Improving Advance Care Planning Documentation in Outpatient Oncology Clinic

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Introduction/Problem

Advance care planning (ACP) is an important aspect of providing high quality care to oncology patients. Patients can express their preferences for resuscitation on a MOLST (Medical Order for Life-Sustaining Treatment) form and can designate a surrogate decision maker on a healthcare proxy form. Nevertheless, these forms are often not completed in the oncology clinic and physicians often do not document advance care planning conversations in notes. Incomplete or inadequate documentation of goals of care can lead to unnecessary interventions and can lead to psychological distress.

Aim/Goal

To improve advance care planning documentation (by completing a MOLST form or by documenting a goals of care conversation in MD progress note) by 25% in patients with solid tumor malignancies seen in the outpatient oncology clinic on Shapiro 9 by first year fellows.

The Team

- Team Leader (s): Charlene Mantia MD and Jennifer Faig MD
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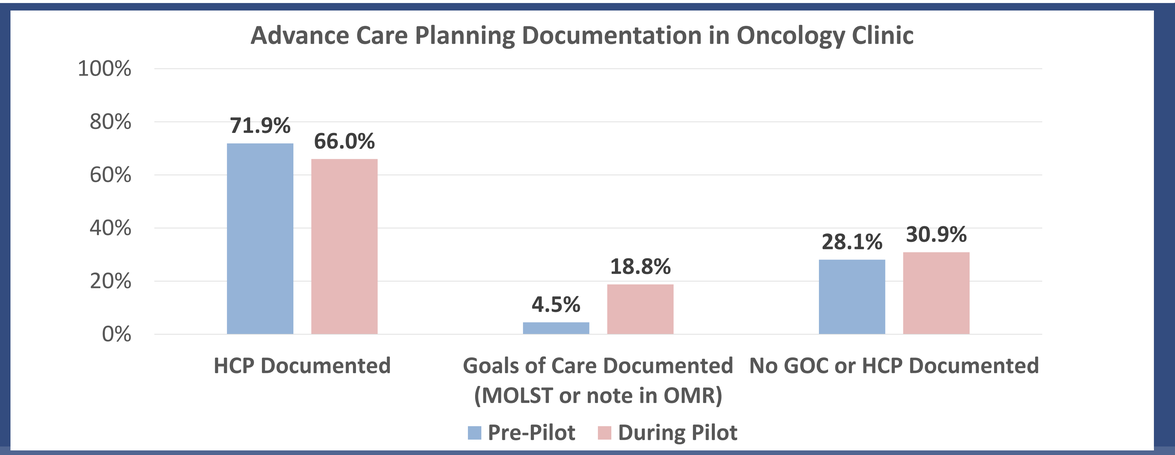
- Team Sponsor: Jessica Zerillo MD

The Interventions

- Blank MOLST forms were included in the patient information packet provided to clinicians prior to seeing patients in the oncology clinics on Shapiro 9.
- Conversations were conducted with oncology fellows and medical assistants about the importance and rationale of documenting MOLST forms.
- First year fellows were educated regarding logistics of linking a goals of care note to the advance care planning section of OMR.

Results



Medical records of first year fellow patients were reviewed from 8/21/2017-9/1/2017, prior to the ACP pilot. A total of 224 patients were seen during that period. 161 (71.9%) patients had HCP documentation and 10 (4.5%) had goals of care (based on ACP tab in OMR linking note) or MOLST form documentation. During the ACP pilot from 9/25/17-10/6/17, a total of 191 patients were seen by first year fellows. 126 (66.0%) patients had HCP documentation. 36 (18.8%) of patients had goals of care or MOLST form documentation.

Lessons Learned

- In retrospect, we should have spent more time planning the intervention before implementing the pilot. Although handing MOLST forms to all patients seemed feasible, there were a number of flaws with this intervention (i.e. it was expensive for the clinic; many providers discarded unused MOLST forms; some patients were caught “off guard” by the MOLST form).
- We learned the importance of including all members of the team before initiating an intervention.
- Worthwhile conversations may not be captured in the measures included in this study.

Next Steps

- The process whereby MOLST forms are scanned into OMR requires further work.
- Continue to discuss ways we can improve advance care planning documentation in the oncology clinic.

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