

A Team-Based Approach to Identify Health Care Proxy for Patients with a Chronic Disease in Renal Clinic: Results one-year later

The Problem

- Documentation of a health care proxy (HCP) is essential to insure that patients' wishes are understood, particularly in circumstances of a serious illness, or accident, when patients may be unable to express their preferences.
- Patients with advanced chronic kidney disease may, at some point in the clinical course, be unable to speak for themselves.
- We measured the designation and documentation of HCP in those patients with advanced chronic kidney disease (stages 4 and 5) who receive care in the ambulatory renal clinic at Beth Israel Deaconess Medical Center, and an intervention was initiated to promote an increased level of designation and documentation of HCP in this setting.
- The baseline rate for HCP for patients with CKD in the renal clinic was 62.4%. In the pilot phase, rate increased to 72.6%.

Aim/Goal

- To increase identification and verification of a health care proxy (HCP) for patients with CKD Stages 4, 5 or ESRD in the Renal Clinic, as evidenced by documentation in patient profile.
- To develop and evaluate team approach for health care proxy discussion as potential model to increase identification for patients with chronic and end stage diseases.

The Team

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Interventions

- Developed team-based intervention with administrative support, practice assistants, nurse and physician, including the following:
- Administrative support pre-round patients who are scheduled to come to the clinic the next day to identify those patients for whom HCP has not been discussed or verified within the past 2 years (i.e., documented in OMR profile).
- Practice assistants and nurse present information on HCP to identified patients at check-in and have patient complete HCP or verify and document in OMR profile.
- If patient has more questions or is not ready to complete at that time, information is provided and hand off to MD who will then discuss and document.
- HCP talking points for clinic staff and MDs developed and shared.
- Intervention presented at faculty and practice meetings for review and input.
- Performed medical record audit of HCP for patients with visits monthly.

- Identified any barriers/gaps each month. Strategies to streamline and address gaps included differentiating patients who just needed to verify HCP and those who did not have one; making HCP available in multiple languages so it could be available to patients with limited English proficiency even while they await interpreter services; and using stickers as visual signals to physicians on patients vitals sheet so they know HCP has been addressed and the patient may need to discuss with him/her.

The Results/Progress to Date

Nephrology Clinic: Patients with CKD Stages 4 & 5 and Healthcare Proxy Measure period: FY2012 Pre-Intervention Baseline and FY2013 HCP Intervention

	FY2012 Baseline Pre-Intervention	FY2013 HCP Intervention
Patients with CKD Stage 4 and 5 with visit in Oct 2012 - Sept 2013	654	1039
Health Care Proxy Discussed And/Or Verified within 2 Years	408 (62.4%)	798 (76.8%)
Health Care Proxy Discussed but <u>not</u> <u>readdressed</u> <u>nor</u> <u>verified</u> in last 2 years	148 (22.6%)	78 (7.5%)
No evidence of Health Care Proxy discussion	98 (15.0%)	163(15.7%)

Lessons Learned

- Patients are generally open to discuss issues, such as identification and/or verification of HCP, with the broader care team, including practice assistants and nurses, in collaboration with MDs.
- Practice and clinic staff can successfully help MDs to identify, address and track interventions to meet a need for a specific targeted population.
- Efforts to address HCP in the renal clinic may also offer a model for improvement that can be generalized to other ambulatory clinics.

Next Steps

- Continue intervention
- Evaluate opportunities to generalize HCP intervention for patients with other chronic and end stage diseases.
- Coordinate efforts with institution-wide Conversation Ready initiative.