

**Program Evaluation: Assessing the Effectiveness of Advance Directive Planning for Surgical Intensive
Care Unit Patients**

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Abstract

BACKGROUND: In 1990, amendments were made to the Medicare and Medicaid titles of the Social Security Act to include the Patient Self Determination Act (Levin, 1990). Despite passage of this law, advance directive completion rates in the United States remain relatively low among adults, with only 36.7% of the total population having completed an advance directive (Yadav et al., 2017).

LOCAL PROBLEM: Providers in the surgical intensive care unit (ICU) at a medical center in Seattle have expressed frustration at the absence of completed durable power of attorney (DPOA) and advance directives. Absence of advance directive documentation in the surgical ICU leads to an inability to provide care aligning with patient wishes. At the medical center, the goal for advance directive completion is 100%. At the project onset, the completion rate for surgical ICU patients was only 22%.

PURPOSE: The specific aim of this program evaluation was to assess the efficacy of current practices of documenting advance directive and durable power of attorney.

METHODS: Using the Centers for Disease Control and Prevention (CDC) program evaluation framework, this project identified barriers to completion of advance directives in pre-operative patients.

INTERVENTION: A pilot survey, Press Ganey survey, and SWOT analyses were performed.

RESULTS: Data gathered demonstrated both knowledge and practice gaps. The main barrier is inconsistency of practices in the pre-operative settings. These inconsistencies are due to varying time constraints, levels of experience, and knowledge gaps.

CONCLUSION: Evidence-based recommendations were made to incorporate the program PREPARE FOR YOUR CARE, and to include a reminder about advance directive paperwork in the pre-operative phone

call to patients. This will lead to more patient-centered care throughout the patient's surgical experience at this medical center.