Advancing the Use of Advance Care Planning Documentation

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BACKGROUND

- The purpose of Advance Care Planning (ACP) is to clarify and document, often via an Advance Directive (AD), an individual's future wishes in the event that he/she is no longer decisional.[1]
- ACP has been shown to have multiple benefits, including promoting patient-centered care, reducing decisional burden of families, decreasing use of aggressive treatment at end-of-life, and reducing number and/or length of hospitalizations.[2-4]
- The EPIC EHR contains SmartPhrases using the terms ".acpbegin" and ".acpend" which allow healthcare professionals to document ACP information within any note type in a patient's chart by bookending the sentences or paragraphs of interest with these "dot phrases."
- Once documentation is completed using these phrases, the relevant information can be accessed in the "Advance Care Planning" section of the patient's chart under "Advance Care Planning Notes."
- At the Medical University of South Carolina (MUSC), the use of SmartPhrases for ACP by inpatient Palliative Care providers prior to December 2022 was estimated to be <5% due to lack of familiarity with these tools and overall infrequent use.
- Pre-existing methods of ACP documentation were variable and often provider-dependent, making it difficult to locate the pertinent information in the patient chart and to provide consistent care plans across different healthcare teams and hospitalizations.

PROJECT GOAL

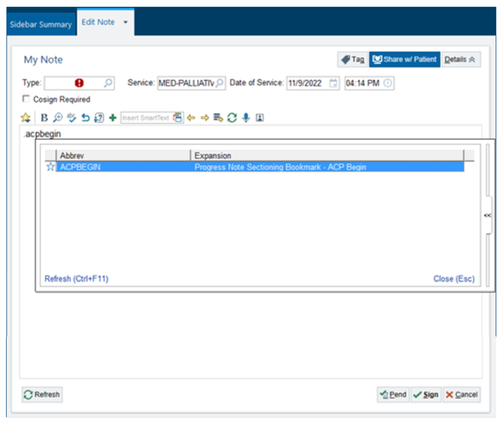
To improve the utilization of EPIC SmartPhrases for ACP documentation by inpatient Palliative Care providers at MUSC from <5% to at least 50% of all patient encounters by March 2023.

METHODS

- In early December 2022, an educational session was presented to the inpatient Palliative Care provider group as part of the monthly business meeting.
- During this meeting, providers were introduced to the EPIC SmartPhrases, educated about their purpose, and encouraged to incorporate their use in everyday patient encounter documentation.
- Detailed instructions regarding SmartPhrase utilization were presented (see "Education Plan").
- These instructions were then reinforced in a printed format which was placed in a visible location at each individual provider work station (Figure 1).
- Verbal reinforcements were intermittently provided during this intervention time period.
- Data was then extracted through EPIC chart review via SPARC request in March 2023 to analyze the pre-intervention (9/12/22 through 12/12/22) and post-intervention (12/13/22 through 3/2/23) time intervals.

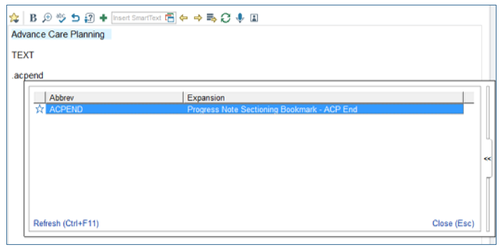
EDUCATION PLAN

Step 1

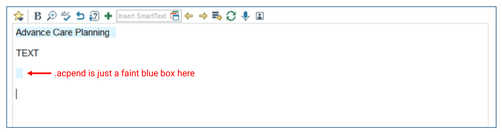


1. Open a new note (any type)
2. Type .acpbegin anywhere in the note where you want to document ACP info
3. Hit enter

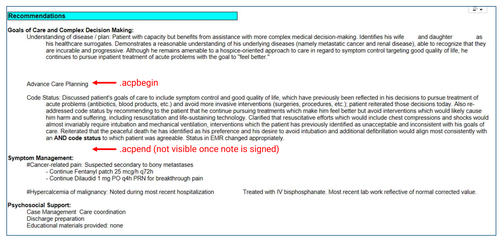
Step 2



1. Type your desired ACP text
2. Hit enter
3. Type .acpend (this will disappear)
4. Hit enter again

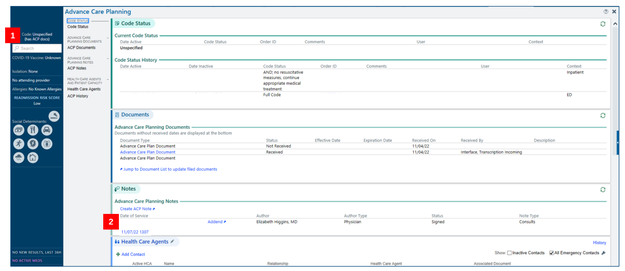


Above is the appearance of the completed note prior to final signature. Below is its appearance after final signature.



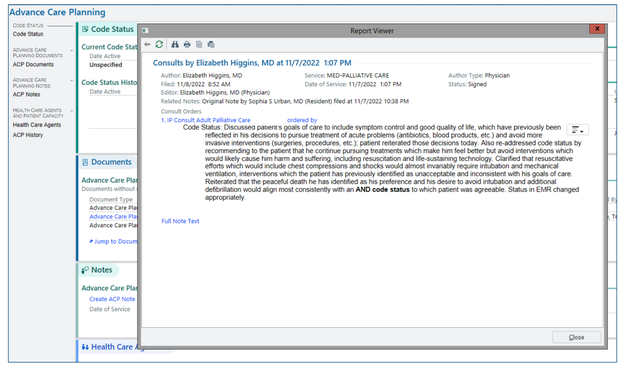
Step 3

The process up until this point has generated a specific ACP Note that is now visible to any provider able to access the patient chart.



To access this note:
1. Click on the patient's Code Status on the left-hand side to access the "Advance Care Planning" section of the chart.
2. Click on the date/time at which the note was generated under "Advance Care Planning Notes" under the "Notes" section on the right-hand side.

Below is the note that will open in a new window. This note is only an excerpt of the original documentation (i.e. only the information that was typed in between the two "dot phrases" .acpbegin and .acpend).



☆ Remember to Document your ACP Information in EPIC! ☆

1. Open your initial Consult or Daily Progress note.
2. Identify where in the note you want to document the ACP information (code status, HCPOA, etc.).
3. Type ".acpbegin"
4. Document the appropriate ACP information.
5. Type ".acpend"
6. Finish and sign your note.
7. Access the information you documented under the "Advance Care Planning" section of the patient chart by clicking on the patient's current Code Status and navigating to "Advance Care Planning Notes."

Figure 1. Printed instructions which were laminated and placed in visible locations at each individual provider work station.

RESULTS

Pre-Intervention

- EHR data analysis confirmed that <5%, specifically 0.43% (2/468), of all patient encounter documentation by inpatient Palliative Care providers from September to December 2022 utilized the specific EPIC SmartPhrases introduced during the intervention.

Three Months Post-Intervention:

- EPIC SmartPhrase use (both correct and incorrect) increased to 14.0% (55/391) in all patient encounter documentation from December 2022 to March 2023 following intervention.
- Despite persistently low rates of utilization overall, this data represents a 19-fold increase in correct SmartPhrase use (i.e. using both phrases concurrently to "bookend" ACP documentation) and a 36-fold increase in incorrect SmartPhrase use (using only one phrase or neglecting to "bookend" the phrases in tandem) post-intervention.

- In a voluntary post-intervention provider survey:

1. 100% (7/7) of providers believed that the intervention was helpful
2. 87.5% (7/8) of providers expected that the intervention would change their future practice

CONCLUSIONS

- Although the project goal was not achieved, the educational intervention targeting improved ACP documentation successfully increased the frequency of correct EPIC SmartPhrase use 19-fold.
- Barriers to this intervention included: program education limited to one introductory session, lack of subsequent follow-up/reminder sessions, reinforcement limited to spontaneous verbal reminders, lack of feedback provided to participating providers, possibility that printed instructions could be misplaced or lost.
- Additional follow-up training may be necessary to ensure that providers are correctly implementing the EPIC SmartPhrases in their documentation.
- Next steps of this intervention include formal follow-up reminder sessions and emails to reinforce the information reviewed during the introductory educational session as well as expansion of this intervention to other MUSC programs and departments outside of Palliative Care.

REFERENCES

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