Advance Care Planning (ACP) is central to patient-centered care and helps assure treatment aligns with a patient’s goals, values, and priorities. ACP is often poorly incorporated into the hematopoietic stem cell transplantation (HSCT) population, with reported advance directive (AD) rates of 23% to 50%. At City of Hope National Medical Center (COH), concerted efforts to improve the overall number of ADs in HSCT was undertaken and evaluated.

The Department of Supportive Care Medicine at COH, in collaboration with medical faculty and administrative support, created a patient-centered ACP program. The first two years (2013/2014) broadly focused on all new COH patients. The last two years (2015/2016) included a specific focus on patients undergoing HSCT. The primary goal was a completed AD in the electronic medical record before day 0 of transplant. In addition to provider and transplant team engagement, major time points for supportive care integration to facilitate AD completion were identified including:

- Registration
- New patient orientation
- MD Clinical visit for transplant
- Pre-transplant education class
- Clinical social work psychosocial assessment visit
- Pre-transplant hospital days.

Calculations of Odds Ratio and Mantel-Haenszel Chi-Square were performed using Epi Info StatCalc.

**BACKGROUND**

**METHODS**

**RESULTS**

Between 2012 and 2016 at COH, 1784 transplants were performed. For HSCT patients in 2012, baseline AD capture rate before day 0 of transplant was 28.6%. With the institutional AD program, the AD capture rate before day 0 of transplant was 31.6% for 2014, compared with 2012 [odds ratio, 1.17(95% CI, 0.85-1.60); \( p = 0.33 \)]. With both institutional and hematology specific programs, AD capture rate before day 0 was 69.5% for 2016, compared to 2014[odds ratio, 4.30 (95% CI, 3.14-5.91); \( p < .001 \)].

**CONCLUSION**

Compared to 2012, the institutional AD program in 2014 insignificantly impacted HSCT AD completion rates. Improving the rate of AD completion from 28.6% to 69.5% in HSCT patients required both institutional AD efforts and a targeted program. Modelling by Hematology Physician Champions along with thoughtful and sensitive engagement of patients was instrumental to our success. Nevertheless, more work is needed to improve AD completion rates before transplant to 100%.

**HCT Program to Obtain Advance Directives**

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