**Advanced directives initiative for patients admitted to the Intensive Care Unit: A Quality Improvement Project.**

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**Background**

Advance care planning involves exploring patient's choices for their health care power of attorney, wishes for life sustaining therapies ahead of unforeseen events to serve as a way to support autonomy. Advanced directives (AD) reduces the stress, anxiety and depression in surviving relatives. Our quality improvement project was implemented to assess and improve documentation of completed advance directives rates in the intensive care unit (ICU) at Fairview hospital

**Method**

For our pilot project we included adult patients admitted to the Medical ICU at Fairview hospital in 3 months. A flow chart was designed and introduced to the ICU staff. Primary outcome was documentation of AD in the chart. Secondary outcomes were ICU length of stay, and rate of ICU readmission. We collected data on patients admitted to the ICU Mondays to Fridays, including the number of patients admitted with an AD present, number of patients counseled regarding advance care directives and outcomes of counseling whether the AD was completed, incomplete or if the patient refused. The data regarding whether patient had advance directives present were obtained from the electronic medical record, and whether Advanced Directives were addressed by the case manager

We plan to compare the results with a matched group of patients from the same period in the past 2 years.

**Results**

Data collection was from February to April 2017. 48 out of 151 patients (32%) in February, 69 out of 191 patients (36%) in March and 63 out of 170 patients (37%) in April had an AD upon admission. There was no increase in the number of Advanced directives completed in February, however documentation increased by 5% in March and by 1.2% in April. Number of uncompleted documentation was 27% in February, 34% in March and 10% in April.

**Discussion**

Based on the above results we were able to highlight areas for improvement. Key points taken from this preliminary analysis revealed that there was a gap in communication between the case managers and LIPs with regards to patients who refused to obtain an AD form. Barriers to completing this form can be further analyzed if LIPs got involved. Involvement of bedside nurses would be a strategy to improve our outcome. Depending on the acuity of illness and mental status of some ICU patients, completion of these forms may not be feasible. Case management follow up when patients are out of the ICU would play a big role towards positive results. In the upcoming pilot study we aim to modify the flow chart in order to improve documentation of completed advance directives.