Abstract

This research project determined the effect of a 12-week advance directive (AD) quality improvement (QI) project on completion and documentation of ADs and staff AD knowledge in a San Antonio primary care clinic. Completing an AD in primary care is important, allowing the patient to exercise the right to determine medical care prior to becoming incapable (American Medical Association, 2013). ADs should be initiated between the ages of 50 and 65 during a primary care visit (Spoelhof & Elliot, 2012). In a San Antonio primary care clinic, a need to provide AD staff education and introduce an AD process for documentation and completion was identified by the Doctor of Nursing Practice (DNP) student. Patients over 50 years were targeted in the QI project by providing staff education, registry cards, handouts, and access to an AD website. Two staff education sessions were performed using the TexasLivingWill.org site. To evaluate outcomes, 973 charts were audited. A t-test comparison of pre-posttests showed an increase in aggregate staff (N=20) knowledge. Posttest scores (M = 83.64, SD 9.14) improved from pretest scores (M = 52.73, SD 10.46). There was an insignificant increase in AD completion (95% CI:0.0050-0.0192) and a marginal improvement in AD documentation (M = 23.6%, SD 10.62). A multipronged interventional approach delivered modest improvements in AD completion and documentation as well as improved staff knowledge. There are implications for continued AD QI projects; the DNP is in an optimal position to promote ADs in primary care.

Keywords: advance directive, advance care planning, quality improvement, living wills, advance directive benchmarks, evaluation models, advance directive protocols, guidelines