Improving Advance Care Planning Through a focus on Team Process: Novel use of Simulation-based Education

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ACP CRIO
Advance Care Planning Collaborative Research & Innovation Opportunities Network

BACKGROUND: DEFINE OPPORTUNITY

- In April 2014, a province-wide policy for Advance Care Planning (ACP) and Goals of Care Designation (GCD) was implemented across Alberta, Canada by the publicly funded provincial healthcare system.
- ACP is a policy priority within Alberta Health Services (AHS) Patient First and People strategies.
- The GCD allows for patients' medical wishes to be communicated to clinicians when the patients cannot speak for themselves.

PROBLEM STATEMENT

- Few patients are aware of ACP/GCD both in how it is used and that they most likely have a GCD.
- 2015 survey of n= 500 Alberta clinicians found that four out of the five most frequently perceived barriers for Health Care Practitioner (HCPs) engaging in ACP/GCD activities are in team process domains.
- As a result, patients are at risk of receiving care that they do not value, particularly when critically unwell and lacking capacity to communicate their wishes. HCP can suffer moral distress when a patient's goals are uncertain.
- To address these issues, a demonstration **team process improvement** project using **simulation-based education** was undertaken with heart failure patients from four clinical settings (primary care, outpatient, inpatient, homecare) in Calgary Zone.
- In September 2016, baseline was measured as follows:

	U81 (%)	Bowmont (%)	CFC (%)	HC (%)
1. Tracking Record Use	0	0	34	13
2. Patients aware of GCD	17	75	69	50
3. Competing priorities as barrier	54	45	83	83
Role confusion as barrier	54	27	17	17

Goal Statement: By April 2017, Increase 1. & 2.by 10% decrease 3. & 4. by 10%

OBJECTIVE

To determine whether a process improvement project using simulation-based education could improve team processes in creating high quality ACP/GCD conversations & documentation among interprofessional team members and patients.

METHODS

- Partnering with the Process Improvement AHS Improvement Way Team (AIW), AHS Simulation Team (e-SIM), ACP GCD educators, and ACP CRIO researchers, nurse clinicians and managers from heart failure patients from four clinical settings (primary care, outpatient, inpatient, homecare) in Calgary Zone defined the goals statement, identified current ACP and GCD processes, root cause analysis for gaps and targets to create improvement.
- Teams created relevant clinical scenarios to help simulate key process improvements in having conversations and use of ACP and GCD documentation.
- About two months after an education session on the improvements and best practices, all HF home care clinicians participated in a group simulation-based education session.

BUILD UNDERSTANDING

In September & October 2016, each team participated in a mapping session, focusing on ACP/GCD conversations.
Maps scope:
Cardiac Function Clinic: New Patient Intake to Patient Discharge
*Unit 81:* Admission and Discharge Process
Homecare: New Patient Flow, GCD order reconciliation, ACP/GCD Patient Education
Bowmont Medical Clinic: Post Hospital admission, periodic health exam, GCD talk visit, Complex care visit
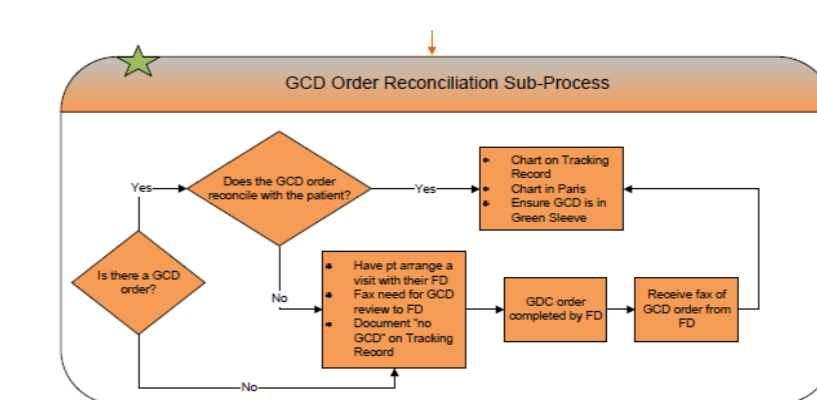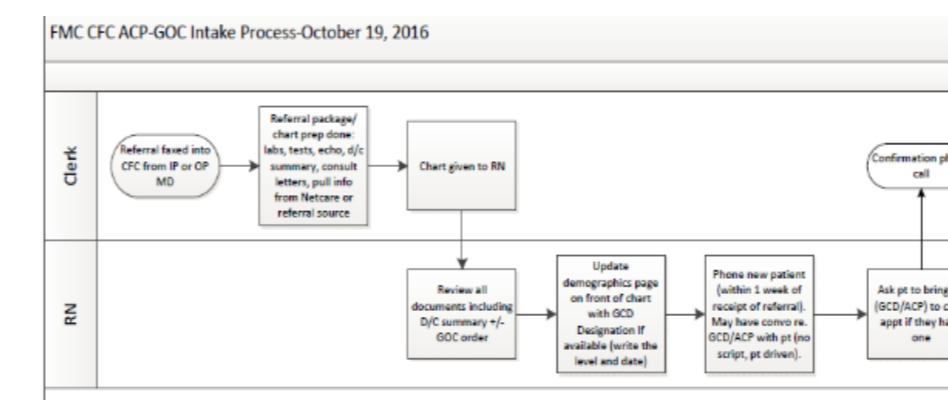
Data Collection was conducted by the ACP CRIO Research team, auditing and interviewing patients / charts while also surveying the health care providers. From this work on their current state, all teams identified and affinities actions around 3 themes:
- *Process Triggers/ prompts*
- *Forms & IT systems*
- *Role Clarity and HCP knowledge and ability (which was the focus of the simulation based education)*
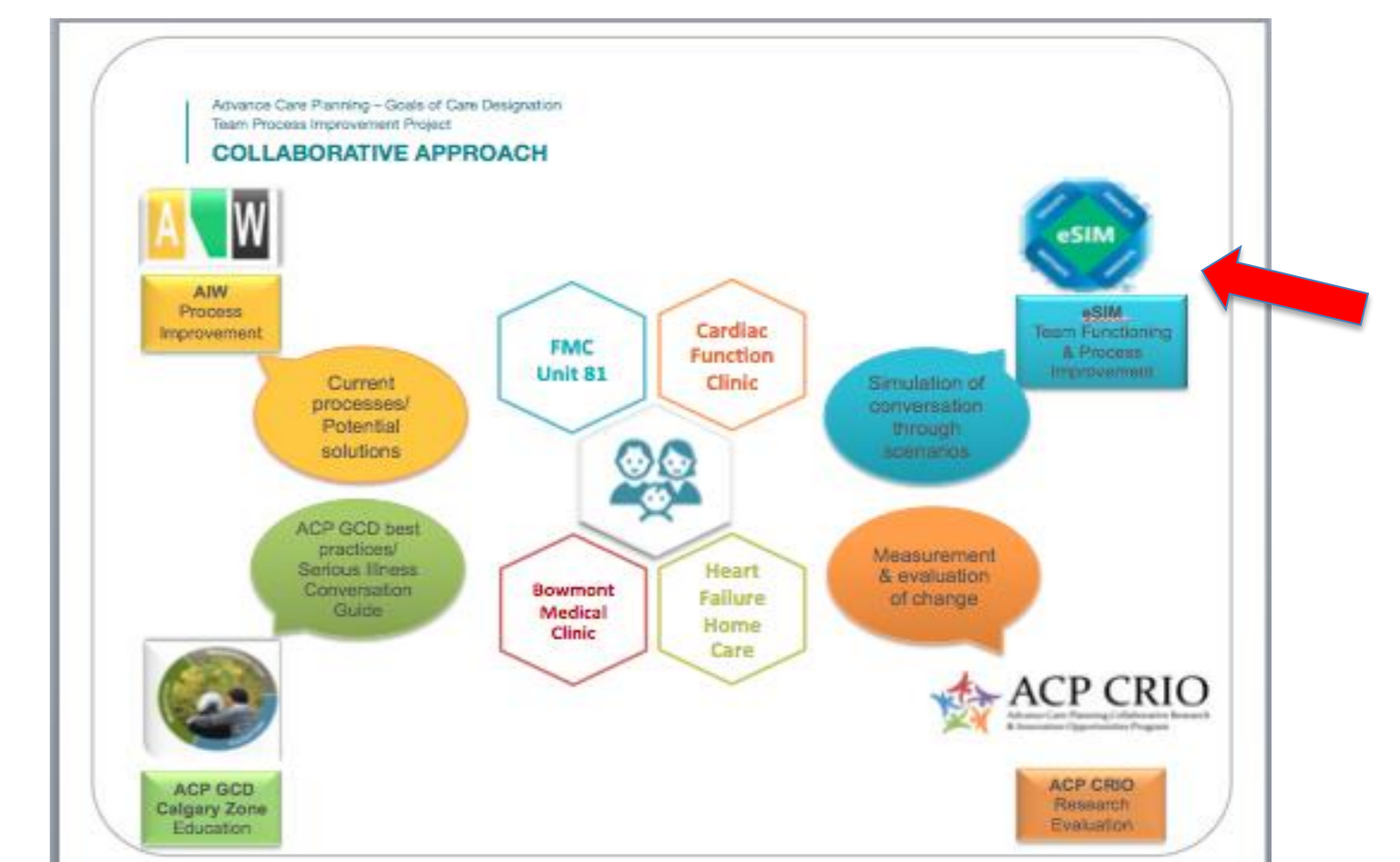
ACT TO IMPROVE AND IMPLEMENTATION

Knowledge & Ability for HCP to engage conversations about ACP/GCD in Simulation:
- Goals of Care Conversation, Clarification, Determination
- Change in Goals of Care Status/Designation
- Goals of Care Conversations, making the conversation "OK", Normalizing
- Having a GCD conversation when the client is not ready
- Dealing with Goals of Care Discrepancies
- *Quote from the team after the sim: "It helped me normalise having those conversations"*

SUSTAIN RESULTS AND CONCLUSIONS

Qualitative results from Simulation Debriefing identified four key themes: Initiation of Process, Having the Conversation (content, length), ACP/GCD Roles
Measurable Improvements
1. More conversations:
Patients awareness of GCD improved by up to 17%
Provider role confusion reduced by up to 23%
2. More documentation:
Tracking record utilization improved by up to 30%
Patients who had a green sleeve increased by 13%
3. Better quality & experience:
GCD order matching patient preference (R,M,C) improved by 30%
4. Improved Team Process and Functioning:
Pre-Post self-assessment of healthcare team effectiveness behaviors were collected using the Mayo High Performance Teamwork Scale (MHPS) and compared to prospectively collected baseline measures during Simulation (p < 0.05)

RESULTS

	U81 (%)	Bowmont (%)	CFC (%)	HC (%)	
1.Tracking Record Use	6	0	64	42	
2.Patients aware of GCD	34	60	79	42	
3.Competing priorities as barrier	69	67	75	50	50% goals
4.Role confusion as barrier	31	17	0	50	achieved

This approach of embedding simulation for ACP within larger healthcare system education has the potential to have lasting, sustainable impacts on quality of care and patient outcomes.