

UFHCC Research Day 2017 | Abstract Template



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LIST ALL AUTHORS and AFFILIATIONS – underline presenting author

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TITLE

Preventing Negative Outcomes and Improving Community Outreach through the Implementation of a Supportive Care Team focused on Advance Directive completion among Neurosurgical Patients

HYPOTHESIS:

Implementation of a Supportive Care Team (SCT) by providing end-of-life resources and education among Neurosurgical Patients, will increase rates of Advance Directives.

BACKGROUND/AIMS:

The objective of this initiative is to implement a SCT among Neurosurgical patients through collaborating with a community-based hospice, Haven, by providing end-of-life resources and education to increase Advance Directives completion. Advance Directives prevent negative outcomes by making the patient's goals of care known to their care team. Advance Directives may be left out of neurosurgical treatment plans as conversations related to completing Advance Directives can be difficult and time consuming. Emphasis instead is typically aimed on the cure of disease and may not focus on goals related to end-of-life decisions. Without a discussion of end-of-life goals, medical intervention may focus only on curative treatments without consideration of patients' wishes for comfort or palliative care. Completion of Advance Directives in our clinical settings often proves difficult without added supportive team members beyond Neuro-oncology Providers. Advance Directives provide a plan for future medical care in the event a patient is unable to make their own decisions, which is particularly important among patients in neurosurgical settings. With prior discussion of end of life goals, patients often feel empowered to set their own goals and priorities in the guiding of care.

METHODS:

The SCT includes a group of volunteers through a community-based hospice, Haven. It was established with the goal of increasing the number of Advance Directives that UF Health neurosurgery patients have on in their Electronic Health Record (EHR). Standard quality improvement methodology was used to develop the SCT Program and included several iterative Plan-Do-Study-Act (PDSA) cycles including implementation of various print materials, processes, and educational aides for key stakeholders. Neuro-oncology and neuro-surgery physician champions played a key role in program support and patient referrals. The SCT has been in place for 20 months, offering education and assistance in completing Advanced Directives to patients across all providers in Neurosurgery clinic on Wednesdays. The volunteers were educated on the purpose of the SCT, the logistics of how to complete Advance Directives, and how to document patient interactions. Patients who encounter SCT volunteers may consent to follow-up calls regarding the status of their AD. The follow-up calls aim to aid in completion or submission of Advance Directives with the goal of inclusion in the EHR. This additional layer aids in patient-centered care across the health continuum.

RESULTS & CONCLUSIONS

Within the Neurosurgery pilot clinic, over 200 patients have been reached by the SCT Program. In addition, rates of completed Advance Directives within this pilot increased from 0% up to 55%. These rates continue to rise. Through implementation of the SCT it became clear that direct support of goals of care in a clinic setting was beneficial to both patients and providers by increasing rates of Advanced Directive completion by over 50%. Volunteers filled a gap helping UF Health best serve its patients' goals of care. With overwhelming positive feedback from stakeholders, the SCT now aims to reach a wider population of patients, targeting individuals who would most benefit from the Respecting Choices model focusing on developing a comprehensive end-of-life plan.