‘Continuing the Conversation’

Optimizing the Use of the Advance Care Planning Tracking Tool

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Background

❖ Today’s aging demographic results in more complex and chronic illness. End of life discussions play a prominent role in guiding care in and out of the hospital.

❖ Advance Care Planning (ACP) is a process whereby patients gain understanding of their disease process, and carry out conversations with families and healthcare providers to direct care. This is differentiated from advance directives which focus solely on the provision or absence of specific medical care[1].

❖ The ACCEPT Trial[2] has demonstrated that almost half of patients studied are not expressing their true wishes to any healthcare provider. This in turn has led to a significant amount of discordance between advance directives written in the chart and patient preference.

❖ Furthermore, engaging patients and their families in ACP has been shown to better patients’ quality of life, improve family bereavement and reduce health spending in the final days of life[3,4].

Objective

❖ The goal of this PDSA cycle was to increase physician completion of the ACP Tracking Tool for hospitalist inpatients while highlighting potential improvements for the ACP process at the zonal level. The Tracking Tool is one component of the greater Advance Care Planning/Goal of Care Designation Program within the Calgary Zone.

❖This PDSA cycle aimed to:

- promote Advance Care Planning between patients and families.
- increase communication as patients transitioned from acute care to community care.

Partnerships

❖ An environmental scan that involved Physician Leadership, Site Management, Unit Management and the Provincial ACP Framework provided direction, narrowed our scope and increased resources to fulfill our objective.

Methods

❖ We elected to structure our project as a PDSA cycle in order to provide immediate change to hospitalist patient care.

❖ Unit 32 at the Foothills Medical Centre was selected for its high concentration of hospitalist patients. We organized several interventions to increase ACP tracking tool completion:

- Unit Clerk Education
- Physician Peer Education
- Physician Expert Education
- Chart Stamp Reminders
- Visual Feedback Cues
- Physician Leadership Engagement
- Post Project Focus Group

❖ Our project method was housed within the larger National Framework for Advance Care Planning in Canada[1]. It outlines the importance of Engagement, Education, System Infrastructure and Continuous Quality Improvement. Our project incorporated at each of these domains into its design.

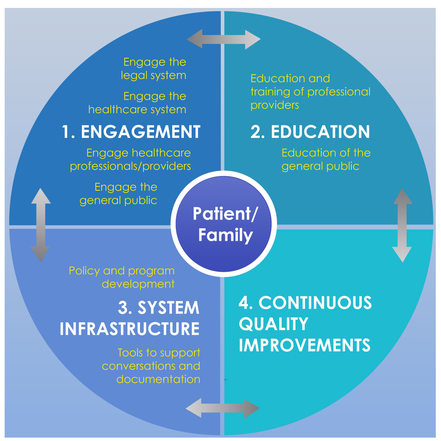
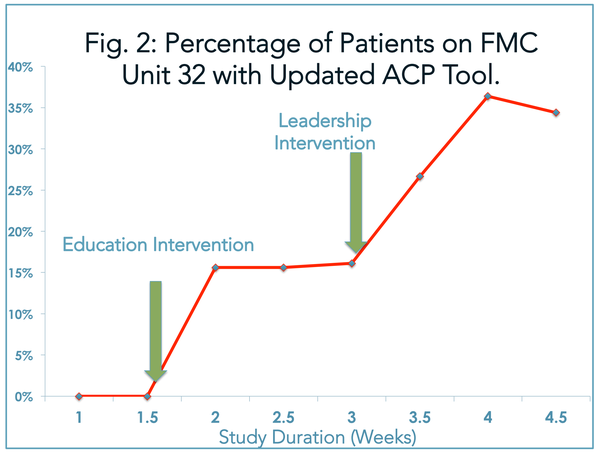
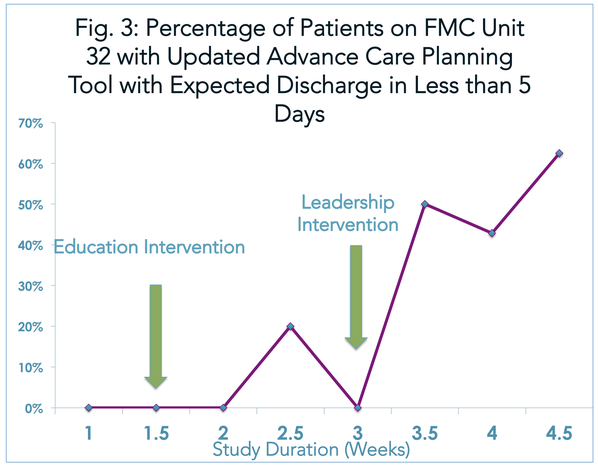


Fig. 1: Framework for Advance Care Planning in Canada

Results





❖ Engagement and educational strategies improved completion of the ACP tracking form. Education and Physician Leadership were the most effective strategies driving change.

❖ Over the course of our PDSA cycle, we were able to increase the percentage of total ACP tracking forms from 0% to 36.4% (Fig. 2). More importantly, for patients slated to be discharged within 5 days, completion went from 0% to 62.5% (Fig. 3).

❖ Initial data revealed that physicians were considerably more aware about Goals of Care (Advanced Directives) than Advance care planning before the PDSA cycle (85% vs. 69%).

❖ An identified barrier to form completion was the physical tasks inherent to the process; many felt it was too time consuming

Discussion

❖ Advance Care Planning is an obvious target for quality improvement as it can benefit health costs and patient quality of life[5]. Our PDSA cycle dramatically increased the completion of the ACP Tool and increased the awareness of the tool’s existence and value. The interventions that seemed to drive the most change were education and physician leadership.

❖ To see ACP Tracking Tool completion expand to the wider hospital would likely demand significantly more resources and attention to workflow processes. Any such roll out would likely take a considerable amount of time and require ongoing leadership support and attention to physician engagement.

Future Directions

❖ Our PDSA project provides meaningful direction and physician perspective for the larger provincial ACP framework.

❖ Iterative improvements for the ACP Tracking Tool and the process to fill it out may be considered. We will be making recommendations to the Provincial Framework moving forward and help guide future versions and formats of the ACP Tracking Tool.

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