HCA North Suite Health Care Proxy Initiative

The Problem
- Among hospitalized adults 65 and older, nearly 50% require some surrogate medical decision making within 48hrs of admission (Torke et al., JAMA Intern Med 2014)
- To ensure that BIDMC medical teams know who to speak with in such scenarios, and to help ensure our patients wishes are respected, it’s important that they choose a Health Care Proxy (HCP) before they get sick
- At baseline, only 39% of HCA North Suite patients had chosen a Proxy (as per OMR). Many had never been asked about a Proxy (41%), and the remainder (20%) had been asked about a Proxy but hadn’t yet chosen one
- As part of practice improvement and BIDMC’s Conversation Ready Initiative, HCA North Suite began an improvement effort

Aim/Goal
- Create a sustainable, team-based process to address health care proxies with each patient who comes in for a routine office visit and has not yet chosen one
- Increase the percentage of North Suite patients who have identified a health care proxy from 39% to 70% by November 2015

The Team
- Jennifer Beach, MD, Assistant Medical Director, HCA North Suite
- Medical Assistant Team (Soledad Arias, Nebret Tadesse, and Alicia Czechowski)
- Clinical Administrative Assistant Team (Brian Shapiro, Patty Calderon, Theresa Govan, and Nancy Leary)
- North Suite clinicians (attendings, residents and nurse practitioner)
- Lauge Sokol-Hessner, MD, Attending Hospitalist, Conversation Ready Project Leader, Associate Director of Inpatient Quality

The Interventions
- Gather baseline data for 10 weeks leading up to the intervention
- Six weeks of one-provider pilot with Plan-Do-Study-Adjust cycles to test possible interventions
- Initial multidisciplinary team meeting to discuss the project, possible interventions, craft a collaborative workflow and identify team member roles
- Training with medical assistant staff on ways to approach/address HCPs with patients, and with CAA staff on witnessing, entering data into OMR and preparing documents for scanning
- Weekly data distributed to team in the context of ongoing coaching to identify opportunities for improvement and to celebrate successes

The Results/Progress to Date

Lessons Learned
- Involving each team member in the development of the process is an essential part of formulating a feasible workflow
- Weekly data interpreted and shared by an team leader with detailed awareness of the work environment and challenges creates situational awareness and sharpens the focus on the opportunities for improvement
- Variable performance often related directly to variable staffing, highlighting the importance of a stable, committed, and informed multidisciplinary team for workflow improvement.

Next Steps/What Should Happen Next
- Ongoing data review and coaching as needed to sustain the intervention
- Identify ways to further stabilize and spread the process within the suite
- Creation of a “Health Care Proxies: Advanced Frequently Asked Questions” educational handout to address challenges encountered when asking patients to complete a health care proxy – designed to increase staff and provider knowledge and comfort
- Translation of Health Care Proxy materials into other languages
- Data analysis to prepare for roll out to other clinical areas
- Identifying more complex system changes needed to improve sustainability

For more information, contact:
Jennifer Beach, MD, Assistant Med Dir HCA North Suite
jlbeach@bidmc.harvard.edu