

Increasing Health Care Agent Documentation in a Residency Clinic

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ABSTRACT

Background: Health care agent (HCA) documentation as part of advance care planning (ACP) helps clinicians understand patient care wishes. This project aimed to habituate these conversations and increase documentation rates.

Methods: Workflow redesign and novel educational interventions were implemented. Patients aged 50 and older received an HCA education “blue sheet” at check-in as a discussion prompt.

Results: Of 968 visits, patients in 44% received the intervention and 4% added HCA documentation. Chart audits found that 69% of patients had outdated (older than 5 years) ACP/HCA documentation. Clinician and staff found the process helpful, important to patients, and sustainable.

Discussion: This inexpensive intervention increased HCA documentation and highlighted the need to update old ACP documents.

patients and families one-on-one calls or group sessions and take-home forms. Recognizing the importance of in-person ACP/HCA discussions, the clinic undertook workflow redesign and patient, staff, and clinician education in 2018.^{1,2} Those early efforts were met with staff and clinician support of the workflow as effective, sustainable, and not intimidating, with 90% of clinicians recommending making the process routine since it made these conversations easier.¹ Our clinic’s 2019 ACP completion rate for patients aged 65 and older was 57.9%.

BACKGROUND

Advance care planning helps clinicians understand patient wishes and goals, providing patient-centered care when the patient is unable to participate in decision-making. Our previous efforts to improve advance care planning/health care agent (ACP/HCA) documentation within our suburban, Midwestern family medicine residency clinic included conversations during Medicare wellness visits, new patient intake, when patients inquired, or at the time of a serious diagnosis when clinicians thought there was a high potential ACP/HCA future need. Our clinic system offered

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The COVID-19 pandemic re-enforced the need to plan for the potential worst-case scenario of rapid health declines and to have a predetermined health care agent to speak on a patient’s behalf, not only for those aged 65 and older.^{3,4} In April 2020 as a response to the pandemic, all patients aged 50 and older received a letter asking them to complete ACP documentation and, in its absence, to identify a HCA, which resulted in an increase in clinic documentation by December 2020 to 59.3%. While the clinic rates were already higher than the national ACP average (37%), residents wanted to improve and expand documentation rates for patients aged 50 or older.^{5,6} The pandemic re-enforced the need to make conversations about HCA and ACP standardized care.

The goal of this ACP/HCA project was to improve electronic medical record (EMR) documentation rates and to increase residents’ experience with ACP/HCA conversations.

METHODS

After a literature search, we created the patient education “blue sheet” (printed on blue paper), a clinic-wide educational session for all 24 clinicians and 12 staff, and workflow modifications

(ie, asking patients to complete the blue sheet while waiting) using the HCA bundle;^{2,3,7-10}

- Clinician script
- EMR “dot phrase” (quick discussion documentation text block via short, keyed phrase)
- Blue patient educational sheet with 5 yes/no questions
- Honoring Choices Minnesota Healthcare Agent Short Form^{5,9} – formal documentation of a HCA and detailed ACP with specific care and treatment goals

This rigorous quality improvement project was deemed Institutional Review Board-exempt and expanded on our previous work, adding a chart audit, post-intervention survey (January 2022), and a standardized front desk check-in process handing blue sheets to eligible patients. Blue sheets were collected by the hall staff after every visit—even when blank; this patient list was used for the post-intervention EMR audit. Patients with multiple visits during the 12 weeks (n=13) were condensed to a single row entry before final analysis as their blue sheet responses were identical. The survey was analyzed for frequencies and themes.

RESULTS

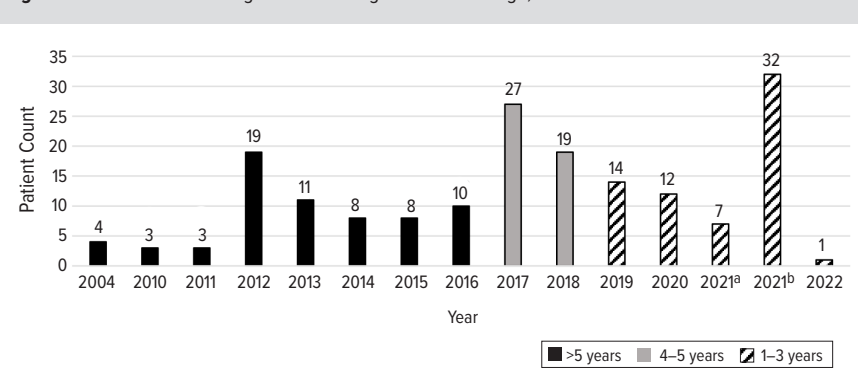
Over the 4th quarter of 2021, the HCA bundle was used for 44% (428 visits with 398 unique patients) of all 968 clinic visits for patients aged 50 and older (Table 1). Of the patients who received the blue sheet, 137 reported already having ACP/HCA documents. Since ACP/HCA documents are only useful when accessible, we completed EMR chart audits to verify that copies of the ACP/HCA documents were accessible. Only 93 EMR records included the documents and were noted in the storyboard (synopsis of patient information consistently present on EMR screens) where a clinician would look for it; 44 patients who reported ACP/HCA did not have it on record, and 6 patients forgot that they had one on file. An additional 16 patients (4%) completed ACP/HCP documentation during the intervention, with many more encouraged to start these conversations or to complete already begun paperwork.

Table 1. Blue Sheet Patient and Clinician/Hall Staff Responses and Chart Audit

Patient Responses (n=398)	Yes	No	Blank
Do you know who you would like to make medical decisions for you if you become unable to do so?	115	3	280
Have you told that person that you have chosen them?	85	30	283
Have you talked with that person about what is most important to you?	82	33	283
I am interested in completing the health care agent form today or discussing with my clinician.	130	84	184
I already completed my health care agent or advanced care plan.	137	158	103
I am not interested at this time.	37	0	360
Hall Staff and Clinician Responses (n=398)	Yes	No	Blank
Patient has HCA/ACP in story board.	104	294	0
Patient has completed ACP/HCA that is not on file, advised to send a copy to clinic.	59	126	213
Patient counseled about value of HCA completion.	130	84	184
Referred to clinical staff (nurse/social work) for follow-up.	9	130	259
Not discussed today, deferred to next visit (due to active symptoms, other health care needs, discussions with loved ones, uncertainty in choices)	66	72	260
HCA form was completed today.	16	unknown	
Took forms home to complete, planning to return.	16	unknown	
Chart Audit Findings	Yes	No	
Patient Reports they have an ACP/HCA	137	–	
Confirmed present on storyboard	104	33	
Confirmed present in EMR and on storyboard	82	55	
Patient reports that they do not have an ACP/HCA	–	158	
Confirmed present on storyboard	14	144	
Confirmed present in EMR and on storyboard	6	–	

Abbreviations: HCA, health care agent; ACP, advance care planning; EMR, electronic medical record.

Figure. Advance Care Planning/Health Care Agent Document Age, N=178



^aPre-intervention, ^bpost-intervention.

An unanticipated finding from the chart audit was the number of potentially outdated ACP/HCA documents and the number of patients who did not recall existing EMR documents. Of the 178 patient records in which EMR ACP/HCA documentation was found, 69% were older than 5 years (Figure).

Post-intervention clinician and staff surveys confirmed the HCA bundle process is important to patients, helped complete HCA documentation, and is sustainable (Table 2). Mixed results based on job role were seen in the workflow impact.

DISCUSSION

The intervention and HCA documentation rate demonstrate that using patient wait times to educate about ACP/HCA documentation is effective, sustainable, and a productive way to engage patients in these conversations. Since most patients will need time or multiple interactions to define a full ACP, creating an annual focused patient outreach period in addition to making this process part of all wellness and physical appointments can help to maintain this effort. The intervention increased patient, staff, and clinician discussions and documentation of ACP and HCA by 4%. The involvement of other staff, such as social workers and nurses, in the process to support these conversations allowed patients time and support while maintaining the pace of clinician workflows.

Future implementations include determining how to add the blue sheet to the EMR patient portal for pre-visit preparation and setting reminders in the EMR for review and renewal timeframes, including storyboard audits for accuracy given found discrepancies. Limitations of this work are missing data or missed fields for the chart audits items.

The blue sheet intervention was inexpensive. When paired with the clinician/staff education, EMR shortcuts, and clear workflows, the HCA bundle ensured that the process was easy to implement, sustain, and add as an interval quality improvement effort. While there is no standard published for renewal cycle periods of ACP/HCA documentation, our clinic recommends these documents be reviewed at least every 3 to 5 years to ensure that they still reflect the patient's wishes. The process also ensured that residents were supported while learning to have these essential conversations with the goal of them becoming more habitual.

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Previous Presentations: This material was presented virtually as poster at the Minnesota Academy of Family Practice (MAFP) Research Forum on March 5, 2022, and was accepted as a poster presentation at the American Academy of Family Physicians National Conference July 28-30, 2022, in Kansas City, Missouri.

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Table 2. Clinician and Staff Post-intervention Survey Responses

Average Likert Scale ^a Responses by Role	Faculty n=5	Frontline n=2	Resident n=8	Rooming Staff n=2
Completion of HCA documentation is important to my patients.	Strongly agree (4.8)	Neutral to agree (3.5)	Strongly agree (4.8)	Strongly agree (5)
The HCA project significantly changed my daily workflow.	Disagree (2.3)	Neutral (3)	Neutral (3)	Disagree (2.5)
The HCA project assisted me in aiding patients to successfully complete HCA documentation.	Neutral to agree (3.8)	Neutral to agree (3.5)	Neutral to agree (3.8)	Agree (4)
The HCA intervention is a sustainable intervention that could be implemented for one month every quarter.	Neutral to agree (3.8)	Neutral to agree (3)	Agree (4.3)	Neutral to agree (3.5)

^a5-point Likert Scale: 1=strongly disagree to 5=strongly agree.

Abbreviation: HCA, health care agent.

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