

Disparities in Advance Care Planning (ACP) Rates Persist Among Emergency General Surgery (EGS) Patients

Christopher L Johnson, Alexis K Colley, Logan Pierce, Joseph A Lin, Tasce Bongiovanni, Sanziana Roman, Rebecca L. Sudore, and Elizabeth Wick

BACKGROUND

Discussions with patients about their goals of care improve patient-clinician understanding and reduce patient and caregiver worry. However, ACP conversations and their standardized documentation remain infrequent for EGS patients.

METHODS

- 1. Collected EGS patient EHR data
- 2. Determined prevalence of ACP documentation in EHR during EGS hospitalization
- 3. Multivariable regression performed

RESULTS

Predictor	aOR	95% CI	p
Medicare insurance	5.06	2.09 - 12.23	P<0.001
Comorbidity burden	4.19	2.55 – 6.88	P<0.001
Same-institution PCP	2.35	1.39 – 3.98	P<0.001
Non-English language	0.05	0.25 – 1.2	P=0.05

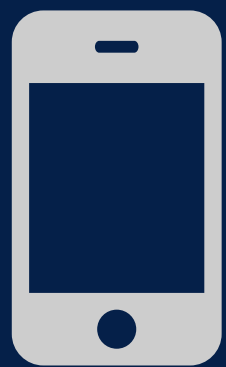
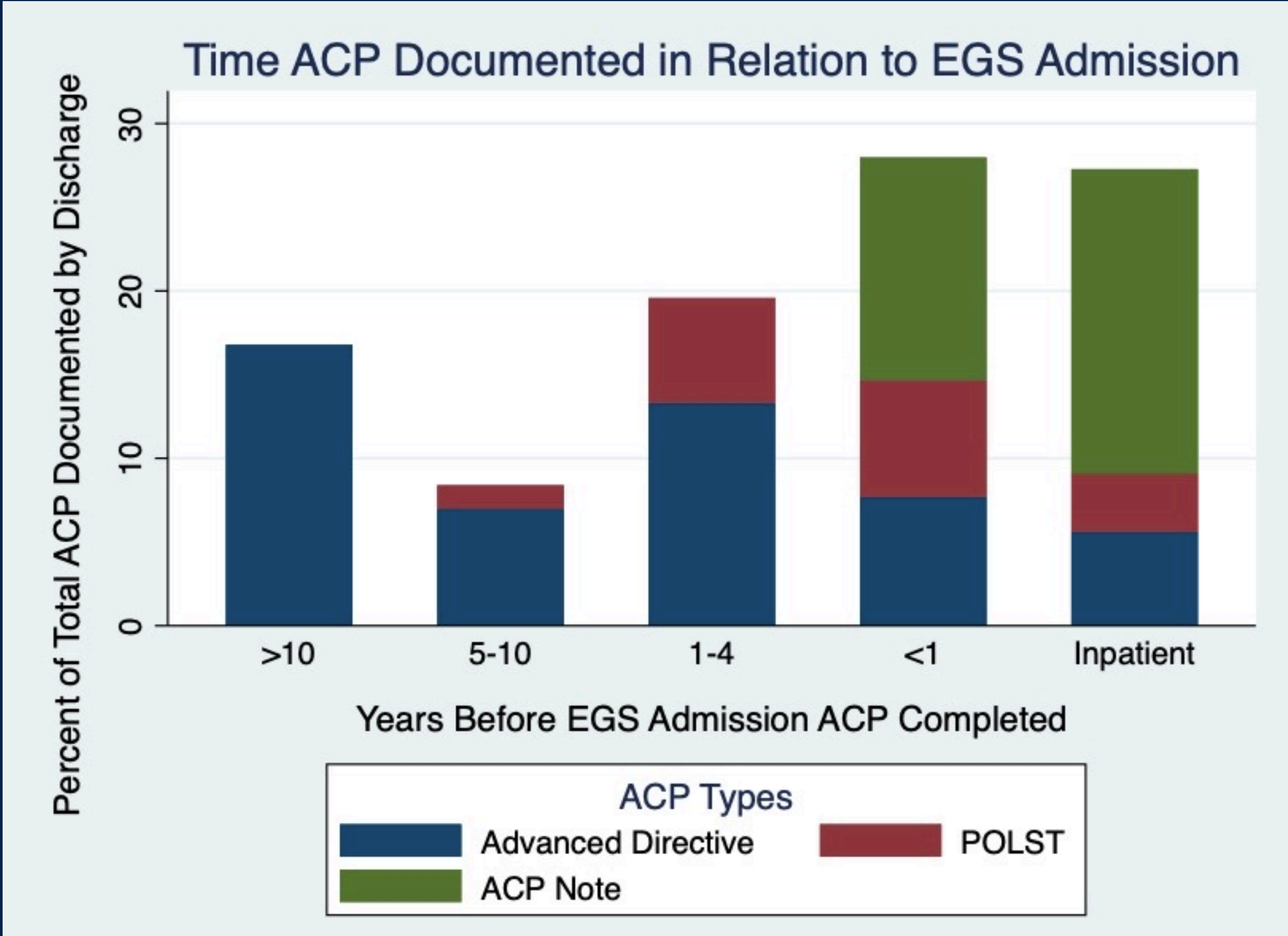
DISCUSSION

This is a critical missed opportunity to promote patient-centered care and to communicate patients’ care preferences to the surgical and other inpatient medical teams.

ACKNOWLEDGEMENTS

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Only 20% of patients had ACP documentation in the EHR at any timepoint during their hospitalization. 75.5% of ACP was completed before admission in an average of 5 years before admission. Most ACP consisted of Advanced Directives and POLST forms. No patients had pre-operative ACP documentation completed by the surgical team.



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University of California San Francisco

Aims: We sought to better understand advanced care planning (ACP) practices in emergency general surgery (EGS) care and to describe the frequency of ACP documentation. We hypothesized that patient, clinician, medical and/or surgical conditions, and hospital course influence ACP completion rates.

621 patients admitted to the EGS service in 2019

84% of ACP notes named a surrogate, 68% documented code status, and 52% documented a patient’s overall health goals

Two-thirds (65.8%) of the total cohort had surgery during their admission

Our study suggests the following groups are suitable to engage with targeted ACP approaches: patients with pre-existing ACP who need their preferences reviewed and updated, patients ≥65 years old, patients with serious illness and high comorbidity burden, and patients going high risk procedures