Advance Care Planning (ACP) is a central component of patient-centered care, helping ensure patient values and preferences guide clinical decisions. Patient navigators have been utilized effectively in healthcare for numerous roles. More recently City of Hope National Medical Center (COH) has piloted the utilization of a Navigator specifically for advance care planning (ACP) to support patients, families, and staff with Advance Directive (AD) notarization and primary ACP conversations.

METHODS

The Department of Supportive Care Medicine at COH with significant institutional collaboration and administrative support created a patient-centered ACP program and marketing campaign, called “Plan Today for Tomorrow.” In 2016, an ACP navigator joined the team to continue institutional culture change and facilitate an increase in AD completion. Referral to the ACP navigator occurred either through staff endorsement and/or the institution’s technological screening platform deployed in a majority of COH outpatient clinics. Staff referrals came from physicians, clinical social workers, nurses, or from the Sheri & Les Biller Patient and Family Resource Center. Concerted efforts were made to increase AD completion at key entry points, including New Patient Services, the Pre-Anesthesia Testing Clinic, and pilots in a variety of patient populations in Medical Oncology and Hematology. Prior to the ACP Navigator, all referrals were addressed by Clinical Social Workers (CSWs).

RESULTS

In a review of 16 months of data, the ACP navigator followed up on 1,275 referrals, 619 were from staff, while 656 were from the institutional tablet-based screening platform. Follow-up on staff referrals resulted in an 85% AD completion rate. Follow-up on tablet-based screening resulted in a 23% AD completion rate.

Between 2015 and 2016, the rate of AD completion for new COH patients increased from 19.5% to 25.17%. In that same time period, the rate of AD completion for transplant patients increased from 45.3% to 69.5%.

CONCLUSION

Availability of an onsite ACP-focused navigator was more effective in facilitating AD completion of staff generated AD referrals as compared to AD completion of tablet-based patient screening AD referrals.

The presence of an ACP navigator to facilitate AD completion decreased workload for CSWs, creating increased opportunity for CSWs to work at the top of their professional license, and provided staff with the tools to have AD conversations and complete their own ADs, increasing staff’s overall comfort level with the ability to have AD conversation. Opportunities exist to increase the effectiveness of AD completion from tablet-based screening referrals.