Advance Care Planning (ACP) is often completed by outpatient providers, however inpatient hospitalization presents a unique opportunity to elicit and document ACP.

Literature indicates that the presence of ACP documentation aligns care with patient wishes and may reduce unwanted procedures or interventions.

Pilot surveys at our institution show a wide variation in content and documentation of inpatient ACP discussions, with conversations recorded in H&P's, discharge summaries, event notes and progress notes.

Fragmented documentation practices make it difficult to locate and communicate inpatient discussions of ACP goals to outpatient and emergency room (ER) providers.

Background

Interventions

- Designed a template within the electronic discharge summary to standardize the location of ACP documentation.
- Provided performance data to housestaff on a bi-weekly basis.
- Offered housestaff a $400 incentive for completion of the ACP template for at least 75% medical patient admissions.

Project Goals

- Engage house-staff in quality improvement (QI) by collectively leading a medical center sponsored financial incentive program.
- Increase rates of ACP documentation for patients admitted to the medicine service.
- Standardize the location of ACP documentation in order to make this information easily accessible to inpatient, outpatient, and ER providers.
- Educate house-staff about key aspects of ACP conversations and documentation.

Project Plan

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- Provided performance data to housestaff on a bi-weekly basis.
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Results To-Date

Interventions

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Future Directions

- Survey house-staff, outpatient, and ER providers to assess the impact of standardized ACP documentation on patient outcomes.
- Consider expansion of documentation with the integration of Physician’s Orders For Life Sustaining Treatment (POLST) forms into the medical record.
- Collaborate with the Palliative Care service to enhance education about ACP documentation.
- Strategize ways to ensure continued high performance by house-staff after completion of the incentive program this academic year.
- Incorporate key aspects of the ACP template into the new EMR system (EPIC) to encourage continuity in practices.

Conclusions

- A resident-led QI program to improve rates of ACP documentation on the inpatient medicine service led to significantly higher rates of standardized, easily accessible documentation.
- Timely individualized feedback can motivate changes in house-staff behavior.
- In designing programs for house-staff participation in quality improvement, it is important to consider education to align goals, optimal methods for feedback, and incentives to promote desired change.

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