

Supportive Care - Hematology Partnership to Improve Advance Directive Completion Rates in the Bone Marrow Transplant Population at City of Hope National Medical Center: A Programmatic Approach

Finly Zachariah, Leslie Popplewell, Stephen J. Forman, Gerardo Gorospe, Judy Wong-Toh, Denise Morse, Lindsay Emanuel*, Gayle Ito-Hamerling, Nellie Garcia, David Horak, Dicran Kassouny, Priscilla Ohanesian, Sorin Buga, William Dale, Stefanie Mooney, Bernard Tegtmeier, Chandana Banerjee, Purvi Patel, Joseph C. Alvarnas; City of Hope National Medical Center, Duarte, CA

BACKGROUND

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.

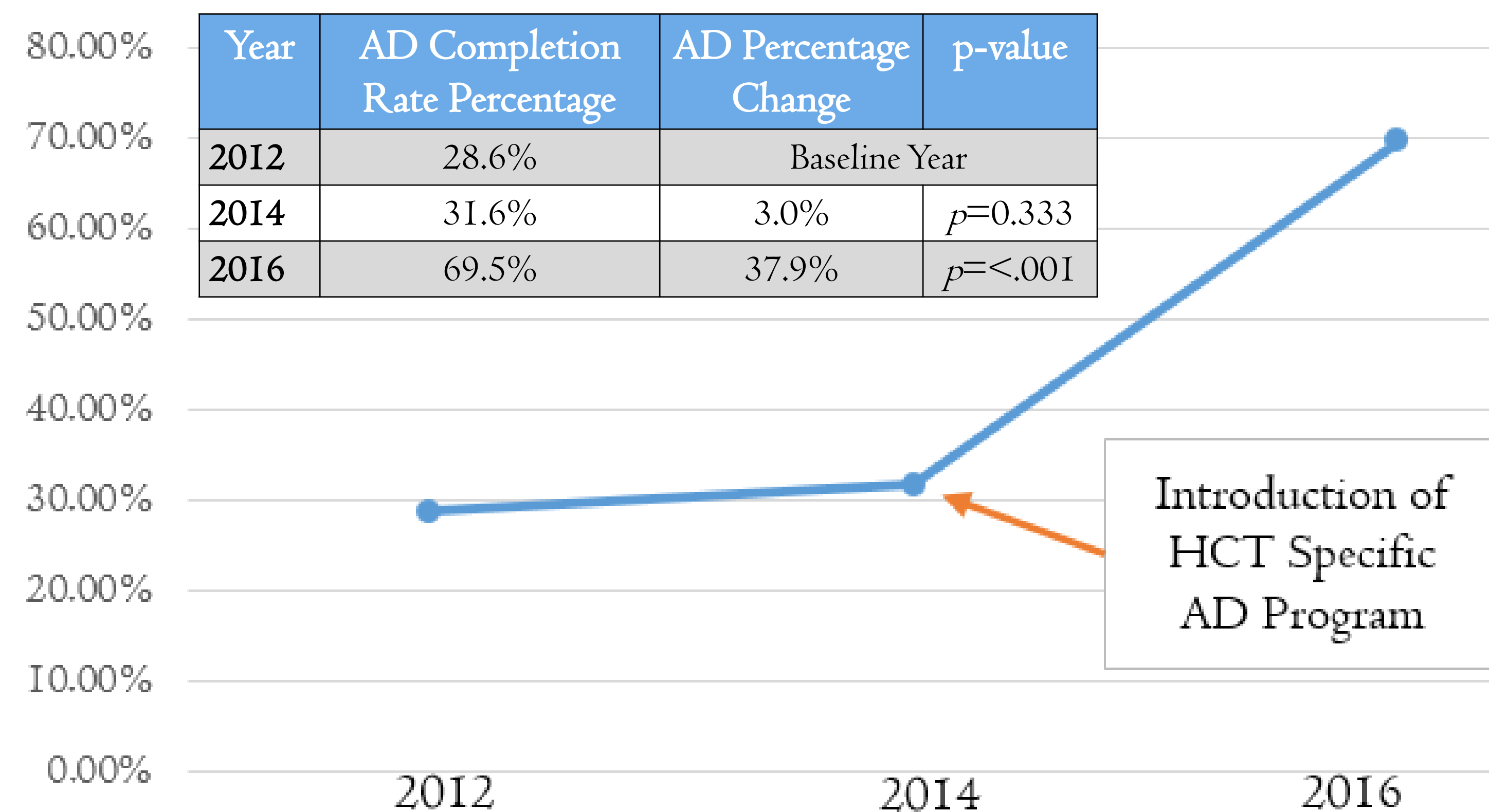
METHODS

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.

Change in Advance Directives for Transplant Patients after HCT AD Program Implementation



PLAN TODAY FOR TOMORROW

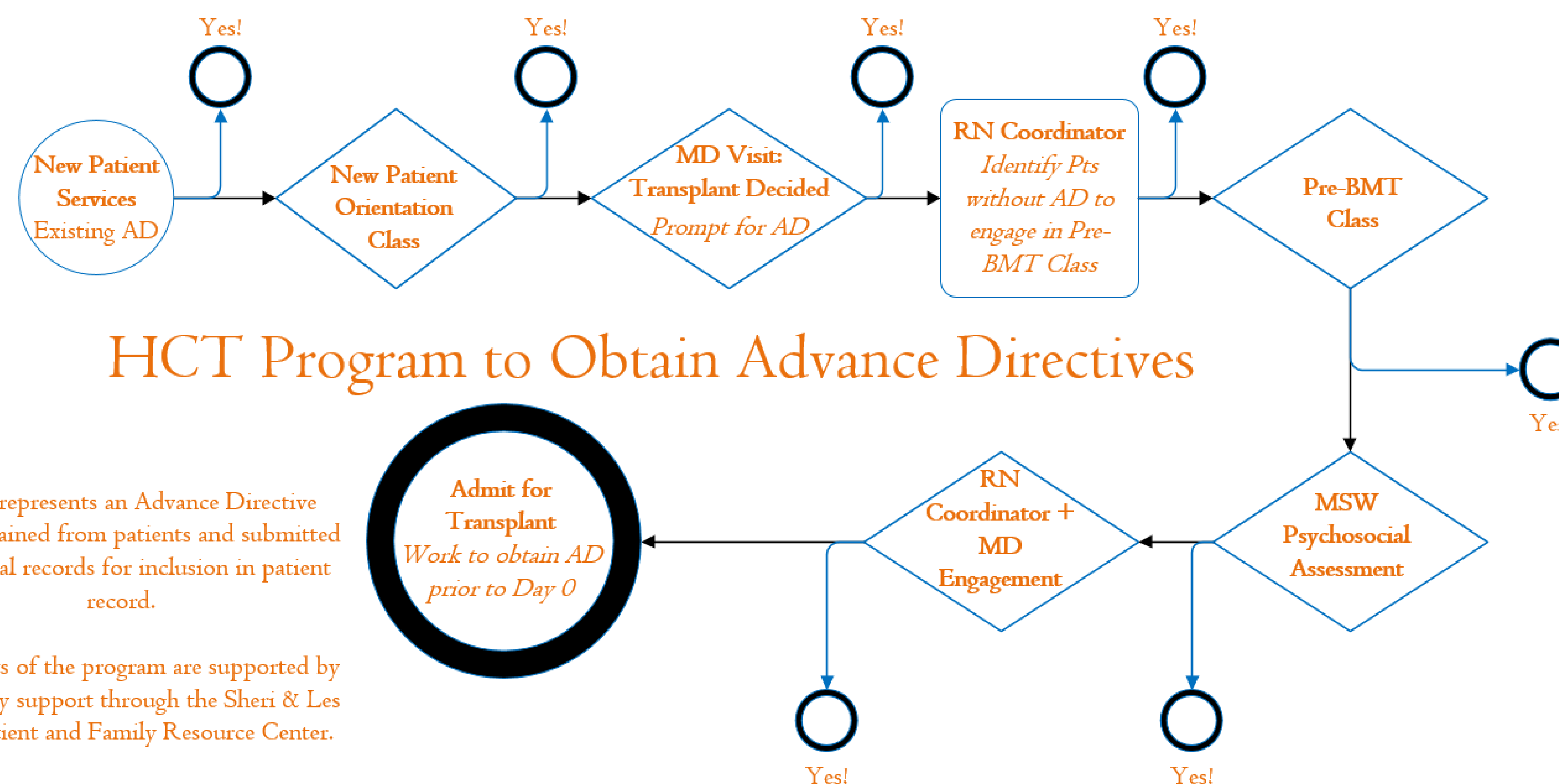


RESULTS

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 = .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%.



* Funded by:



Copies of this poster are for personal use only and may not be reproduced without permission from ASCO® and the author of this poster.

For further information, contact:

ACP@coh.org
CityofHope.org/advance-directive

