

Advanced Directives/Ticket to Ride

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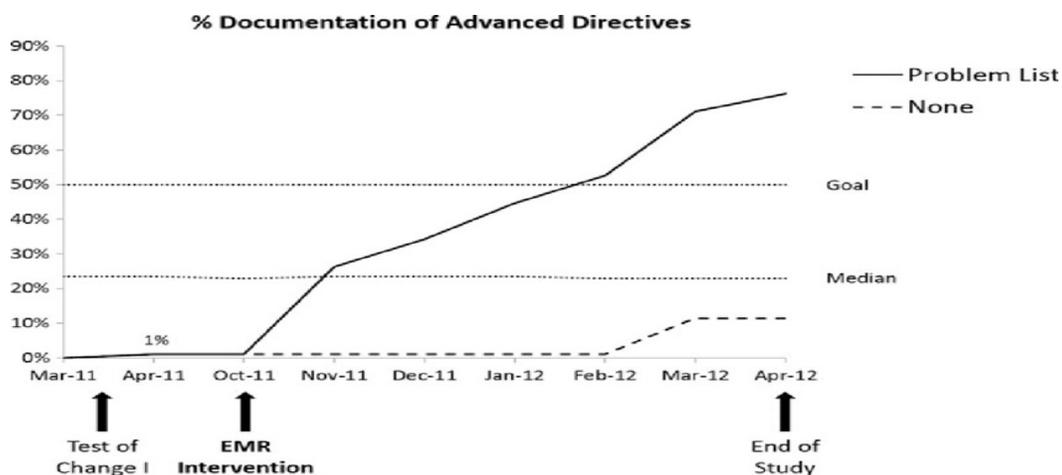
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Leadership

The situation example presented in this paper demonstrates a need for modification and change. A patient is taken down from the med surg unit to the Nuclear Medicine department for an MRI. The patient is currently in the hallway and is waiting for transport to return up to the med surg department. Staff is now waiting for transport when the IV begins to alarm. The nurse in the infusion center responds. The patient was found unresponsive with no visible identifier for code status. A code blue for the department is called, and immediately compressions are started on the patient. The response team arrives to assess and begin life-saving efforts. The doctor immediately asks one of his team members to contact the floor in which the patient came from to confirm advance directives on the patient. After two rounds of epinephrine and continued rounds of CPR, the team member confirms from the med surg floor; the patient is a DNR and CPR, and all life-saving efforts are stopped at this time. After an inquiry, the patient's new med surg nurse in tears stated she had forgotten to put on the patient's identifiable code status, nor did she place the ticket to ride with the patient. Change can happen by preventing such an event from occurring, and considering what training is needed to avoid this situation from happening again. Educational training could have helped prevent this situation, and measures can be applied to help other staff in all departments prevent this from happening to patients in the future. The opportunity that comes from this situation is the improvement of patient priority of care through educational training and advance directive care. Through these educational efforts, changes can occur to provide positive outcomes for the staff and patients. Early training that incorporates prioritization of advance directive alertness can validate the notification process when changing location in a hospital setting. Situation modifications may include two-person identifiers on tickets to ride or placement of the DNR status bracelet to ensure clear communication when crossing from one department into another. Employees and patients can benefit from having a transparent communication process to ensure patient rights and proper procedures are a part of direct patient care.

A literature review study was conducted to show the need for documentation of advanced directives. The need resulted in identification of medical goals of care, reduced in-hospital death, decreased length of stay, decreased health care spending, and minimizing stress in surviving relatives (Mohammed and et.al., 2020). Advanced directives relay a sense of control over what happens when the patient is no longer able to speak for themselves therefore it is essential to document what the client's wishes are with their care. Assigning a licensed independent provider to collect and document reasons as to why the person does not have an

advanced directive is helpful to gain a better understanding of why each person does not have one. One of the reasons patients do not have a clear advanced directive is due to lack of sufficient knowledge about the subject, and the other reason is the patient does not have any specific needs to be met. The misleading part of advanced directives includes communication upon personnel as well as facility transfers; therefore efficient use of systems to document patient identification code status is necessary to prevent an error with the conduction of life-saving treatment. Proper protocol is in place to avoid a mistake such as patient assessment, brochure information, signatures, communication of advance directives regarding patient care, bracelet identification of a DNR, and SBAR communication techniques (National Comprehensive Cancer Network Patient Caregiver Resources, 2020). The other quality improvement study focused more upon insufficient documentation of advanced directives. This study was in agreement that advance directives could decrease costs, improve patient outcomes, and decrease hospital death (Hayek, 2014).



The change theory that is the focus of this quality improvement project is based upon Lewin's change theory of unfreezing, movement, and freezing. This protocol will be implemented on the premise that change is necessary for an improvement in patient care outcomes as well as facility transfers to include advanced directives into one of the essential components of the client's medical record upon entry of the facility. Healthcare professionals can implement this by first asking upon admission if the patient has an advanced directive such as if they have a living will, DNR, or want any special treatment such as comfort measures. Then the staff will place a wristband on the client stating which code status the client is as well as document the information in the medical record. These following steps could prevent malpractice from occurring. In the change scenario that this paper was based on certain

protocols were missing, that could have prevented the situation. There was no clear identifier of the patient's advance directive as well as the transfer did not include all essential patient information. The movement phase consists of the active process of brainstorming ways in which to accomplish a change. The ideas for change include creating a plan for two nurses to check off patient identification of advanced directives. SBAR is one of the primary ways in which nurses communicate; therefore, this is the best time to discuss the patient's advance directives, which could also be during their handoffs. Education plays a vital role in determining a need for change; requiring additional services or education upon this topic could prevent unnecessary adverse patient outcomes. One study encouraged the use of a ACP navigator tool for easy documentation of advanced directives. This tool is the best way to implement change within the hospital setting. Staff should ask upon entry or transfer if a client has an advanced directive, this is where to document it, and it would be one of the first questions mandated to ask for (Byrd, 2018). This study aimed at increasing the number of AD's within the electronic health record to decrease substandard care (Byrd, 2018). It is crucial during this phase to offer encouragement through the change and to evaluate or monitor the change if necessary during this phase (Marquis and Huston, 2017, p.191). Implementation of the change is also known as refreezing, which means to make the change official or create a new status quo (Marquis and Huston, 2017, p.191). Changes to be implemented as the official policy would include the addition of an ACP navigator to instill proper documentation of advanced directives upon entry of any facility or transfer. The ACP navigator could alleviate stress and miscommunication for the practicing employees because they will have the needed information to perform the appropriate measures for the client (Byrd, 2018). Other items to implement; having two nurses check the associated documentation, apply a bright orange wrist band to indicate a DNR or different colors to signify full code or defined measures. The SBAR hand off tool with an A at the end could represent advanced directives when communicating to staff or providers.

Change occurs when positive education and protocols are successful. Data upon the use of ACP navigators before implementation conclude 26.2% of patients with advanced directives had them on file in the electronic health record. After implementing the ACP navigators, it increased to 35.7% (Byrd, 2018). The literature review conducted had 683 patients. Out of these patients, 27.8% of advanced directives were already documented upon pre-intervention, and 25.8% were documented post-intervention additionally. The rate increased on post-intervention for those who did not already have an advanced directive from 4.18-

16.96% (Mohammed and et.al., 2020). People mainly declined an advanced directive due to a lack of knowledge upon the subject; therefore, education is essential for stabilizing the change.

Education training prior to the implementation of proper protocols within the facility would be beneficial. This education would prepare the staff of what to do if a patient does not have an advance directive upon entry as well as help triage nurses to begin to use the ACP navigator to document the advanced directive upon entry to decrease the chance of a mistake. Education of patients on advanced directives upon admission of the hospital would be the best influence for gaining the interest as to what the client's wishes are in a life-sustaining injury or event. The nurse should include therapeutic communication when discussing end of life measures and speak to the patient on their level of educational status. After completion of the advanced directive into the client's medical record, placing a wrist band indicating code status would alert the staff in an emergency what the client wishes, which could save valuable time as well as save the hospital and staff from a major lawsuit. The evaluation of the change experience is a direct action to implementing change to improve patient outcomes and protect personnel and the hospital when emergencies arise.

The emergency room has many patients who come in from different places without indication of a code, but others come from other facilities with an advanced directive in place. It is vital for those who do not have a code status to receive all life-sustaining measures but, if the client already has one on file, the employees need to pay close attention to what the client's wishes are to protect everyone. The change experience allows for clinical expertise and evidence-based practice to create improvement of patient protocols, which is the goal of this project. Quality improvement projects display the best ways in which to implement a new idea that could increase the satisfaction of patient outcomes and reach desired goals. Further evaluation of these action-based interventions and strategies can allow improvement of advanced directive protocol outcomes and create better communication among staff (Marquis and Huston, 2017, p.193).

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*“Life Will Only Change When You Become More Committed
To Your Dreams Than You Are To Your Comfort Zone”*

----Billy Cox