Increasing Advance Directive Rates in Primary Care:
Implementation of a Redesigned Form

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Increasing Advance Directives Rates in Primary Care: Implementation of a Redesigned Form

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Introduction
Lack of Advance Directives: An Overview

- Advance directives are useful tools that assist with planning for unforeseen medical circumstances.
  - Durable power of attorney
  - Living wills
- Advance directives are perfect examples of encouraging patient preference.
- Despite national initiatives, advance directive completion rates remain low among the geriatric population.
- Lack of advance directives can lead to emotional and financial stress for the individual and the family.

Ball et al., 2016; Chin-Yee et al., 2017; Epstein et al., 2011; Yadav et al., 2017
Clinical Significance

- Lack of advance directives can lead to serious emotional and financial consequences.
- Most Americans wish to die at home but only 20% will do so.
- Acute care stays at the end of life are expensive.
  - Medicare spends 21% on care within the last year of life; most is allocated towards acute care.
- Family is more likely to experience caregiver burden and the same or higher levels of stress, anxiety, or depression.

Brinkman-Stoppelenburg et al., 2014; Chin-Yee et al., 2017; Duncan et al., 2019; Stanford Medicine, n.d.
Clinical Problem

- Only 45.6% of geriatric patients in the United States have completed an advance directive.
- Multiple initiatives have tried to address the problem.
  - National Healthcare Decisions Day; April 16.
- Socioeconomic factors affect completion rates of advance directives.
  - Individuals who are white are more likely to have an advance directive
  - Individuals with higher education and higher income are also more likely to have an advance directive, despite race.

The Conversation Project, 2018; Epstein et al., 2011; Koss & Baker, 2017; Koss & Baker, 2018; Noh et al., 2018; Peterson et al., 2019; Yadav et al., 2017
Barrier to Advance Directive Completion: Literacy Level

- Average reading level for advance directive documents: 12\textsuperscript{th} grade reading level
- Average reading level for the geriatric population: 8\textsuperscript{th} grade reading level

Barker et al., 2019; Nouri et al., 2019
Purpose

• To trial a redesigned advance directive form written at a lower literacy level, *Five Wishes*, in a primary care setting.

Goals

• Increase advance directive rates by 25% among the geriatric population at the primary care clinic.
Guiding Framework

- Johns Hopkins Nursing Evidence Based Practice Model
  - Developed for the bedside nurse to translate evidence into practice.
  - Provides an extensive catalog of tools that guides the project from literature search to dissemination of findings.
  - Has been used successfully in several DNP evidence-based projects

Dang & Dearholt, 2018; Massmann et al., 2019; Verrillo & Winters, 2018
Guiding Framework: Model for Improvement

“In geriatric patients, how does providing a redesigned advance directive form written at a lower literacy level compared to a state-sponsored advance directive form affect advance directive completion rates?”
Evidence
Literature Search

![PRISMA Diagram](image)

Appendix D through Appendix H of the Johns Hopkins Nursing Evidence Based Practice Model were used to critically appraise the literature.

Level and Quality Grade

- 5 out of 6 articles were level III evidence.
- 1 article, a quality improvement project, was level V.
- All articles were categorized as either good or high-quality.
Evidence Synthesis

- Different redesigned forms were analyzed in different studies.
  - Letter Advance Directive
  - PREPARE Advance Directive
  - *Five Wishes* form

- All forms were redesigned at a lower literacy level.
- All redesigned forms increased advance directive completion rates.

Periyakoil et al., 2017; Sudore et al., 2007; Sudore et al., 2017; Sudore et al., 2018; Wickersham et al., 2019
Clinical Expertise

- The U.S. Department of Health and Human Services recommends that educational and legal health forms are rewritten with low-literacy individuals in mind.
- In a quality improvement project, the *Five Wishes* advance directive document increased completion rates by 25.4% among geriatric patients.

Atherton, 2019; U.S. Department of Health and Human Services, 2010
Advance directives are a tool that exemplifies the four tenants of patient-centered care.
- Respect and dignity
- Information sharing
- Participation
- Collaboration

Death is not only a physical process but an emotional process.
- The *Five Wishes* form was preferred by patients when compared to a state-sponsored form.
- Patients specifically remembered the sections related to the emotional aspect.

Hotz et al., 2016; Wickersham et al., 2019
Recommendation for Practice

- There is **good and consistent** evidence to support the implementation of a pilot change project to introduce a redesigned advance directive in a primary care setting.
- The *Five Wishes* form was used based on financial aspects and availability of the form.
Aims of Proposed Practice Change

- To increase advance directive completion rates among the geriatric population by 25% in a three-month period.
Implementation
Setting and Population

- The project took place at a primary care clinic in East Tennessee.
  - Served 2,274 patients in 2019.
  - Payer mix is varied: 40% TennCare, 29% Self pay, 15% commercial insurance, 14% Medicare
- The clinic is a part of a larger integrated health system that serves over 69,000 patients in 13 East Tennessee counties.
- Approval was granted by the Director of Primary Care and the University of Tennessee IRB.
Project Team and Stakeholders

- Key project members:
  - DNP Student
  - Director of Primary Care
  - Director of Operations
  - Providers at clinic
  - Nursing and ancillary staff
  - Front desk staff
  - UTK statistician

- Stakeholders not on project team:
  - Patients
  - Caregivers and family members
  - Other providers
• Barriers
  • Lack of knowledge
  • Inexperience with implementation projects
  • Workload
  • Effects of COVID-19 pandemic

• Facilitators
  • Desire for evidence-based practice
  • Majority of patients wish to have conversations
  • Supportive evidence
  • Low cost of form
  • Reimbursement from Medicare
COVID-19 Considerations

• Population of interest was vulnerable to poor outcomes from COVID-19.
• The DNP student did not have any direct contact with patients.
• Masks were worn per project site policy.
Five Wishes Form

• A redesigned form that is written at an 8\textsuperscript{th} grade reading level.
• A legal advance directive in 42 states, including Tennessee.
  • Notary is not required in Tennessee, but two witness signatures are needed.
• 11-page form that addresses five “wishes” and covers medical, emotional, and spiritual preferences.
Timeline

- Education provided to staff at the clinic
  - January 2021

- PDSA Cycles
- Providers will offer Five Wishes form to patients
  - March-May 2021

- Data collection and analysis
  - April - August 2021

- Dissemination of findings to relevant stakeholders
  - November 2021
Providers and staff were educated on the problem and purpose and goals of the project.

Providers asked patients ages 65 and older their advance directive status, offer the Five Wishes form, and address any questions.

Documentation of patients who received the form was charted in the EHR.

The DNP student recorded demographic and follow up with patients from the clinic at six-weeks and twelve-weeks.
Evaluation
Measures of Success

- Outcome measures
  - Advance directive completion rates at six-weeks and twelve-weeks.
Data Evaluation

- **Data collection:**
  - From April 2021 to July 2021
  - Information was gathered from the EHR and follow up phone calls.

- **Data variables:**
  - Demographics
    - Age
    - Race
    - Ethnicity
    - Gender
  - # of completed advance directives at baseline
  - # of advance directives offered
  - # of completed advance directives after six-weeks
  - # of completed advance directives after twelve-weeks
Data Analysis

- IBM Statistical Package for the Social Sciences was used to analyze data.
- Comparison of pre-intervention population and post intervention population.
  - t-test for age
  - Chi-square test for race, ethnicity, and gender
Data Security

- No PHI was recorded by the DNP student.
- Physical files were kept at the project site in the nurse manager’s office.
- Electronic files were password protected and stored on UTK’s Office365 OneDrive account.
  - HIPAA/PHI certified
- Any data transfer was shared through UT Vault, a secure platform.
Findings
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Completed AD (n = 3)</th>
<th>Did Not Complete AD (n = 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years, M ± SD</td>
<td>69.00 ± 4.93</td>
<td>71.75 ± 3.09</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1 (14.29)</td>
<td>2 (28.57)</td>
</tr>
<tr>
<td>Female</td>
<td>2 (28.57)</td>
<td>2 (28.57)</td>
</tr>
<tr>
<td>Race, n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>3 (42.86)</td>
<td>3 (42.86)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Responses</td>
<td>6 Week Follow Up</td>
<td>12 Week Follow Up</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Unable to reach for follow up</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Implications
Access to a standardized form that is written at a lower literacy level may have helped to alleviate barriers described in the literature.

Providers expressed satisfaction with the ease of use and overall design of the redesigned form.

Reimbursement from CMS provide financial incentives to have advance care planning conversations and distribution of redesigned forms.
Limitations

- Following up at six weeks and twelve weeks may not have been enough time for some participants to consider advance directive decisions.
- Inability to contact multiple participants who received the redesigned advance directive.
- Some participants may have a literacy level even lower than the redesigned form.
- This sample was based on convivence and therefore limits the generalizability of the results.
Dissemination
Final Defense

3 Minute Thesis

Manuscript for publication
References

- Please see pages 50-59 of the final document.
Questions?