who had a visit within 30-days of their first appointment, and noted to have an AD to at least 20% by October 1st.

Measures

- **Measure:** Percent of new patients, with a cancer diagnosis, ≥ 65 years old, who had a visit within 30-days of their first appointment, who have an AD in their medical records.
- **Patient Population:** New patients, with a cancer diagnosis, ≥ 65 years old, who have had a visit within 30-days of their first appointment.
- **Calculation methodology:**
 - **Numerator:** Number of new patients, with a cancer diagnosis, ≥ 65 years old, who had a visit within 30-days of their first appointment, who have an AD in their medical records.
 - **Denominator:** Number of new patients, with a cancer diagnosis ≥ 65 years old, who have had a visit within 30-days of their first appointment.
- **Data source:** Medical record review.
- **Data collection frequency:** 3-weeks post implementation/test of change.
- **Data quality (any limitations):** none

Baseline Data

5% of new patients, with a cancer diagnosis ≥ 65 years old, who had a visit within 30-days of their first appointment, and noted to have an AD, actually had an AD in their medical records

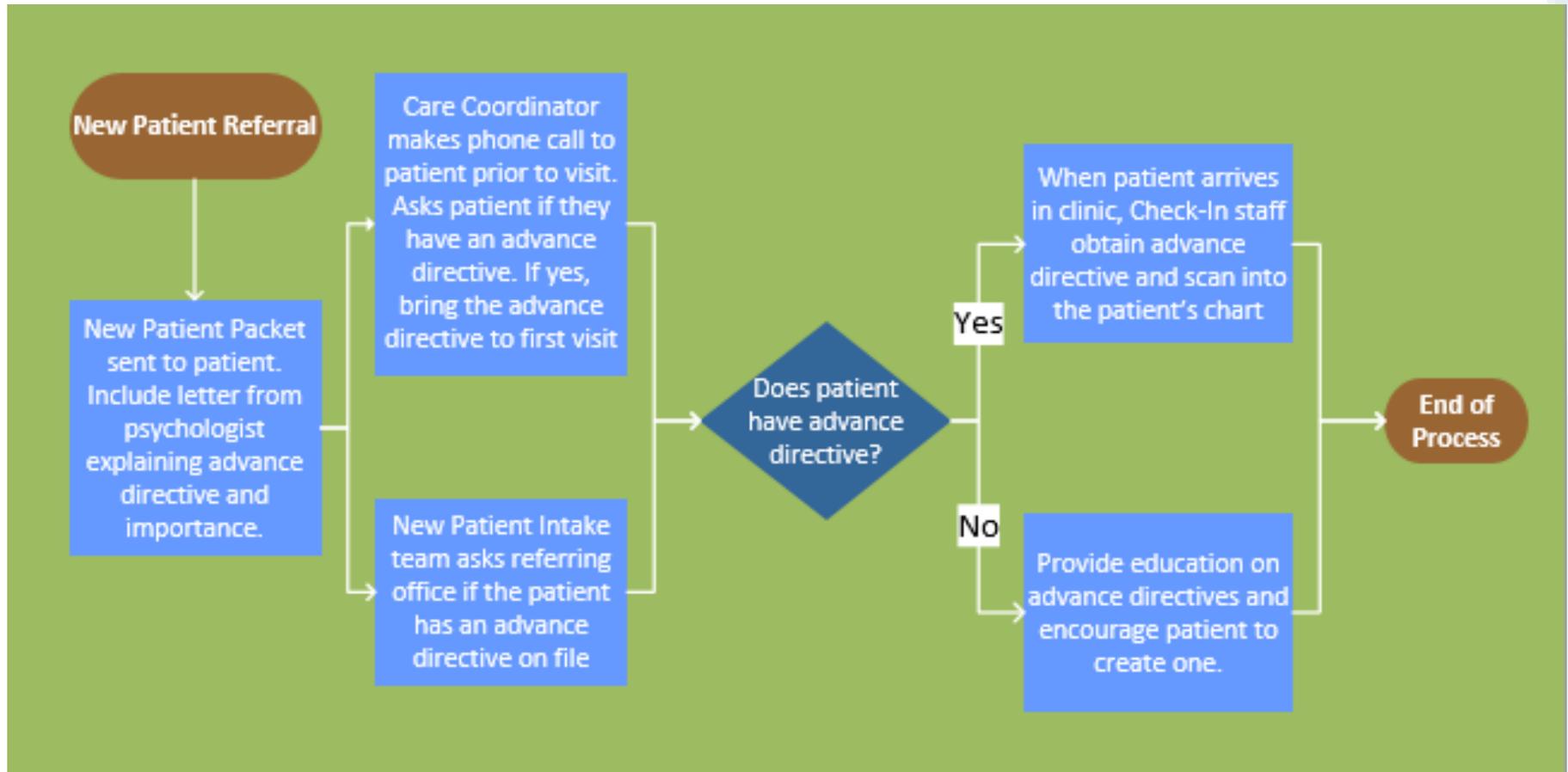
Prioritized List of Changes (Priority/Pay-Off Matrix)

Impact	High	<ul style="list-style-type: none"> • Create brochure for exam room • Request advance directive from hospital/referring MD • Assign a department to ask about advance directive and follow up to ensure it gets to the care 	<ul style="list-style-type: none"> • Create a document to send in the new patient packet about advance directive
	Low	<ul style="list-style-type: none"> • Create checklist for NP Packet • Create checklist for pre-visit initial call for Care Coordinator • Have form at office to give interested patients 	<ul style="list-style-type: none"> • Designate check in person to determine if new patient has advance directive and ask for it if not already in chart
		Easy	Difficult
Ease of Implementation			

PDSA Plan (Tests of Change)

Date of PDSA cycle	Description of intervention	Results	Action steps
7/17/2017-8/4/2017	<p>Brightly colored paper in new patient packet asking patient to bring advance directive to first visit</p> <p>Care Coordinator ask patient to bring advance directive at first visit</p> <p>Request advance directive from referring institution</p>	3 out of 5 patients with an advance directive brought it to the clinic and it was scanned into chart	Does that patient have an advance directive they are not sharing with us?
8/7/2017-8/21/2017	Create letter from Psychologist for new patient packet	1 out of 1 patients with an advance directive brought it to the clinic	<p>Need education materials to help patients understand why creating an advance directive is</p> <p>creating an advance directive is</p>

Improved Process Map



Barriers and Issues

- Patients are confused on what an advance directive is
 - Power of Attorney
 - Medical Power of Attorney
 - Patient does not want to share with physician
 - Not in patient's possession
- Obtaining patient education materials

Materials Developed

PDSA Cycle 1 New Patient Packet Insert

IMPORTANT NOTICE

If you have an Advance Directive or Advance Care Planning document,
Please **bring a copy with you** to your doctor's visit.

We need to put a copy in your chart.

Thank You

PDSA Cycle 2 New Patient Packet Insert

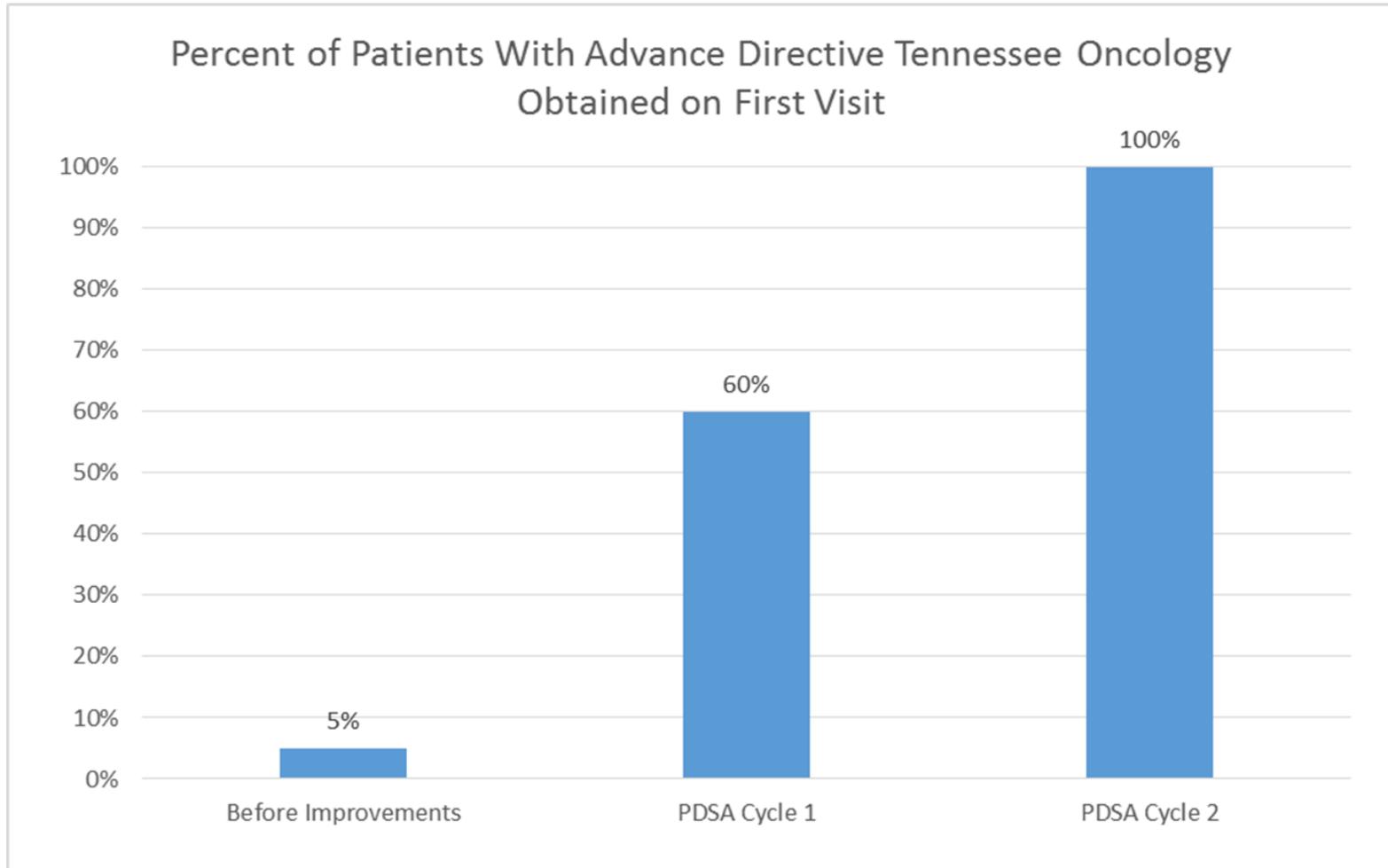
Dear Patient:

We encourage you to be actively involved in your medical care plan. We know the importance of communication between you and your loved ones, and your physicians, about your diagnosis, treatment options, values and wishes. The best way to ensure that you have a voice in your care is to keep that communication open with your loved ones and your medical team.

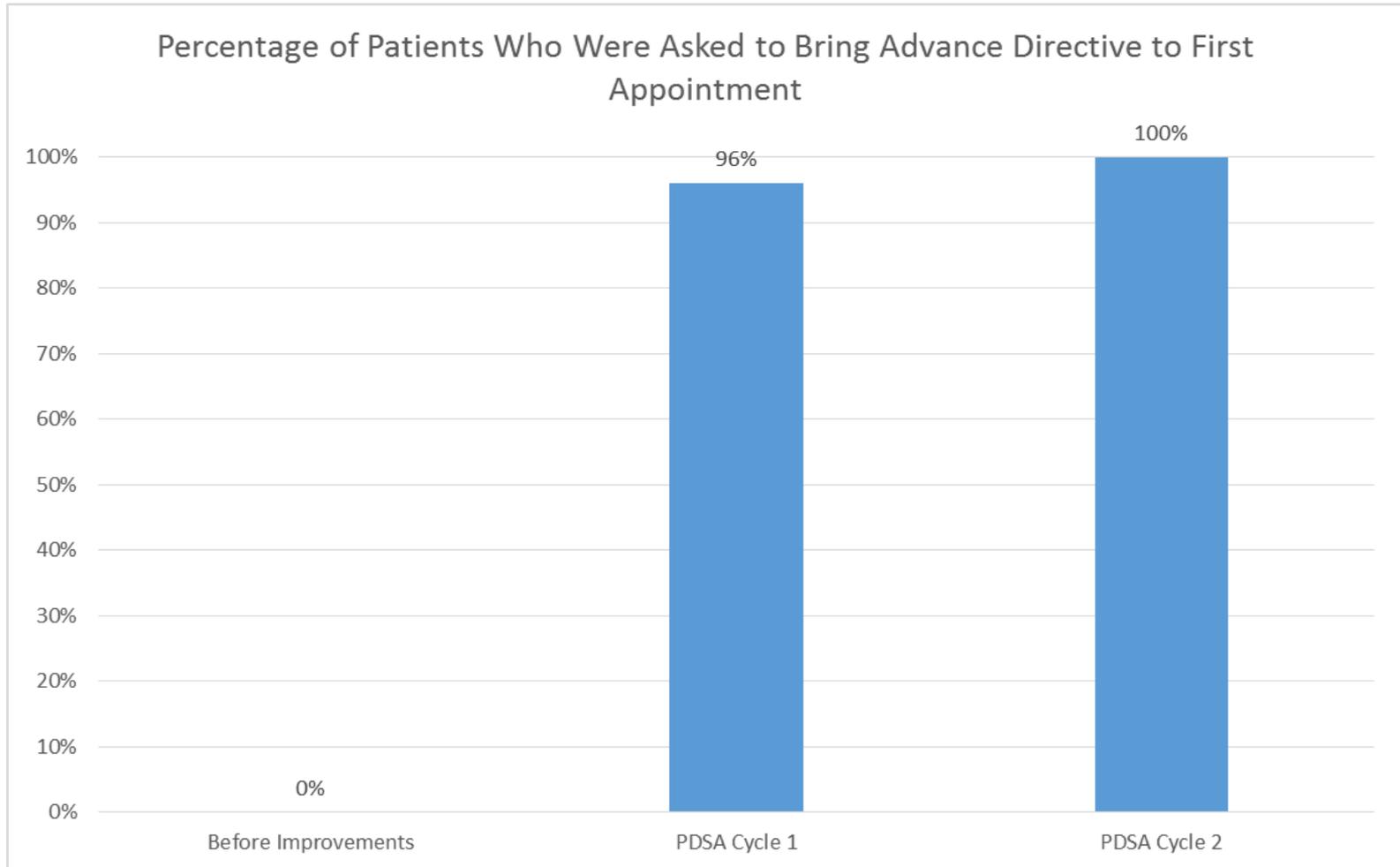
The process of making decisions about future care is called advance care planning. Advance directives are legal papers in which you tell your doctors and loved ones what type of medical care you want, if you can't tell them yourself due to medication, sedation or perhaps a serious medical condition. An advanced directive is not a power of attorney, health power of attorney or a will. Advanced directive forms are available in our office.

Once you've talked with your loved ones about your wishes, please complete the advance directive documents and make sure to give copies to your health care providers. This is one of the most important things you can do for your medical care and peace of mind.

Change Data



Change Data



Conclusions

- Communicating with the patient allowed them to know what we need from them
 - Second improvement displayed that explaining why, not just how provides better results
- Creating a formal process gives structure for the staff to know what to do with the advance directives when the patient arrives

Next Steps/Plan for Sustainability

- Obtain patient education brochures
- Focus on patients who do not have an AD
- Expand to other clinics within practice

Increase the percent of advance directive in patient medical records

AIM: To increase the percent of AD in the medical record of new patients, with a cancer diagnosis ≥ 65 years old, who had a visit within 30-days of their first appointment, and already have an AD to at least 20% by October 1st.

INTERVENTION: Over the PDSA cycles, the following interventions were used:

- Include request to bring advance directive to first doctor visit
 - Care Coordinator remind the patient to bring the advance directive
 - Change notice requesting advance directive to letter from psychologist explaining importance
 - Request advance directive from referring hospital or office
- Attempted to use brochures, but were unable to order

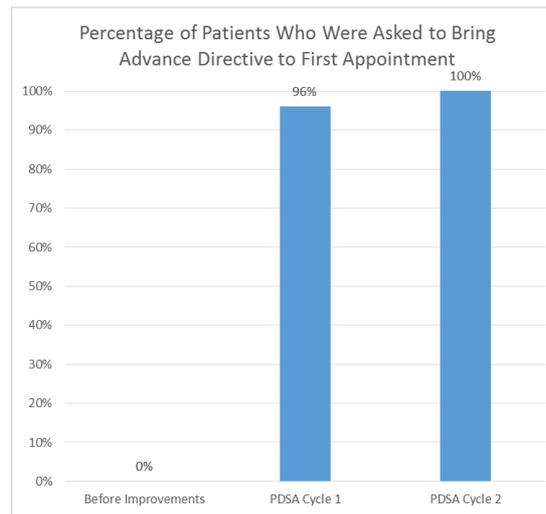
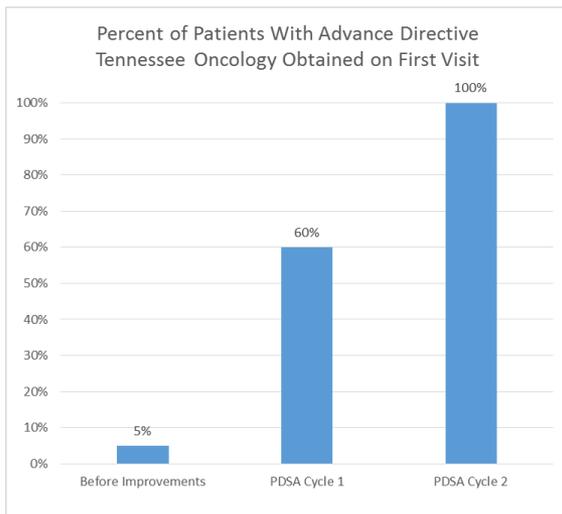
TEAM:

- Physicians and Providers: Christopher Waynick, M.D., Victor Gian, M.D., Kathryn Grant, NP
- Nursing: Lynne Martin, Carrie Toombs, Nidhi Tammareddi
- Front Office: Karissa Cagle
- Administration: Jan Conwill, Jani Sarratt

PROJECT SPONSOR:

- Jeff Patton, M.D., CEO

RESULTS: We exceeded our goal of 20% of patients with an advance directive bringing the document on the first visit and it is scanned into their chart that day.



CONCLUSIONS:

- Communicating with the patient allows them to provide the information we need
- Including the “why” rather than just the “how” improves results
- Creating a formal process ensures improvement

NEXT STEPS: As we have removed barriers initially faced, we plan to complete the following in coming PDSA cycles:

- Obtain patient education brochures to give when patients want to create an advance directive
- Expand to other clinics within practice
- Focus on patients who do not already have an AD