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# A Practical Advance Directive Survey

by Tony McCanna

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*A one-day survey done in eleven Kansas City hospitals—including both acute and skilled nursing units—revealed higher than average completion of advance directives. Furthermore, completion of treatment directives was higher in hospitals in which social workers distributed and explained the documents.*

Since the advent of the Patient Self-Determination Act in 1991, attention to advance directives in hospitals has increased. The outcome of this attention is not clear. This paper reports an advance directive survey done in metropolitan hospitals. Respondents were asked to answer two questions:

1. What percentage of hospitalized adults have completed advance directives?
2. How often can advance directives be found in patients' current hospital charts?

In 1995 members of the Ethics Committee Consortium began to explore the effects of advance directive education and dissemination in the Kansas City community. A secondary goal of this study was to establish a benchmark for future reference. The effects of a continuing effort to promote the use of advance directives by citizens of the metropolitan area can be estimated by a comparison survey planned in two years.

## Methods

Over a nine-month period, consortium members developed the project plan and survey instrument. The author took primary responsibility for developing the survey into a working tool that reflected the interests of the group.

Each participating hospital's representative agreed to:

- Develop their plan to implement the study;
- Secure a letter of support from their hospital administration and approval from their institutional review board;
- Select personnel who would ordinarily have authorized access to patient charts and were familiar with advance directive documents.

Once this was completed by all 11 participants, the one-day survey project was submitted to the Ethics Committee Consortium for their review and approval.

The project called for a chart review of adult patients in both acute and skilled nursing areas in each participating hospital. Obstetrical and psychiatric units were not included.

One of the agreed requirements was that no patient would be interviewed and the information obtained was solely from the patient's chart. In the majority of hospitals, the social work department provided the personnel to review each chart and answer the eight survey questions. The results were tabulated by the individual departments and those results were collected by the author for a composite tabulation. It was agreed by all hospitals that the participants would be shown the comparison data but that reporting to the Consortium and any other inquiry would be by a composite tabulation only.

### Survey Results For Acute Hospital Beds

#### Sex

630 Male  
820 Female

#### Age

376 18 - 45  
161 46 - 55  
218 56 - 65  
456 66 - 80  
210 Over 80

#### Race

4 American Indian/Alaskan National  
184 Black  
21 Hispanic  
10 Asian or Pacific Island  
1148 White  
7 Other

#### Patient/Surrogate Claims an Advance Directive

382 Yes (27%)  
027 No

#### Advance Directive Copy in the Chart

224 Yes (59%)  
1085 No (if no, do not answer 6, 7 & 8)

#### Type of Document (check all that apply)

59 Living will  
115 Living will with preferences  
137 Durable Power of Attorney for Health Care  
21 Pre-hospital DNR form  
10 Other

#### Was the Midwest Bioethics Form used?

123 Yes (54%)  
105 No

#### When was the most recent document signed?

37 Before 12/01/91  
192 After 12/01/91 (84%)

### Survey Results For Skilled Nursing Units

#### Sex

39 Male  
81 Female

#### Age

0 18 - 45  
7 46 - 55  
12 56 - 65  
53 66 - 80  
48 Over 80

#### Race

0 American Indian/Alaskan National  
14 Black  
7 Hispanic  
0 Asian or Pacific Island  
99 White  
0 Other

#### Patient/Surrogate Claims an Advance Directive

71 Yes (59%)  
49 No

#### Advance Directive Copy in the Chart

46 Yes (65%)  
74 No (if no, do not answer 6, 7 & 8)

#### Type of Document (check all that apply)

17 Living will  
24 Living will with preference  
21 Durable Power of Attorney for Health Care  
2 Pre-hospital DNR form  
0 Other

#### Was the Midwest Bioethics Form used?

21 Yes (46%)  
25 No

#### When was the most recent document signed?

13 Before 12/01/91 (72%)  
33 After 12/01/91 (72%)

## Interpretation of Results

In 1990 it was estimated that 9% of the adult population had either a living will or durable power of attorney for health care decisions. In 1993 the figure had risen to about 15%. In 1995 the United States General Accounting Office had estimated that between 10% and 25% of Americans have documented their end-of-life choices or appointed a health care agent.

Eleven Kansas City Area hospitals showed better results than the reported averages — 27% in acute care units; 59% in skilled units.

The survey also reflected that the percentage of document completion was higher in hospitals in which the social work departments were responsible for informing patients, distributing forms, and processing the documents as notaries.

Other data indicated the following:

- the spread among hospitals was from 9% to 43% for completion, and 33% to 88% for being on the chart;
- 50% of the patients were over 65 years old;
- 82% of the documents were completed after the enactment of the Patient Self-Determination Act.

## What Did We Learn?

A one-day survey of advance directives can provide important information. The burden of such a survey is outweighed by the benefits. The

information gained can motivate attention to advance directives among hospital staffs and influence policy. Preparation is already under way for a follow-up survey in 1998.

Implications for Advance Directive Policy and Performance Improvement:

- As a quality indicator, hospitals should give priority to completing, recording, and honoring advance directives;
- There should be an ongoing performance quality measure in regard to advance directives;
- Periodic measurement of percent completed and percent on charts should be done;
- Corrective action to increase percent completed on chart should be undertaken on a continual basis;
- This is a way to meet JCAHO standards, to elevate clinical ethics as an important activity in the hospital, to respect autonomy of patients, and to raise the consciousness about advance treatment directives so that the final goal of honoring directives can be achieved.

## Summary

The study demonstrated that such a survey is feasible, that the survey can inform policy, and that community focus improves performance.