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Background

- Awareness of legal changes at age 18 is a national transition measure.
- An assigned health care proxy (HCP) is required for adults when incapacitated. For those requiring additional assistance, such as people with IDD, a guardian might be required.
 - **A documented decision maker should be on file for all adults.**
- A Joint Commission survey of our institution in 2018 found that not all hospitalized adults had a documented HCP.
- Our transition team was repeatedly consulted regarding decision making authority for adult patients in the pediatric setting, including HCP or guardianship psychoeducation.
- The current system has significant room for error with multiple places to document decision maker status and inconsistency in obtaining and documenting the authority clearly.

Methods

Social workers in the BRIDGES program developed a quality improvement project to improve documentation of HCP/guardianship.

From June 2023 to May 2024, all patients 18+ admitted to the hospital were recorded in a database, along with their age and the admitting service.

Records were reviewed to determine presence of HCP/guardianship. If neither were documented, social work intervened.

Results

Of all the patients 18+ admitted to the hospital:

- 51.5% had a HCP and 18.6% had guardianship in their medical record at the time of their hospitalization

Overall either a HCP or guardianship was documented in the patient's medical record 69.8% of the time, with 30.2% having no documentation.

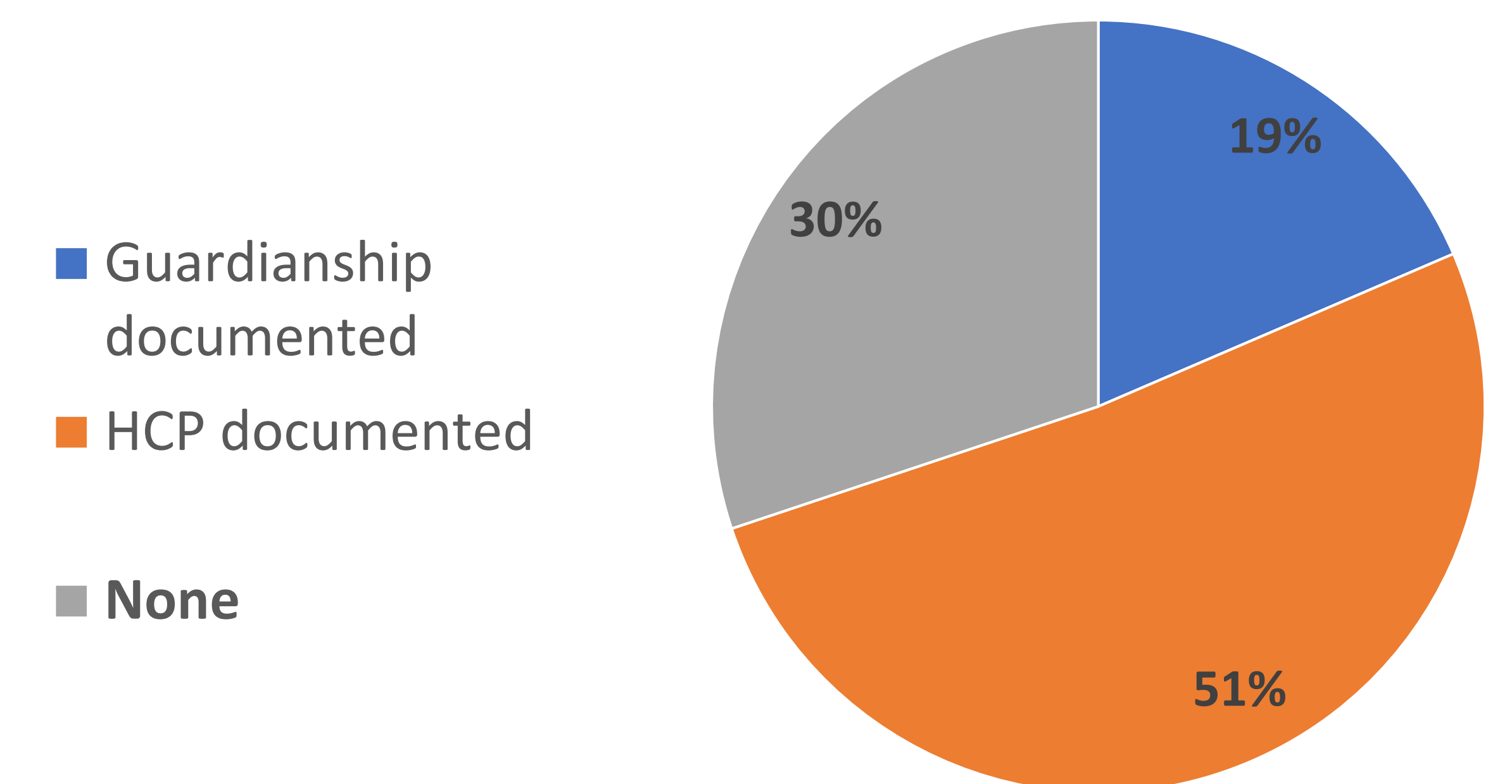
In patients where neither a HCP or guardianship were documented, social work intervened 46.9% of the time.

The **most common type of intervention** completed by social work was **referring to the unit social worker**, alerting them to the lack of documentation and providing consultation as needed (49%). The other common intervention was meeting with the patient directly to educate on HCP and help with the process to complete it an upload into the record.

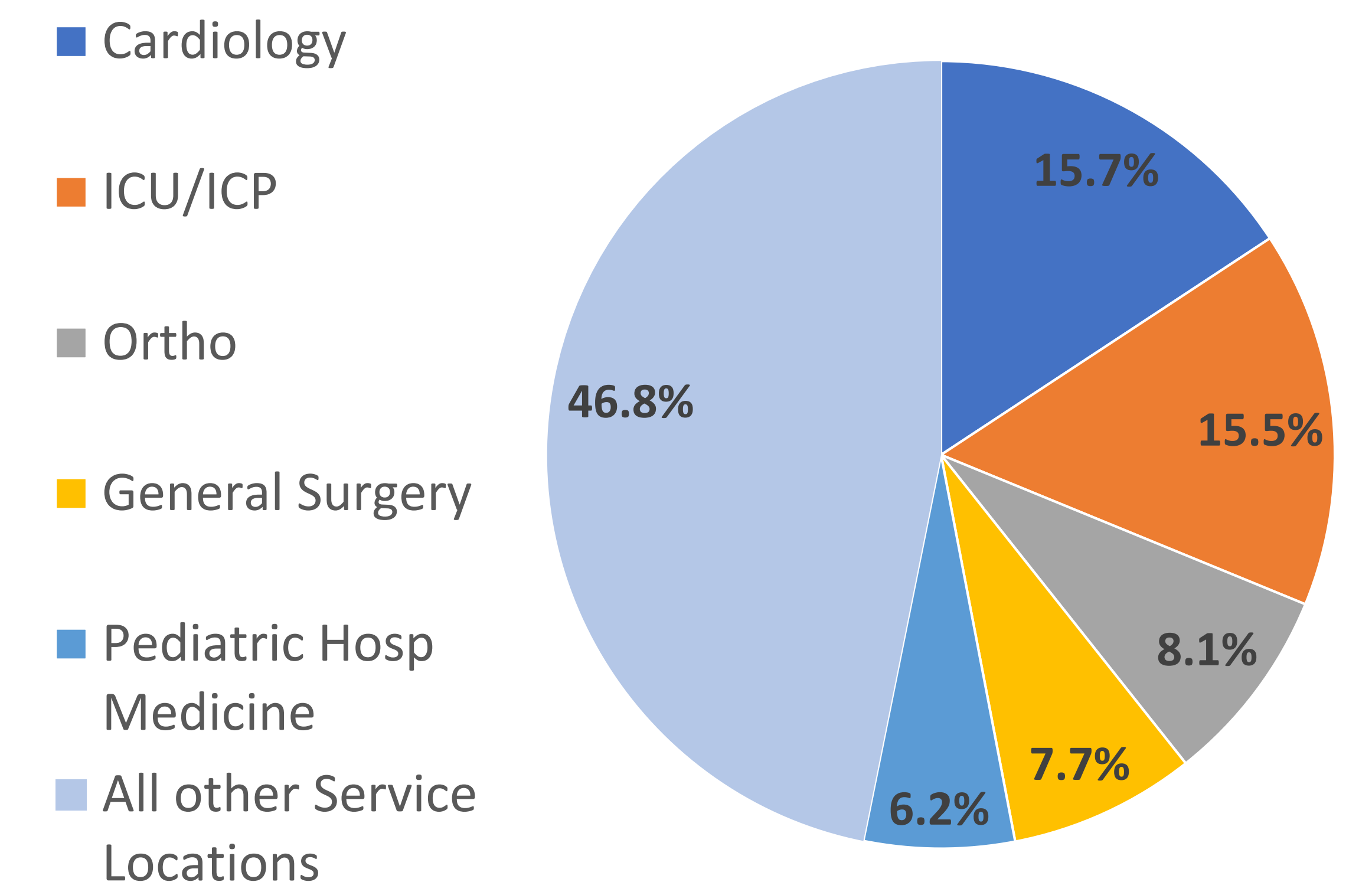
Social work's intervention of obtaining a HCP where one was not already in the medical record helped increase the percentage of patients with a HCP from 51.5% before intervention to 54.2% after intervention.

The top 5 most common service locations accounted for 43% of patients 18+ while all other service locations accounted for 57% of patients over 18

Documented Decision Maker



Service Location of Patients 18+



Further Considerations

Further education may improve social worker and other clinician understanding of both the need for and process of obtaining and documenting the important decision maker authority.

Recent changes in our EMR require updated workflow for ensuring documentation in record.

Conclusion

- Documentation of decision maker status at our institution requires improvement.
- PDSA cycles helped determine potential interventions, uncovering administrative challenges, limitations in the electronic record and lack of knowledge by staff.