Updating BIDMC Health Care Proxy Materials

The Problem

Data from the BIDMC scanning team suggest that when BIDMC patients complete a Health Care Proxy form, the forms are often not filled out or scanned properly. This is partly due to the design of the previous BIDMC Proxy form. (For instance, there was mandatory information on the back side of the form that was often missed.) Additionally, local and national data point to the fact that even when patients have selected a Proxy, many have not talked with them about their preferences, and even fewer have spoken with their health care providers.

Aim/Goal

To improve rates of valid Health Care Proxy completion and scanning, and rates of patient-Proxy and patient-provider conversations. The team hypothesized that the following actions would help achieve these goals:

➢ Revise the Health Care Proxy form to improve readability and accessibility.

➢ Revise accompanying materials to improve accessibility and to promote patient conversations with their Health Care Proxy and health care provider.

➢ Update the Health Care Proxy website (www.bidmc.org/proxy) to reflect the updated print materials and improve usability.
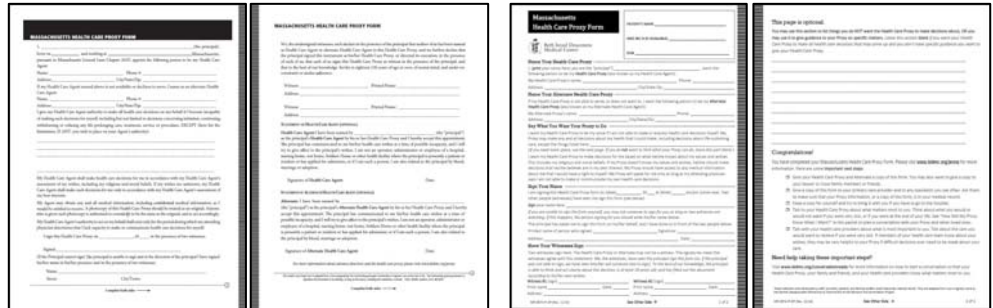
The Team

- Jennie Greene, MS, Department of Medicine
- Steven O'Neill, LICSW, BCD, JD; Department of Social Work
- Lauge Sokol-Hessner, MD, Department of Medicine
- Jacqueline St. Onge, BA; Department of Medicine
- Jane Wandel, RN, MS; Patient and Staff Communications
- With thanks to the Patient and Family Engagement Program and Health Information Management.

The Interventions

➢ Drafted Proxy form and materials based on graphic design theory/principles, Proxy completion rates, scanning workflow, legal expertise, and concepts from the book *Nudge* by Thaler and Sunstein (notably the idea that making a commitment to an action makes a person more likely to complete the action).

➢ Made several rounds of revisions over a period of 8 months with a team of content and design experts.

➢ Piloted an early draft with 8 people; subsequent revisions made.

➢ E-surveyed 27 patients and family members and 22 BIDMC staff to prioritize content and identify unaddressed information; subsequent revisions made.

➢ Piloted materials again with about 20 patients, family members, and BIDMC staff at a meeting of the Patient and Family Engagement Program.

➢ Revised Proxy website.

➢ Printed materials and disseminated.

The Results/Progress to Date: Proxy Form

Before   *After*

Lessons Learned

Working closely with BIDMC's Patient/Family Engagement Program, the team received important feedback from patients and family members throughout the revision process. We also found that surveying providers and staff offered helpful input. There are many individuals and groups involved in getting a hospital-wide form approved, printed, and disseminated. We found that engaging all groups from the start led to greater efficiencies and consensus.

Next Steps

Now that the new Proxy materials are in use at BIDMC, we plan to measure changes in rates of valid Health Care Proxy completion and patient-Proxy and patient-provider conversations. The team proposes to:

➢ Use OMR to measure changes in rates of patients who have a Health Care Proxy in our medical record.

➢ Use OMR to monitor Proxy scanning rates and to identify changes in legal validity (i.e. all mandatory information on the form is filled out).

➢ Determine a metric for patient-Proxy conversations, and subsequently measure their frequency. A 12-person pilot has shown the need for innovative and engaging ways to capture data on patient-Proxy conversations that often take place outside of BIDMC.

➢ Measure patient-provider conversations via the new Advance Care Planning page in WebOMR and note labeling functionality.

➢ Survey providers to measure how these new materials function in terms of "real-world" experience.

➢ Make necessary revisions based on above results for future materials.

➢ Work with clinical practices to improve Proxy completion and conversation rates.

For more information, contact:
Conversation Ready Team
conversationready@bidmc.harvard.edu

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL | THE SILVERMAN INSTITUTE For Health Care Quality and Safety