

Improving Code Status Documentation in Geriatric Hip Fracture Patients

By: Hasaan Chaudhry, Jason Lam,
Amit Anand, Scott Kim

Background

- Code Status Discussions
 - Guide patient care
 - Support patient autonomy
 - Prevent non-beneficial interventions
 - Resource management
 - Minimize unnecessary health care costs



An Opportunity

- Geriatric hip fracture patients
 - 20% mortality within 1 year of injury
 - 36% mortality in those coming from NH
 - 3% mortality during initial hospital stay
- 86% of hip fracture patients had no record of any attention to end-of-life planning during hospital stay (Dunn et al, 2015)

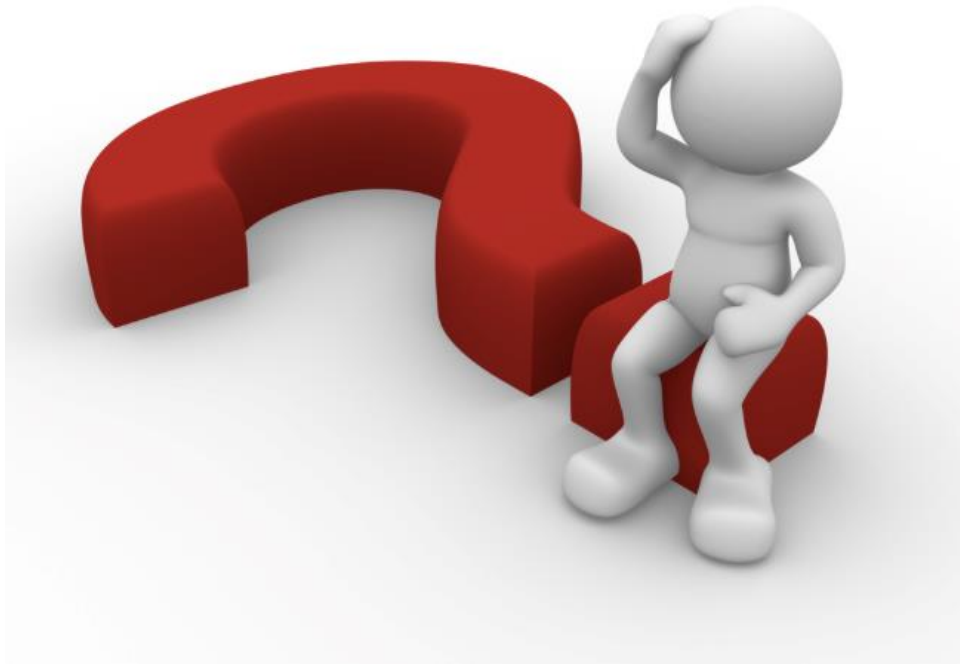


Current Practices

- 53 Geriatric hip fracture patients reviewed at SHSC from January 1, 2017.
 - 20/53 (37.7%) had documented code status



WHY?



Challenges

- Busy service – Traumas/consults
- Time consuming discussions
- Language barriers/cognitive decline
- Patient families unavailable
- Emotionally distressing situation – difficult convo
- Sick patients/pain meds
- Location in ED (hallway stretcher)
- No guidelines/framework/training for discussion



A Mystery



- No correlation:
 - How busy the call shift was (total number of consults/traumas/booked cases)
 - Whether family member present at bedside
 - Cognitive dementia
 - Healthy vs. multiple comorbidities
 - All residents inconsistent in documenting code status

Resident Laziness?









AIM Statement

- To improve documentation of code status for geriatric hip fracture patients (age >65) presenting to the ED at Sunnybrook to 100% by May 1/2017.



Interventions

- Educational session at morning handover (1hr)
- Mandatory new field on handover email template for documenting code status.
- Awareness for importance of Code Documentation – card in ID badge
- Incentive to do well in outcome measures

Results

- 5 weeks post-intervention
- 14/15 (93.3%) documented code status discussions



Next Steps

- Quality of discussions
- Spread initiative to other hospitals/specialties
- Educate incoming junior residents during Boot Camp



Discussion

- Due to systemic factors
 - Mandatory provider communication training
 - Changing hospital culture (wrist bands)
 - Reforming hospital policies on DNR discussions
 - Hospitalist/Allied Health/Geriatrics Teams
 - Incentives/penalties

Lessons

- Small idea → Big difference
- Re-inventing the wheel – Ask
- Advocate for patient care – Lost opportunity
- ICU/hospitalist rotations (Multi-disciplinary team)
- Supportive supervisor



Thank You