

**Special Series on Measuring What Matters**

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## Concordance of Advance Care Plans With Inpatient Directives in the Electronic Medical Record for Older Patients Admitted From the Emergency Department

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### Abstract

**Context.** *Measuring What Matters* identified quality indicators to examine the percentage of patients with documentation of a surrogate decision maker and preferences for life-sustaining treatments.

**Objectives.** To determine the rate of advance care planning in older adults presenting to the emergency department (ED) and translation into medical directives in the electronic medical record (EMR).

**Methods.** A convenience sample of adults 65 years or older was recruited from a large urban ED beginning in January 2012. We administered a baseline interview and survey in English or Spanish, including questions about whether patients had a documented health care proxy or living will. For patients admitted to the hospital who had a health care proxy or living will, chart abstraction was performed to determine whether their advance care preferences were documented in the EMR.

**Results.** From February 2012 to May 2013, 53.8% (367 of 682) of older adults who completed the survey in the ED reported having a health care proxy, and 40.2% (274 of 682) had a living will. Of those admitted to the hospital, only 4% (4 of 94) of patients who said they had a living will had medical directives documented in the EMR. Similarly, only 4% (5 of 115) of patients who had a health care proxy had the person's name or contact information documented in their medical record.

**Conclusion.** About half of the patients 65 years or older arriving in the ED have done significant advance care planning, but most plans are not recorded in the EMR. *J Pain Symptom Manage* 2016;51:647–651. © 2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

### Key Words

Quality improvement, emergency medicine, advance care planning

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### Introduction

Visits to the emergency department (ED) by older adults are increasing both in frequency and as a proportion of all ED visits. In 2011, adults aged 65 years and older comprise 15% of total ED visits, had the highest severity of illness, and represented 44% of all admissions from the ED.<sup>1</sup> The proportion of the U.S. population 65 years and older is predicted to continue to grow even more rapidly.<sup>2</sup> Thus, EDs will

see an increase in both the number of older adults and the complexity of care they are required to provide. To ensure care plans are congruent with patients' preferences, expertise in eliciting and documenting these preferences will be crucial.<sup>3</sup>

Evidence suggests that many older adults, especially those with multiple chronic conditions, have previously made advance care plans with family members, friends, and/or health care providers.<sup>4</sup> However, these

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preferences are rarely documented in the electronic medical record (EMR)<sup>5</sup> and presumably are even less commonly documented in the emergency care setting. This constitutes a critical gap between patient preferences and provider documentation that could potentially result in the delivery of inappropriate or unwanted care.

In April 2015, the *Journal of Pain and Symptom Management* published the results of the American Academy of Hospice and Palliative Medicine's *Measuring What Matters* initiative.<sup>6</sup> The initiative identified a preliminary set of reportable and clinically applicable quality indicators in the field of palliative medicine, which was reduced down to 10 items by a clinical user panel, selected specialty organizations, and patient advocacy groups. This study investigates the seventh and eighth indicators, "Documentation of Surrogate" and "Treatment Preferences," which examine the percentage of patients with documentation of the name and contact information of a surrogate decision maker and preferences for life-sustaining treatments.<sup>7,8</sup> These two measures were adopted from the PEACE quality measures to address domains of quality of care included in the National Consensus Project for Quality Palliative Care and endorsed by the National Quality Forum. More specifically, the objectives of this study are to describe the proportion of older patients presenting in the ED who have pre-established advance care plans and to evaluate how often these advance care plans are translated in medical directives in the EMR for patients admitted to the hospital.

## Methods

### Overview

A convenience sample of adults 65 years or older who presented to the ED with an emergency severity index (ESI) > 1, who knew their name, and who were ambulatory with or without assistance before the presenting illness or injury were recruited from a large urban ED beginning in February 2012. The ESI is an instrument administered to ED patients in triage and represents the level of severity of illness on presentation.<sup>9</sup> A score of one (of a possible five) indicates that a patient requires immediate resuscitation. A score of five suggests a nonurgent complaint. We administered a baseline interview and survey in English or Spanish, including questions about whether the patient had a documented health care proxy or living will. For patients admitted to the hospital who had a health care proxy or living will, chart abstraction was performed for the admission to determine whether their preferences were documented in the EMR.

### Clinical Setting

The Mount Sinai Hospital Emergency Department is an active urban ED. The ED provides care for a diverse patient population, serving as both the primary source of emergency care for the surrounding communities, including East Harlem, and as an academic tertiary care referral center. Patients with a wide variety of illnesses and injuries are treated. Annually, approximately 100,000 patient visits are seen in the four main divisions of the ED: adult emergency, geriatric emergency, pediatric emergency, and urgent care. Approximately 27% of all ED patients are admitted to the hospital, and nearly 40% of Mount Sinai's hospitalized patients originate from the ED.

### Participants

Adult patients in the adult or geriatric ED aged 65 years or older who spoke English or Spanish were approached seven days a week from 9 AM to 9 PM to engage in a face-to-face survey. Patients had to know their name, be able to provide written informed consent, and be ambulatory with or without assistance before the presenting illness or injury that brought them in, as this was the criteria for entry into our geriatric ED. Patients in extremis (ESI = 1), those with altered mental status, and those who were otherwise unable to engage in the survey were excluded.

### Measures

The survey contained multiple sociodemographic questions and two questions regarding advance care planning. These were 1) "Do you have a health care proxy/durable power of attorney for health care?" (Prompt: "Have you designated an individual who doctors can speak with about your medical decisions?") and 2) "Do you have a living will?" (Prompt: "Do you have any advance directives or written intentions about your preferences for your medical care?"). The prompts were added during pilot testing of the questions in a prior study to ensure patient understanding.

### Chart Abstraction

A codebook was developed, and a research assistant was trained to extract advance care planning information from the EMR. In EPIC ([www.epic.com](http://www.epic.com), Verona, WI), the EMR in use at Mount Sinai, the research assistant obtained the presence of a health care proxy or living will under the section entitled, "code status." For those patients admitted to the hospital who had already designated a health care proxy or reported having a living will, any documentation of a surrogate decision maker's name or title or code status (full code, do not resuscitate, or do not intubate) during that inpatient stay was considered

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