Utilizing the Electronic Health Record to Increase Advance Care Planning and Improve Access to Advance Directives

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A recent quality improvement project to increase the number of ACP discussions we were having in our rural, outpatient clinic shed light on the fact that even once collected, advance directives (ADs) were difficult to access in our electronic health record (EHR). The current quality improvement project was undertaken with the goal of improving access to ADs by allowing medical staff to quickly determine if a patient has an advance directive on file and hasten retrieval if the document exists. We conceptualized and implemented an access icon that secondarily serves as an illuminating prompt for physicians to assist in ACP and composition of ADs when documentation is not scanned into the patient's chart. Medical staff were surveyed, pre- and post-implementation and demonstration of the icon, on their confidence in their ability to quickly determine if an AD is present in the EHR and ability to retrieve the document if present. Baseline data revealed that only 6.8% of patients empaneled to our resident physicians have existing, scanned documents in their electronic charts, and our medical staff were not confident that they could easily locate or retrieve scanned ADs in a timely manner. The post-implementation survey showed a statistically significant difference in the number of medical staff members confident in their ability to easily locate and retrieve ADs in a timely manner. Since its implementation, the access icon has improved ease-of-use for our medical staff, simplified access to ADs, and should continue to increase ACP within our clinical setting.

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INTRODUCTION

Just as there are barriers to advance care planning (ACP) and composition of the advance directive (AD), there are obstacles to overcome in implementation of completed ADs. One previously reported health-system related factor is access to the AD. A recent quality improvement project to increase the number of ACP discussions we were having in our rural, outpatient clinic shed light on the fact that even once collected, ADs were difficult to access in our electronic health record. We found it to be cumbersome to determine if a patient had a scanned directive document on file and to extract the AD for use in end-of-life scenarios that require rapid retrieval.

OBJECTIVES

The current quality improvement project was undertaken with the goal of improving ease-of-use of our electronic health record in order to quickly determine if a patient has an advance directive on file and hasten retrieval if the document exists. In addition, we hope that the access icon created for this purpose will serve as a reminder for physicians to increase documentation of patients' wishes by encouraging advance care planning.

METHODS

- This ongoing, multi-dimensional effort first included a policy change to ensure that ADs are honored in all clinical settings within our health system.
- Next followed conceptualizing and programming the access icon in our electronic health record that secondarily serves as a prompt to physicians to assist in ACP and composition of ADs when such documentation is not scanned into the patient's chart.
- Before implementation of the icon, we surveyed medical staff on their confidence in ability to determine the presence of an AD or locate, retrieve, and print the AD.
- We repeated this survey after implementation of the access icon and demonstration of its use.
- We also collected baseline data on the percentage of patients empaneled to our residency clinic with an AD currently scanned in the electronic health record.
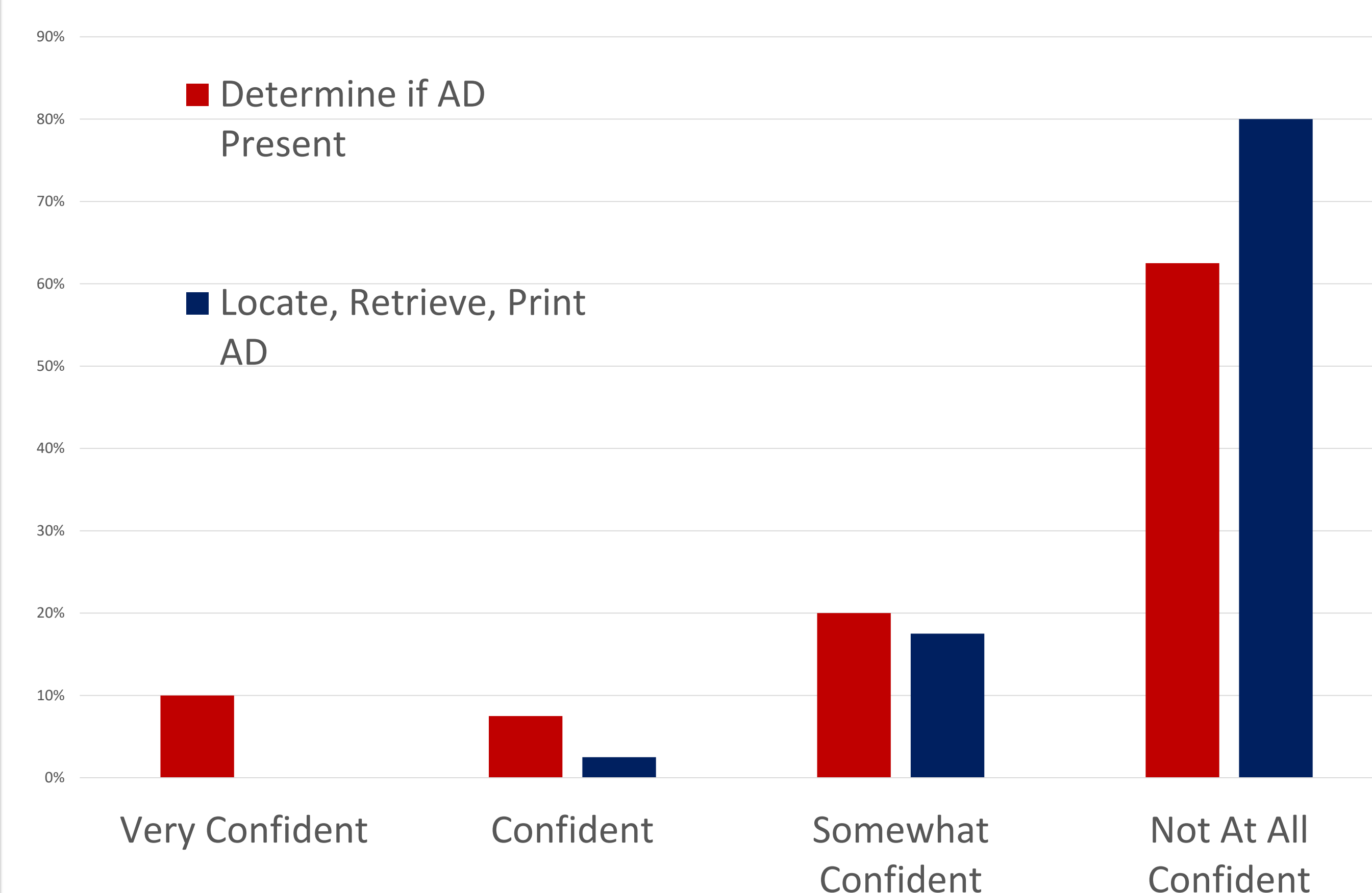
Electronic Health Record Access Icon

- Prior to implementation of the access icon, users had to search through a list of scanned documents to determine if an AD was present
- Now, the icon illuminates red if an AD is scanned
- When clicked, the icon displays the date (within 1-2 days) the document was scanned, allowing the user to quickly search the scanned document list
- Lack of illumination (grey color) of the icon may also serve as a reminder to complete advance care planning
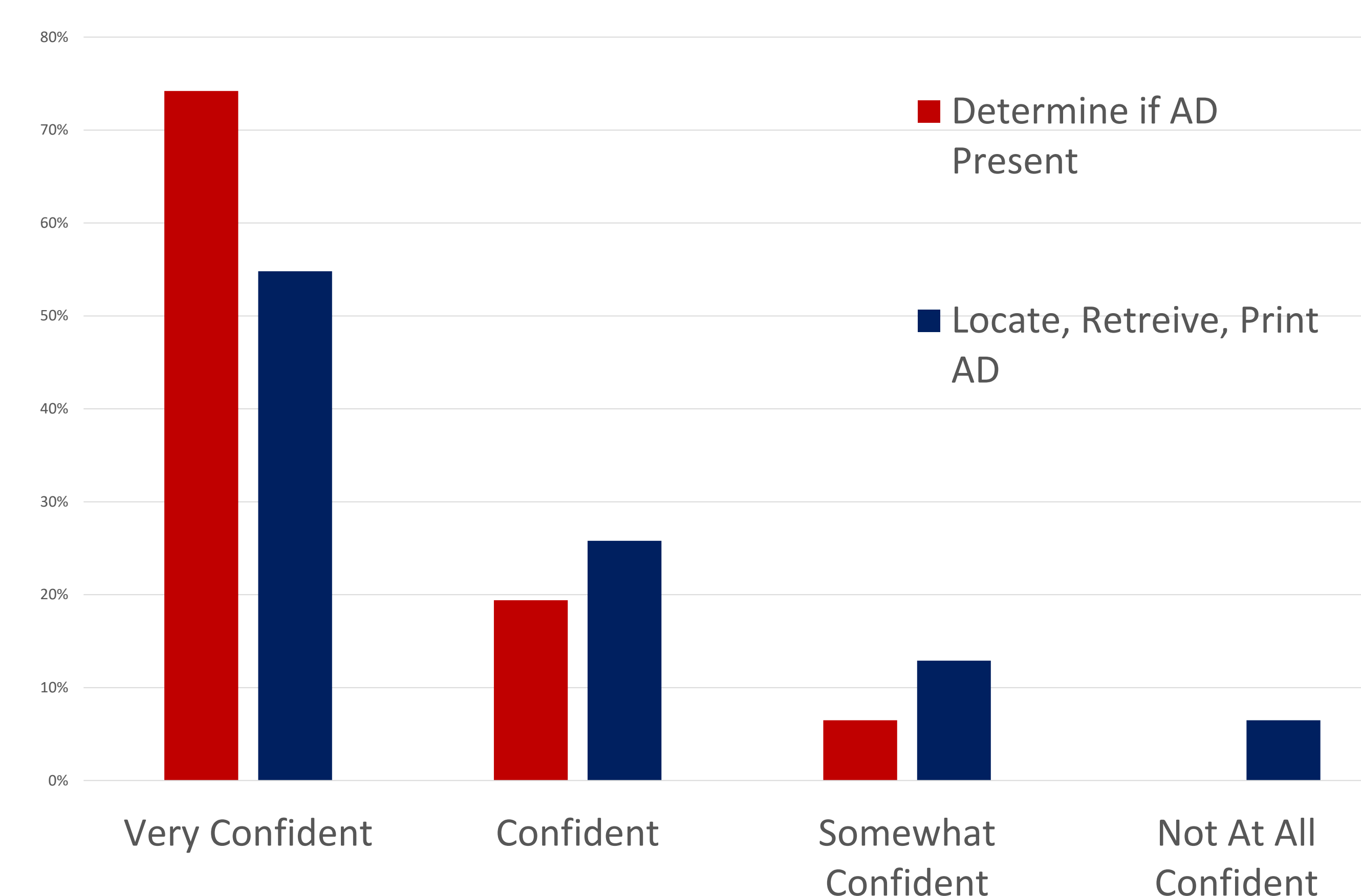
RESULTS

Medical Staff Confidence in Quickly (< 60 seconds) Accessing and Retrieving Advance Directives Before Access Icon

Medical Staff Confidence in Quickly (< 60 seconds) Accessing and Retrieving Advance Directives After Access Icon

Future Direction: We will query data every 3 months and use Plan-Do-Study-Act cycles of quality improvement to determine the efficacy of the reminder function of the icon. Our aim will be continuing to increase advance care planning performed, specifically in the residency clinic.

CONCLUSIONS

- For confidence in ability to quickly determine the presence of an AD, the mean confidence score (on a 1-4 scale of not confident to very confident) improved from 1.65 to 3.68 (p<0.0001)
- For confidence in ability to quickly locate, retrieve, and print an AD, the mean confidence score improved from 1.23 to 3.29 (p<0.0001)
- The access icon significantly improved medical staff confidence in ability to quickly access and retrieve ADs.

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