EFFECT OF CODE STATUS HANDOUT ON RESIDENT PHYSICIAN COMFORT DURING THE ADMISSION PROCESS

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BACKGROUND
• Code status discussions at the time of admission can often be a difficult and awkward portion of the hospital admission, especially for residents. This discussion is further complicated when a patient is acutely ill and there is no previously established patient-physician relationship.
• There are varying levels of physician comfort when discussing end of life issues.
• Various research studies have looked at interventions to improve end of life discussions.
  • Previous studies suggest that providing patients with various educational materials such as webinars, videos, and pamphlets have assisted with the patient-physician conversation.
  • Repeated direct contact with the same providers also helps to facilitate the code status conversation.
• However, most studies have focused on well-acquainted physicians and patients that present in an office setting with known chronic illness threatening lives.¹,³,⁴
• Due to increasing use of hospitalists for inpatient care in the acute care setting, there is an increased need for improving code status discussions at admission.

OBJECTIVE
This quality improvement study aimed to determine if an easy to use handout would improve resident comfort with the code status discussion.

METHODS
• Following a literature search on how to discuss advance directives and end of life care, a code status handout was developed (Figure 1).
• The handout, written at fifth grade reading level, was edited by attending physicians who oversaw Adult Medicine Teaching Service (AMTS) at Aurora St. Luke’s Medical Center and used for patient admissions to AMTS by PGY-1 residents, during July-December 2015.
• A pre- and post-intervention survey was emailed to residents before and after the start of their inpatient rotation.
• A pre-determined script, read to residents on the first day of their rotation, discussed the handout, goals of the study, and surveys.
• Paired T-tests and Willcoxon Sign Rank were used to compare pre and post-intervention survey responses. Only residents that responded to both pre- and post-intervention surveys were included in the analyses.

RESULTS
• Across respondents (N=39), the majority were PGY1 (63.2%) with prior personal experience explaining code status to patients (73.7%).
• Pre and post-intervention surveys did not identify a difference in physician comfort level when explaining code status (Figure 2), even when compared to year in residency.
• On the post-intervention survey, residents identified that the code status handout better informed patients (73.0%), was easy to use (75.0%) and that they would continue to use the handout and explain code status (79.5%).
• Regarding “what would you change?” residents identified that the handout should be shorter (34.3%).
• Additionally, although not significant, residents identified that patients read at a lower grade level than they previously anticipated (Figure 3).

CONCLUSIONS
Use of the handout did not show significant improvements to resident comfort in this small pilot. While residents identified that they would use the handout again, several remarked that the handout was too long for them or patients to read.

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REFERENCES