Addressing Advanced Directives in the Hematology Oncology Clinic

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Objectives

- To test a model to increase advanced directives (AD) completion rates amongst oncological patients.
- To increase AD completion rates by 10% in 12 months
- To educate and empower patients and providers to ensure ADs are completed

Introduction

End of life care is frequently a taboo topic that is not discussed prior to the time of critical illness.

Advanced directive was first brought to attention by the Federal Patient Self determination Act (PSDA) in 1991. However, since then, little effort been done to increase the rates of completion of advanced directives.

Prior studies have revealed that increasing the focus on advance directives for adult patients in the clinic care settings result in better outcomes compared to while inpatient.

As per CDC reports, cancers have become the second leading cause of death. Oncologic patients are key candidates for advanced directives to be addressed in the outpatient setting.

This project is aimed at increasing the completion of AD amongst oncological patients in the Hematology and Oncology clinic.

Methods

- Participants: Newly diagnosed cancer patients planned for chemotherapy teaching sessions in Robert Packer Hospital from June 2016 to November 2016 (Pre-intervention from 6/7/2016 to 9/2/2016, Post intervention from 9/6/2016 to 12/2/2016)
- Setting of Research: Hematology and Oncology department, Robert Packer Hospital.
- During these teaching sessions, a video on AD was included (shown) with the state specific AD forms and pamphlet on frequently asked questions.

These patients were to be seen by social worker who would have the discussions with the patients and document if they have advanced directives, keen to get one or decline.

The hematologist/ oncology physicians were notified to have discussions with patients who had expressed interest in completing the form.

Results

- In the pre-intervention group, 14 patients had existing advanced directives and 8 patients (9.6%) created the AD after the routine chemotherapy teaching classes.
- Of the 83, only 11 patients had adequate discussion and documentation on the subject.
- 26 out of 83 patients were admitted within 3 months of the teaching class. (Graph 1)
- In the post intervention group, 22 patients had existing advanced directives and 6 patients (8.5%) created the AD after the intervention teaching classes.
- However, 58 out of 71 of these patients had adequate discussion and documentation.
- Of the 58 patients who had the discussion, 17 expressed interest in creating the AD and 15 declined.
- None of the 17 who expressed interest, ultimately created an advanced directive.

Discussion and Conclusion

- Addressing AD is a multifaceted problem
- Patients with cancer or undergoing chemotherapy have high rates of mortality and hospitalization and it would be crucial to address AD early on.
- While the results do not show improvement in percentages of patients who completed AD in the pre and post intervention groups, numbers are small.
- This intervention has lead to increased conversations on this sensitive topic. Engaging patients in this process would enhance patient’s experience of care and offers greater understanding of treatment options.
- The most successful interventions incorporated direct patient-healthcare professional interactions over multiple visits. 2
- Standardizing the documentation has helped identify patients who are keen to complete the AD and can be prompted to have further discussions with their PCP or Hematology/ Oncology physician.
- Considering that a significant number of patients are keen on completing the AD show that patient factors (denial, lack of education) may not necessarily be the most compelling factors for not completing the ADs.3
- More resources have to be diverted appropriately to increase rates of AD completion.

Future Directives

- PDSA cycle 2 is to be started in the near future with increased attention to following up with the patients who expressed interest in completing the advanced directives.
- Increased physician involvement would also be key for success of this process.

References:


Table 1: Pre-intervention and post-intervention results

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<thead>
<tr>
<th></th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
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<tr>
<td>Total number</td>
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<td>71</td>
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<tr>
<td>Had existing AD</td>
<td>14</td>
<td>22</td>
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<tr>
<td>Discussed and completed AD</td>
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<td>38</td>
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<tr>
<td>Created AD</td>
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<td>6</td>
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<tr>
<td>Expessed Interest</td>
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<td>37</td>
</tr>
<tr>
<td>Declined</td>
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<td>35</td>
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Chart 1: Pre-intervention and post-intervention results