

Advanced care planning (ACP) plays a crucial role in ensuring end-of-life care aligns with patients' preferences, particularly in the face of increasing healthcare demands and an aging population. Despite its importance, the completion of medical durable power of attorney (MDPOA) documentation often remains insufficient, posing challenges to healthcare systems, providers, and patients alike. This study addresses the issue of low MDPOA completion rates at University of Colorado Hospital (UCH) through a systematic intervention. The intervention involved posting MDPOA forms outside patient rooms, with or without provider notification, in a randomized format across hospitalist services. Non-random variation on run charts revealed a small increase in MDPOA completion rates when MDPOA forms were posted, with or without a provider reminder message. While the effect size of the intervention was modest, it signified a measurable improvement in ACP documentation, underscoring the potential for simple, easily implementable solutions to address complex healthcare challenges. Implications of the intervention include its contribution to improving communication efficiency and enabling staged discussions for ACP. Future directions include further refinement of the intervention, engagement with additional healthcare stakeholders, and exploration of long-term effects on ACP completion rates. This study underscores the importance of proactive ACP initiatives within healthcare settings, offering insights into practical strategies to enhance end-of-life care planning and advance patient-centered healthcare delivery.