Patients with Decompensated Cirrhosis (DC) have low utilization of Advanced Directives (AD), despite having a poor prognosis.1

Many barriers to better use of AD have been identified:

• Patient/clinician prognosis knowledge discordance2

• Specialists’ inexperience with AD3

• Operational barriers1,3

Transplant nurse coordinators may be well suited to traverse these barriers.

Aim 1: Determine the effect of a 12-week Transplant Nurse Coordinator ACP education initiative on patient advance directive completion rates.

Aim 2: Determine the participant engagement of a 12-week Transplant Nurse Coordinator ACP education initiative as measured by attendance rates and post-intervention survey.

Methods

Design: Pre/Post Quality Improvement educational program followed by iterative “check-in” meetings

Sample: Transplant nurse coordinators at an outpatient, high volume, western US transplant clinic in a large metropolitan city.

Data Collection: Acceptability, Appropriateness, and Feasibility survey, chart review

Data Analysis: Descriptive analytics, Chi-Square, Fisher’s Exact Test

Results: AD Completion

<table>
<thead>
<tr>
<th>Sample Characteristics</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
<th>p (0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>56.9 (SD 11.6)</td>
<td>55.7 (SD 11.2)</td>
<td>0.567</td>
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<tr>
<td>Gender</td>
<td>41 (38.0)</td>
<td>40 (37.4)</td>
<td>0.930</td>
</tr>
<tr>
<td>Male</td>
<td>67 (62.0)</td>
<td>67 (62.6)</td>
<td>0.930</td>
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<tr>
<td>Non-English</td>
<td>29 (26.9)</td>
<td>31 (28.6)</td>
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<td>MELD-Na</td>
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<td>8.2 (SD 2.3)</td>
<td>0.953</td>
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<td>Childs Pugh Score</td>
<td>16.4 (SD 7.0)</td>
<td>15.7 (SD 6.4)</td>
<td>0.229</td>
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</tbody>
</table>

Discussion

• Education alone may not be enough to improve AD rates in DC

• Operational barriers such as time constraints and competing priorities appear to have significant impacts

Conclusion

Multiple barriers must be accommodated to increase AD utilization for patients with DC.

References

