

# Improving Code Status Discussion and Documentation for Patients 65 Years or Older at HCA Florida Osceola Hospital – a Quality Improvement Project

Matanes F. MD<sup>1,2</sup>, Murphy T. MD<sup>1,2</sup>, Garcia-Fernandez K. MD<sup>1,2</sup>, Shah R. MD<sup>1,2</sup>, Duros M. MD<sup>1,2</sup>, Alvarez G. DO<sup>1,2,3</sup>, Komarla A. MD<sup>3</sup>, Shultz J. MD<sup>1,2</sup>, Karasik O. MD<sup>1,2</sup>

<sup>1</sup> UCF/HCA Healthcare GME, Greater Orlando, FL

<sup>2</sup> Department of Internal Medicine, University of Central Florida College of Medicine, Orlando, FL

<sup>3</sup> Orlando VA Healthcare System, Orlando, FL

## Background

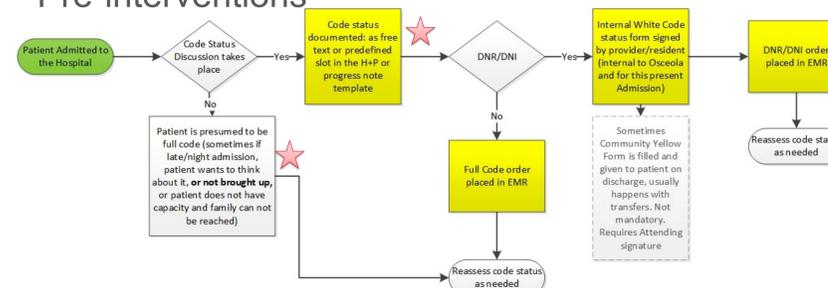
- The purpose of code status discussion and documentation is to make sure patients receive medical care that is consistent with their values, goals and preferences.
- A large multi-center study showed that 47% of physicians believe that patients prefer a full code status when the patient actually wants a do-not-resuscitate order <sup>(1)</sup>.
- Our quality improvement project focused on ensuring compliance with code status discussion, documentation and ordering among internal medicine residents at HCA Florida Osceola Hospital for patients aged 65 years or older.
- Missed opportunities for GOC (goals of care) discussion and documentation may lead to unnecessary medical treatment, inappropriate allocation of hospital resources, and undue stress and harm to the patient and family. The Center for Medicare and Medicaid services also requires code status documentation.

## Aim

- Increase the percentage of patients age 65 years or older on the resident teaching services who have a code status order to 85% by May 15, 2022
- Increase the percentage of patients age 65 years or older on the resident teaching service who have a code status discussion documented to 85% by May 15, 2022

## Current Condition

### Process Map of Code Status Discussion Pre-interventions



★ Situations where code status discussion and/or documentation is often forgotten

Survey of Residents 9/2021: 28 residents, 50% PGY1.

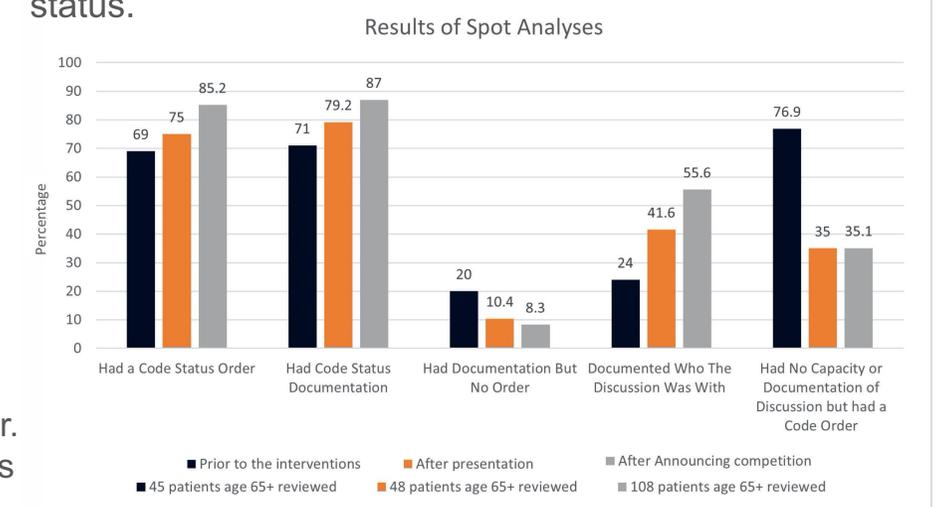
- Barriers: comfort level/training, time, questions about specifics of the process, difficulty reaching proxy, orders/note not being detailed enough
- Comfort level with GOC discussion varied by PGY year.
- Residents self reported that they document code status their note for patients 65yo or older within 24 hours of admission >75% of the time.
- Results about barriers, process, and comfort level were not consistent suggesting no standardized process.

## Interventions

- 10/2021: Focused discussion on documentation process of ordering GOC status in medical record. We also reviewed the note templates which included a dedicated area for documentation of GOC discussion and status.
- 10/2021: Created poster reminders/guide for resident workrooms.
- 1-3/2022: Competition with frequent reminders at morning reports, texts and emails. The challenge was to achieve 100% compliance among all resident teams with code status documentation and order for patients ≥65 years old. Once the challenge was achieved, the program leadership would provide donuts for residents on service.

## Results

We reviewed charts of patients 65 years age or older on the resident teaching service each time our attending started service to assess the percentage of patients with a code status order and documentation in the note of code status.



## Conclusion

- There was a noticeable progressive increase in the percentage of code status ordering and documentation with our 2 interventions.
- The competition had a greater increase in compliance with code status documentation.
- However, the constant reminders were not sustainable outside of the defined period and 100% compliance was not achieved.

## References

1. A controlled trial to improve care for seriously ill hospitalized patients. The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). The SUPPORT Principal Investigators. *JAMA*. Nov 22-29 1995;274(20):1591-8.