

Problem & PURPOSE

Problem

Rural critical access emergency departments lack standardized workflows for code status discussions. Issues include:

- Inconsistent code status and goals-of-care conversations with patients
- Inconsistent documentation from providers and nursing staff
- Delayed code status and goals-of-care conversations
- Communication gaps between staff and patient

PURPOSE

The purpose of this project was to implement evidence-based strategies to address goals of care among patients in a rural critical access emergency department to improve patient satisfaction. Objective: align emergency care with patient preferences, reduce unnecessary or unwanted interventions, and support staff in delivering ethical, compassionate care

Available Knowledge

- Early goals-of-care discussions improve patient outcomes and reduce unwanted interventions
- Standardized documentation tools improve consistency in charting and decrease delays
- Interprofessional collaboration improves teamwork and communication
- Simulation training improves staff confidence in conducting difficult conversations
- Patient education helps reduce hesitancy with goals-of-care decisions

Rationale

The Shared Decision-Making (SDM) Model was incorporated to guide evidence-based practice implementation and improvement

Methods

Context

- Rural critical access hospital emergency department (12-bed hospital with 3 emergency rooms)
- Approximately 400 emergency department visits annually
- Predominantly older adults with multiple comorbidities

Intervention

1. Staff education and simulation training
 - Focused on principles of SDM model, communication techniques, and implementation of a new code status protocol
 - Simulation scenarios allowed staff to practice initiating difficult conversations
2. Standardized code-status agreement form
 - Goal was to initiate code status discussions within two hours of an emergency department admission
3. Patient education handout
 - "Your Voice, Your Choice" educational pamphlet was given to patients and staff provided education and used the teach-back method to ensure understanding

Methods Continued

Study of Intervention

- Retrospective chart review performed 4-weeks prior to and 4-weeks post intervention to assess for improvement in addressing code status and time to address code status
- Pre/post staff surveys were completed to assess for improved knowledge and confidence

Measure

Staff outcomes:: Knowledge and Confidence

- Knowledge was measured by using five true or false questions created by investigator
- Confidence was measured by using the C-Scale
 - Likert scale that assessed certainty, hesitancy, competency, sureness, and satisfaction (e.g. 1= strongly disagree to 5= strongly agree)

Retrospective chart review outcomes:

- Decrease time to code status documentation
- Documentation of code status and goals-of-care conversations was within 2 hours of admission

Data Analysis

- Descriptive statistics was used to calculate the frequency and percentage of patients with timely documentation
- Paired samples t-test was used to compare pre and post intervention survey scores of knowledge and confidence
- Independent samples t-test was used to compare the time that was required to obtain code status documentation before and after the intervention
- Data was analyzed using Microsoft Excel with statistician consultation

Discussion

Key Findings

- Staff confidence significantly improved.
- Documentation efficiency improved substantially
- Knowledge scores remained stable
- Standardized workflows were feasible

Clinical Implications

- The intervention may:
 - Improve patient-centered care
 - Reduce unwanted interventions
 - Improve communication among providers
 - Support earlier decision-making
 - Decrease moral distress

References

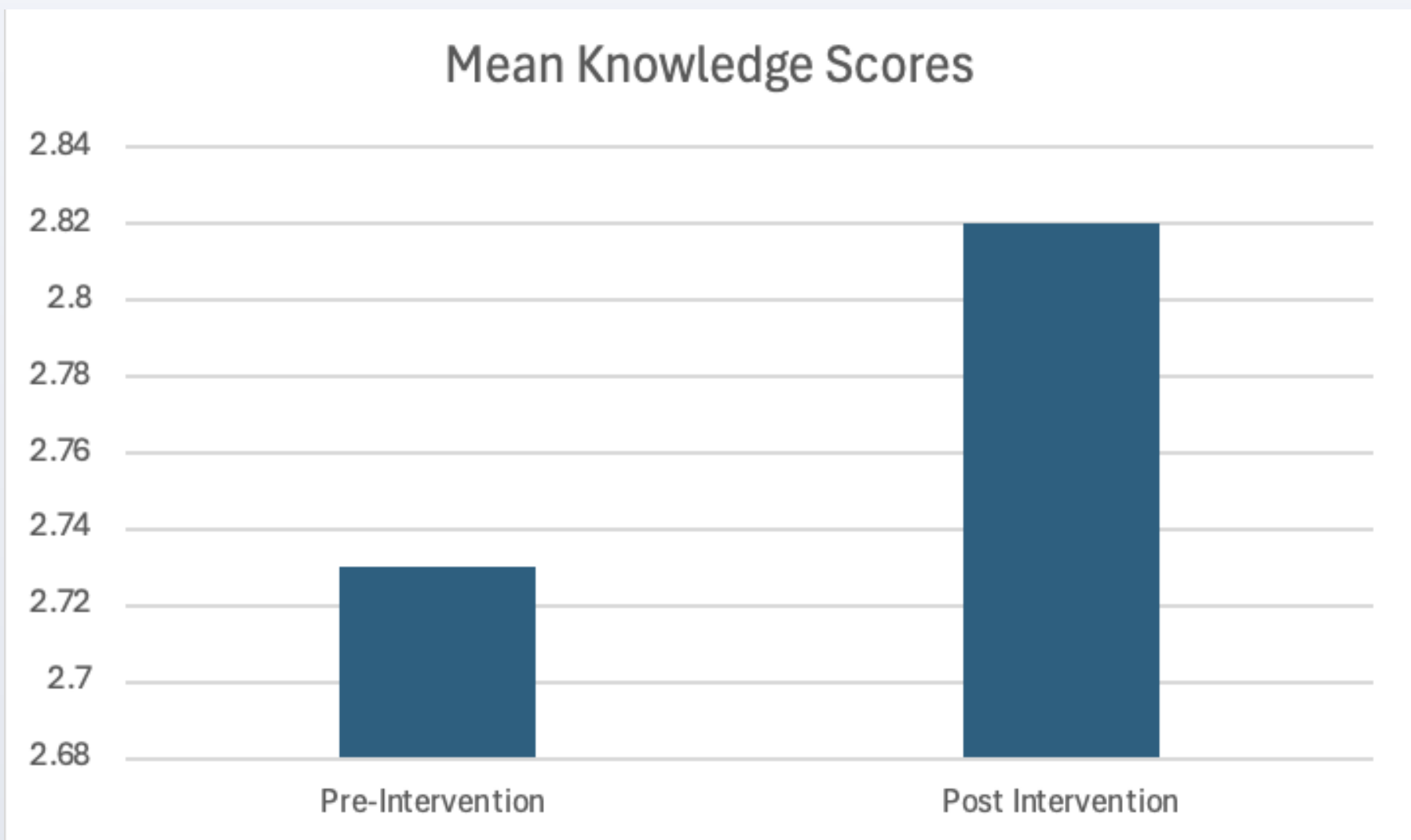


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Results

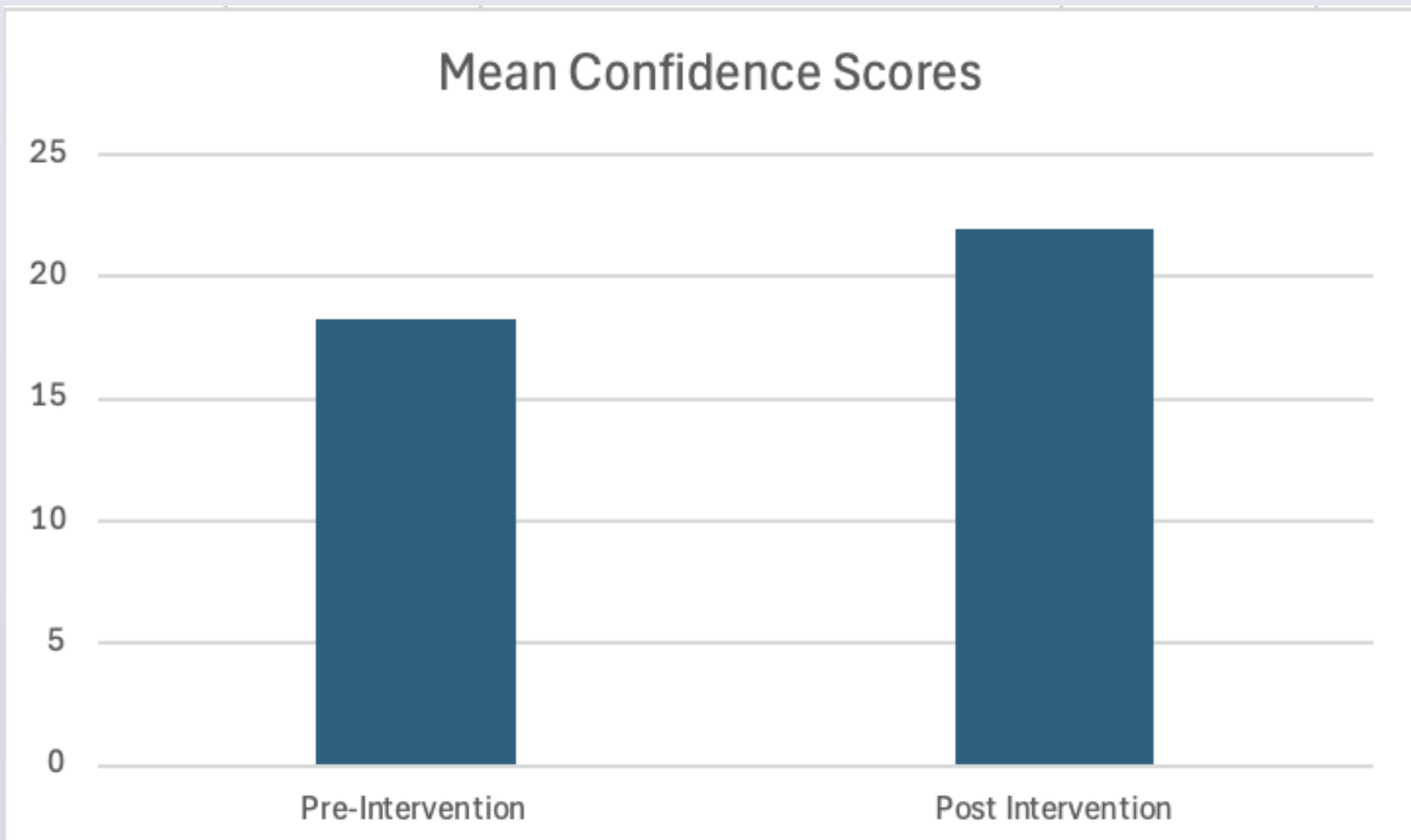
Knowledge

- There was no statistically significant difference in knowledge scores between the pre-intervention ($M = 2.73, SD = .47, n = 11$) and post-intervention ($M = 2.82, SD = .87, n = 11$) assessments, $t(10) = 0.29, p = .779$



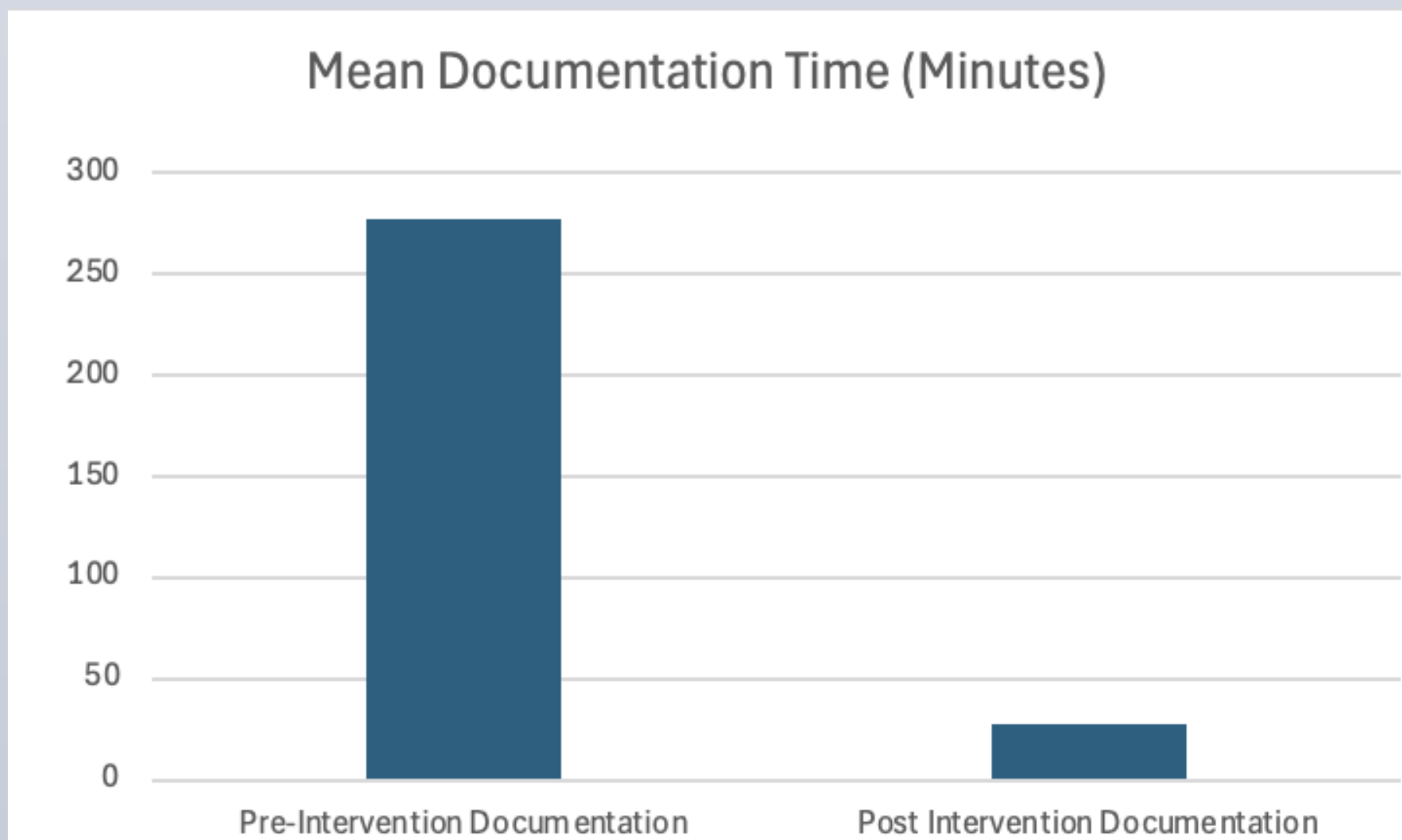
Confidence

- there was a statistically significant improvement in staff confidence scores between pre-intervention ($M = 18.27, SD = 4.54, n = 11$) and post-intervention ($M = 22.00, SD = 3.40, n = 11$) assessments, $t(10) = 2.58, p = .028$



Code Status Documentation Time

- The pre-intervention group demonstrated a higher mean time ($M = 277.00$ minutes, $SD = 370.40, n = 7$) compared to the post-intervention group ($M = 27.96$ minutes, $SD = 32.08, n = 24$). However, was not statistically significant, $t(6) = 1.78, p = .126$



Conclusions

Implementation of SDM intervention in rural emergency department has:

- Improved staff confidence
- Improved workflow efficiency
- Promoted patient-centered goals-of-care discussions
- Supported timely code status documentation
- Demonstrated feasibility and sustainability in rural practice

Future Studies Recommend:

- Repeat studies with larger sample sizes, multiple sites, and longer implementation periods