

# Increasing Medical Durable Power of Attorney Documentation During Hospitalizations



Nikita Deng, BA<sup>1</sup>; Robert Sumner, BS<sup>1</sup>; Samuel Porter BA, MD<sup>1</sup>

<sup>1</sup>Division of General Internal Medicine, Department of Medicine, University of Colorado School of Medicine

## Problem

- Acute hospitalizations present an opportunity for documenting a Medical Durable Power of Attorney (MDPOA)
- Advanced Care Planning such as documenting a MDPOA can help improve quality of care and diminish caregiver distress especially at end of life (1, 2)
- At this large academic medical center, only 50% of patients discharge with a MDPOA on record
- Despite the benefits of advanced care planning, physicians only bring up MDPOAs limitedly, in one study only 19% of the time prior to a crisis, and only 16% for older hospitalized patients (3).

## Aim

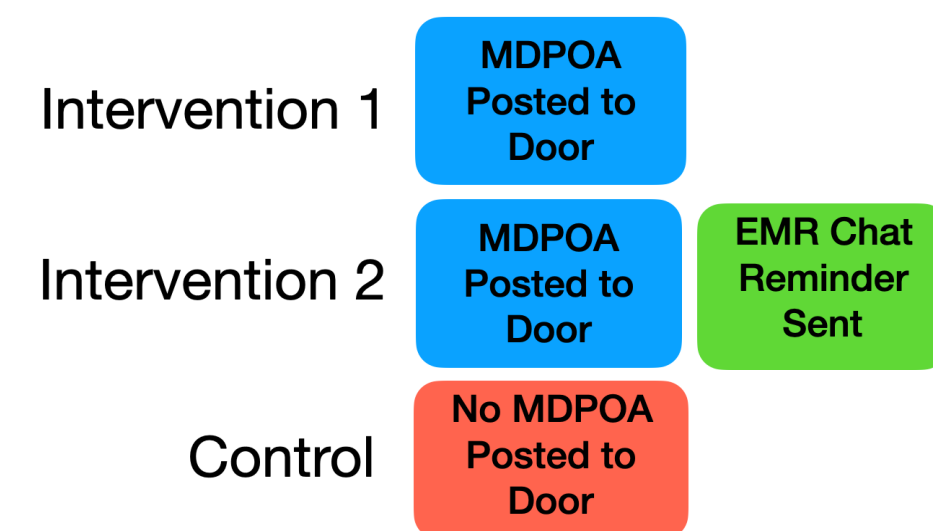
- The interventions aimed to improve MDPOA form availability based on provider feedback in the initial problem definition phase that forms were not readily available when needed
- The goal was to increase MDPOA rates by 10% from the baseline of 50% to 60% overall

## Methods

- 6 hospitalist teams made up each intervention group
- For each intervention group, those without a MDPOA on file were identified on EPIC and underwent their corresponding intervention

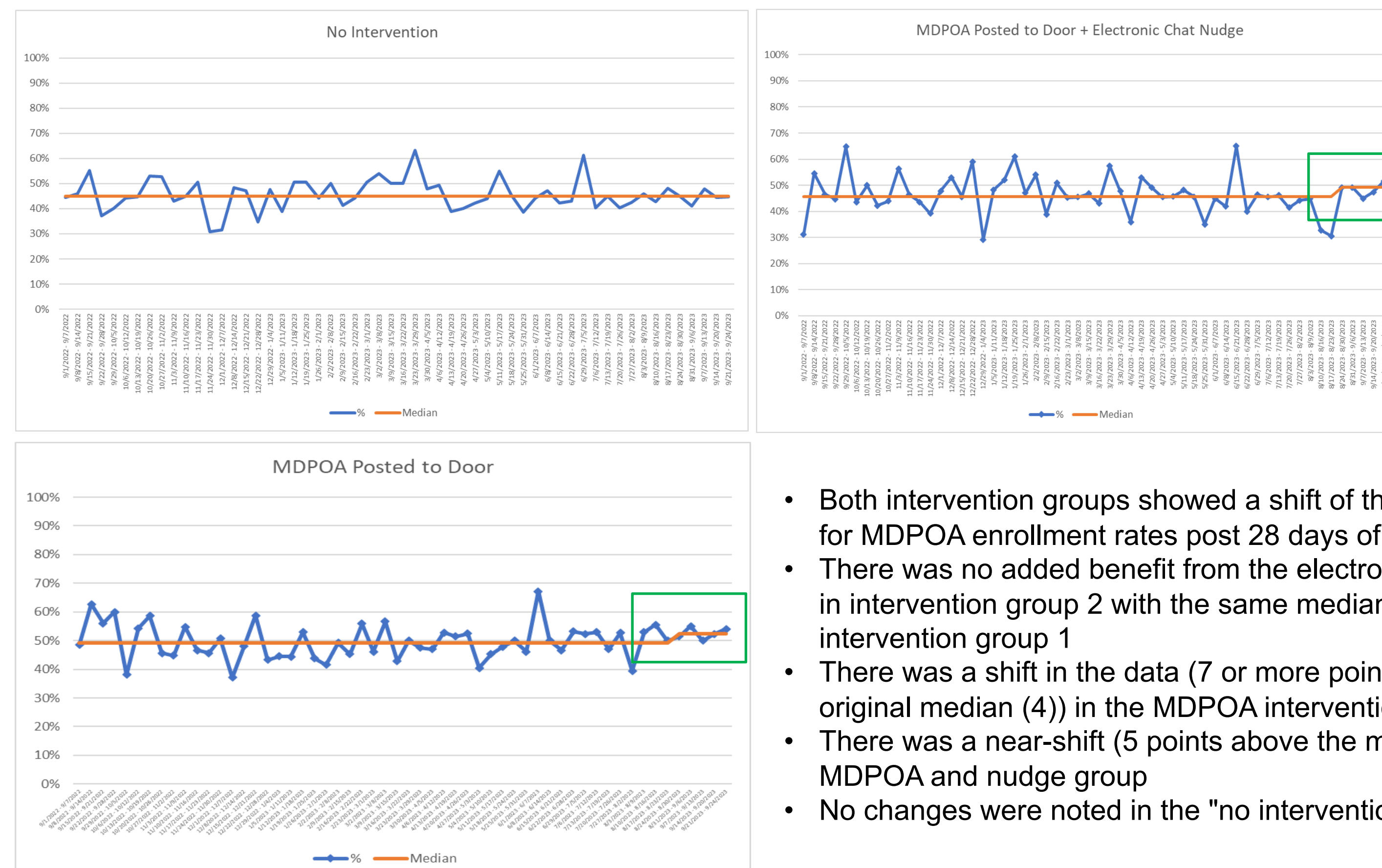
## Methods

No Intervention → 28 Days of:



- The effect on MDPOA completion rates were compared in an interrupted time series using run charts.

## Results



- Both intervention groups showed a shift of the median by 3% for MDPOA enrollment rates post 28 days of intervention
- There was no added benefit from the electronic chat reminder in intervention group 2 with the same median increase as intervention group 1
- There was a shift in the data (7 or more points above the original median (4)) in the MDPOA intervention group
- There was a near-shift (5 points above the median) in the MDPOA and nudge group
- No changes were noted in the "no intervention" group

## Conclusions

- The interventions increased MDPOA rates in hospitalized patients by 3%
- An electronic chat reminder had no additional benefit
- 3% of hospitalized patients represents a large number of people that would benefit from this intervention
- Limitations include short duration of interventions (28 days) and language limitation of MDPOA forms to English and Spanish
- Given the ease of implementation, intervention 1 should be widely implemented
- Currently we are engaging palliative care nurse practitioners to train unit clerks to post MDPOA forms for patients' who lack one
- We hope to expand the number of hospital teams that we implement this intervention on to further increase MDPOA enrollment rates during hospitalizations

## Reference

1. Dang MT, Ahmed Z, Betcher JM, Kadakia S, Wisniewski SJ, Sealey JW. Do Not Let it Be the Last: End-of-Life Care Decisions in the Primary Care Clinic. *Spartan Med Res J*. 2019 Jul 1;4(1):9204. doi: 10.51894/001c.9204. PMID: 33655164; PMCID: PMC7746112.
2. Bischoff KE, Sudore R, Miao Y, Boscardin WJ, Smith AK. Advance care planning and the quality of end-of-life care in older adults. *J Am Geriatr Soc*. 2013 Feb;61(2):209-14. doi: 10.1111/jgs.12105. Epub 2013 Jan 25. PMID: 23350921; PMCID: PMC3760679.
3. Goldstein MK, Vallone RP, Pascoe DC, Winograd CH. Durable power of attorney for health care. Are we ready for it? *West J Med*. 1991 Sep;155(3):263-8. PMID: 1949773; PMCID: PMC1002981.
4. Provost, L. P., & Murray, S. K. (2011). *The Health Care Data Guide: Learning from Data for Improvement*. Jossey-Bass