

Advance Directives in Hospitalized Patients: A Retrospective Cohort Study

Teresa House, DNP, ANP-BC, and Helen W. Lach, PhD, GCNS-BC

ABSTRACT

The purpose of this study was to examine processes for advance directives (ADs) in hospitalized patients to inform improvements in practice and policy. This was a retrospective study examining electronic records of 5,330 inpatients admitted over a 3-month period. During admission, 63.5% of patients were queried, with 37.2% of patients having ADs and only 14.4% available in the record. Older age and Medicare insurance were associated with having ADs. Opportunities exist for nurse practitioners to change structure and processes related to ADs improving completion and availability.

Keywords: acute care, advance directives, quality improvement

© 2014 Elsevier, Inc. All rights reserved.

By 2030, 72 million Americans will be 65 years or older, with the fastest growing age group being 80 years and older.¹ The prevalence of chronic conditions increases with age, and it is estimated that 25% of older adults will lose decision-making capacity at the end of life.² Patients have the right to be active in their own health care decisions, to accept or refuse medical treatment, and to make advance directives (ADs). Unfortunately, studies document that ADs are often not completed or available to health care providers despite regulations.³ Only 21%–33% of adults have completed ADs, and only 12% have discussed preferences with their doctor.⁴ In a 2011 report, the Agency for Healthcare Research and Quality reported that ADs are often unavailable in medical records.⁵ In the presence of impaired decision making, ADs protect patients' self autonomy by directing others in their end-of-life choices.

Several barriers exist to the completion and use of ADs. Some people are not aware of how to complete ADs or what their state regulations require.⁶ It can be difficult to determine what is wanted, given the complexity of potential health situations, so some are not comfortable making AD decisions. Some voice concern that they will not be treated aggressively enough if they have an AD.⁷ Health professionals may not bring up ADs with their patients. Salmond and David⁸ found discussion about ADs led to increased completion rates and improved attitudes

toward ADs. Further work is needed to improve accessibility and communication regarding ADs.

Knowledge of health professionals may also be a barrier to encouraging their use. Walerius et al⁹ found nurses' general knowledge of ADs was low (69% correct answers on a quiz) with even lower scores on knowledge of the Patient Self-Determination Act (PSDA, 48%) and state law (34%). Similar findings were noted by Ryan and Jezewski,¹⁰ indicating need for more education of nurses regarding ADs.¹⁰ Attitudes toward ADs may also be a barrier. Gutierrez⁷ found negative attitudes of health professionals, in part because ADs tend to address specific situations that are not always encountered in practice, and, therefore, the ADs may not be relevant. In addition to ADs, there needs to be discussion among patients, families, and health care providers about patient wishes.

A few studies explored issues in the hospital environment. Rady and Johnson¹¹ studied 252 patients who died in the hospital over a 24-month period; 165 were in the intensive care unit (ICU). The ICU patients had higher cost stays and no discussion about alternative treatments before death (ie, palliative care and hospice) compared with 25% of patients on the general ward who received options for palliative care. Allen and Ventura¹² conducted a retrospective review of 250 medical records of hospitalized adults. On admission, most patients (82.4% [n = 208]) did not have ADs, with 40.9% (n = 85)

completing ADs during their hospital stay. Closer examination showed patients with hospital-provided ADs (27.6%) were expectant mothers who received AD information in their preadmission packets. Within this study group, ADs were completed on average 6 days before hospitalization, with the rest completing them on admission.

The use of decision support tools through the electronic record may support increased completion of ADs. In a study of 224 nursing home admissions, researchers hypothesized clinicians would increase AD discussions after an electronic reminder and found an increase from 4% to 63%.¹³ Researchers concluded electronic record interventions were independently associated with AD discussion notes, which also improved code status orders and appropriate selection of life-sustaining treatment options.

When Americans are asked their site of care preference at end of life, over 90% would prefer to die at home, but approximately 60% die in either hospitals or nursing homes.¹⁴ Preferences for treatment are not often known or used to inform care in the hospital. Besides being a required practice, admission to the hospital presents one transition in which discussion of ADs can be brought up and communication of ADs to the health care team can be encouraged by including these in medical records.

Additional research is needed to understand the process of AD completion before and during hospitalization. As more health care institutions integrate electronic records in patient management, findings can support their use in patient education and communication of end-of-life preferences. To evaluate the AD process and factors related to AD completion for quality improvement, we examined data from 1 hospital's electronic record system to answer the following research questions: (1) How often were ADs completed by patients before admission, upon admission, or after admission and obtained for patient records? (2) What patient characteristics (ie, age, sex, ethnicity, language, religion, diagnosis, and chronic conditions) were related to AD completion? and (3) What health care characteristics (ie, having a primary care provider [PCP] and insurance type) were related to AD completion?

DESIGN

The study used a retrospective cohort design. Electronic health care records of adult inpatients during a 3-month period from August 1 through October 31, 2010, were used. The records were from a 960-bed, suburban, academic, Catholic faith-based hospital with multiple service lines, including adult and pediatric medical, surgical, and intensive care services with specialties in trauma, burn, and neonatal intensive care. The average monthly adult admission rate is over 3000 patients. Approval was obtained from the university's institutional review board (IRB) and the hospital's research and IRB committee.

SAMPLE

Records were included if patients were admitted to the medical care unit, surgical care unit, or ICU and were between 18 and 89 years old. The records of patients who were in observation or outpatient status or were admitted to labor, delivery, and pediatric units were excluded. A total of 5330 records met inclusion criteria.

THEORETICAL FRAMEWORK

The Donabedian model was used to guide the study, which identifies 3 interacting elements associated with quality health care: structure, process, and outcome.¹⁵ Structure represents the resources, environment, or administration; process is the action, culture, or professional cooperation; and outcomes indicate goal achievement or competence development. Donabedian theorized that all 3 elements are relational. Variables measuring process and outcomes were collected in this study and discussed in the context of the facility structure.

Data Collection

Patient characteristics and AD-related data were downloaded from the patients' electronic records. Patient variables were age, sex, ethnicity, language, religion, and zip code. Final coded diagnostic-related groups (DRGs) based on Medicare's Version 27 were also obtained from financial reports. Process variables included the nurses' documentation of querying patients and their responses, which included the following: (1) patient has an AD; (2) patient has an AD, but it is not in his or her chart; (3) patient does

Download English Version:

<https://daneshyari.com/en/article/2662051>

Download Persian Version:

<https://daneshyari.com/article/2662051>

[Daneshyari.com](https://daneshyari.com)