

Improving Advance Care Planning for all New Cancer Patients by the Third Office Visit

Abstract

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Background

Advance care planning (ACP) is an ongoing interactive process where the patient has a conversation with their healthcare provider to make decisions regarding their end-of-life care. A practice gap exists despite guidelines stating that oncology providers should discuss and document ACP by the third office visit in all new cancer patients. In the United States, rates of documentation of ACP by an oncologist remain as low as 10%, and less than 40% of cancer patients report end-of-life care discussions with their oncologists (Bestvina & Polite, 2017; Brighton & Bristone, 2016).

Purpose

The quality improvement (QI) project aimed to improve the practice gap by implementing evidence-based interventions among oncology providers to improve adherence to ACP guidelines and improve patient outcomes. The interventions included standardizing ACP conversations and documentation in the electronic health record (EHR).

Significance

As cancer rates increase in the United States, oncology providers will provide care to an increased number of newly diagnosed cancer patients. Standardizing ACP conversations and documentation in the EHR are evidence-based methods that improve adherence to ACP guidelines (Fahner et al., 2019; Edwards, Bui, Cabrera, & Jarrell, 2018).

Process of Implementation & Completion

The QI project lead attended three monthly oncology providers meetings, presented a 10-minute educational PowerPoint, presented data from measures, gathered feedback, and provided reeducation. The QI project lead took attendance at each meeting, created a SmartPhrase and shared it in the EHR. Reports built by the clinical data management team tracked adherence rates.

Findings

Thirty-four percent of oncology providers adhered to having an ACP conversation with documentation in the EHR by the third visit office among all new cancer patients. Thirty-six percent of providers utilized the SmartPhrase to document the ACP conversation. Seventy-five percent of providers attended the 10-minute education session, and 75% of providers attended

the second and third monthly physician meetings. Of all new cancer patients, 24.7% had documentation of various components of ACP in the EHR.

Implications for Practice

It is hoped this study will inform health care providers about evidence-based interventions for standardizing ACP conversations and documentation to improve adherence to ACP guidelines and improve patient outcomes.

References

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