



# ACP CRIO

Advance Care Planning Collaborative Research & Innovation Opportunities Network

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# ADVANCE CARE PLANNING (ACP)

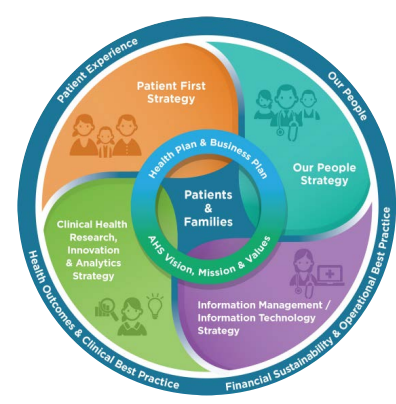
## Bringing Conversations that Matter to the Forefront:

## A Team Process Improvement Approach

### BACKGROUND



A patient's Goals of Care Designation (GCD) allows for the patient's **MEDICAL WISHES** to be communicated to clinicians when the patients cannot speak for themselves.



Advance Care Planning (ACP) is a policy **PRIORITY** within Alberta Health Services (AHS) Patient First and People strategies.

### PROBLEM & GOAL STATEMENTS

4/5

**PERCEIVED BARRIERS** for Health Care Practitioner (HCPs) engaging in ACP/GCD activities are in **TEAM PROCESS DOMAINS** 2015 survey of n= 500 Alberta clinicians

**PATIENTS** are at risk of **RECEIVING CARE 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 was undertaken with **HEART FAILURE PATIENTS** from **4 CLINICAL SETTINGS** in **CALGARY ZONE**. (primary care, outpatient, inpatient, homecare).

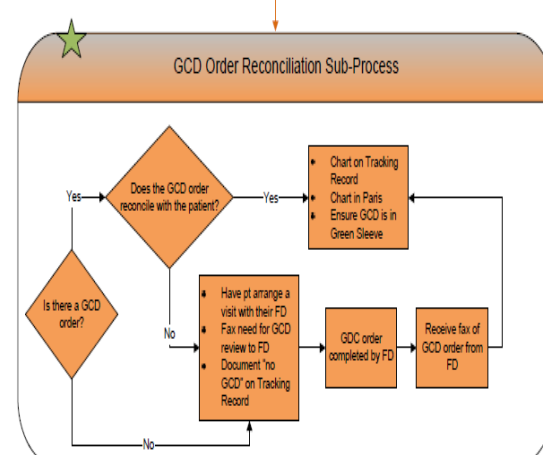
In September 2016, baseline as measured as follow:

	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
4. Role confusion as barrier	54	27	17	17



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

### UNDERSTANDING THE CURRENT STATE

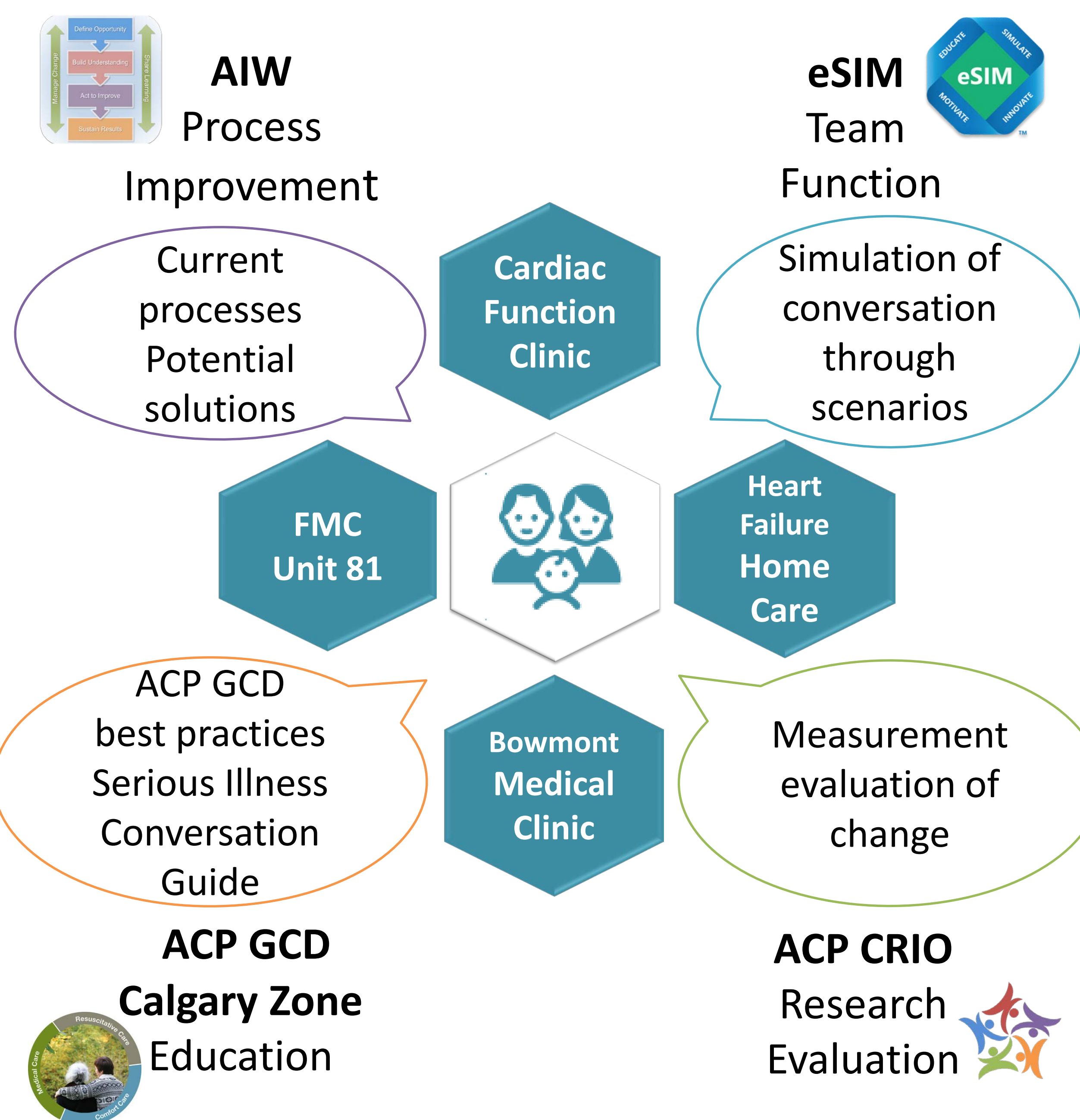


Each team participated in a **MAPPING SESSION**, focusing on ACP/GCD conversations.

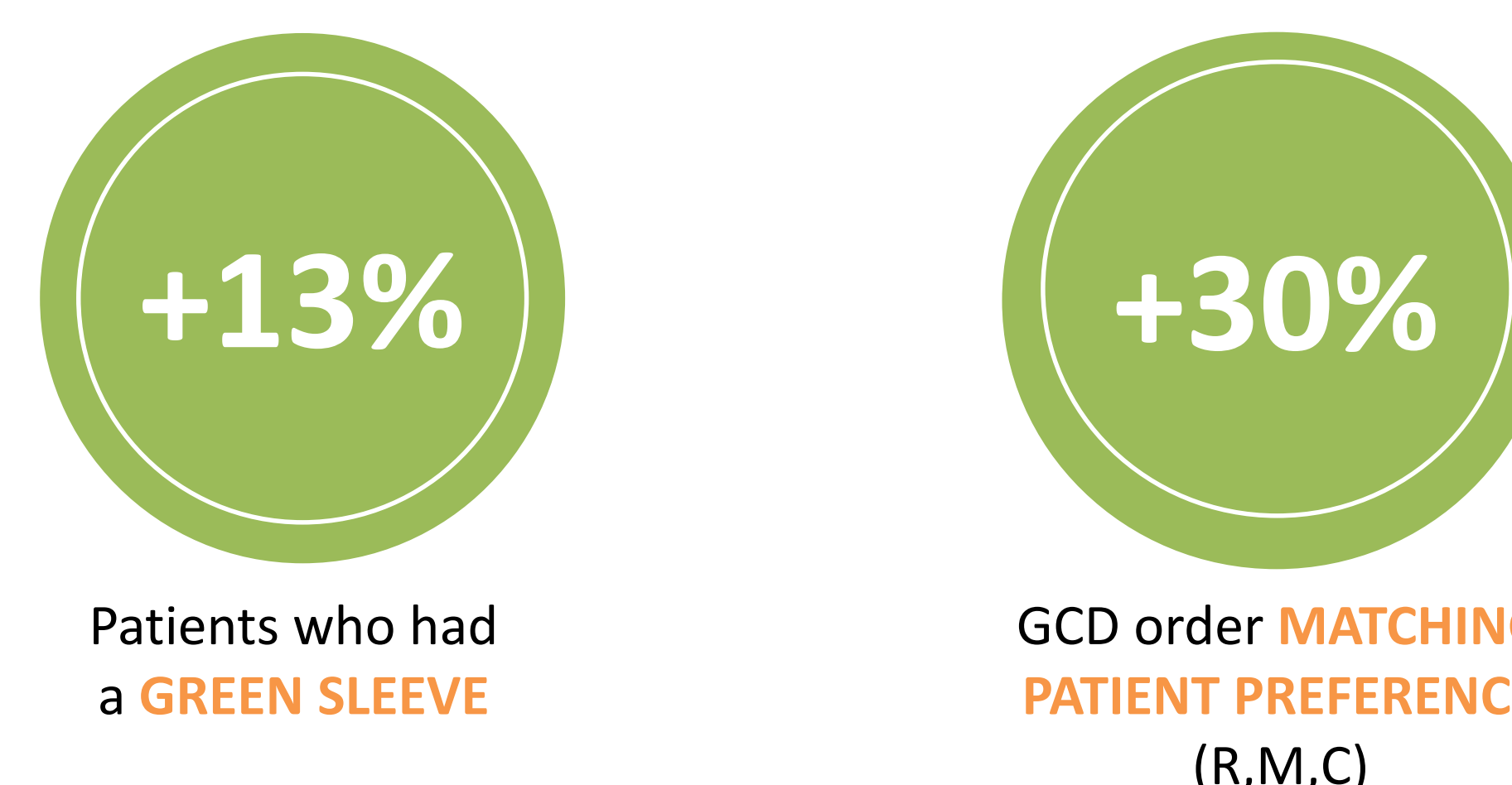
All teams identified opportunities around 3 themes:

- **PROCESS TRIGGERS & PROMPTS**
- **FORMS & IT SYSTEMS**
- **HCP ROLE CLARITY, KNOWLEDGE & ABILITY**

### STRUCTURE - METHOD



### RESULTS - OUTCOMES



Post intervention measurements:

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

\*sample size small affecting percentage (n= 6 pre intervention, n= 4 post intervention)

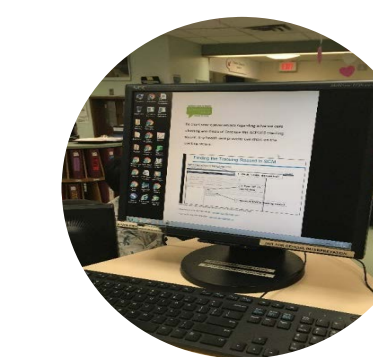
Want to see more , Go to TABLEAU Check out the **GCD Dashboard**



### ACT TO IMPROVE

#### PROCESS TRIGGERS & PROMPTS

- ACP/GCD material available in clinic/patient rooms
- All inpatients discharged with a green sleeve
- Systematic question and recording about ACP/GCD during pre-visit phone calls (CFC)
- Green sleeves in HC new client package
- Using videos for client education in HC



#### FORMS & IT SYSTEMS

- Demographic form with ACP/GCD checkbox
- Electronic Medical Record ACP/GCD rule & template
- Screensaver instructions to help find tracking record
- GCD Auto print function from EMR



#### ROLE CLARITY, KNOWLEDGE & ABILITY

Teams created relevant clinical scenarios to help **SIMULATE** key processes :

- GCD conversation, Clarification
- Change in GCD Status/Designation
- Having a GCD conversation when the client is not ready
- Making the conversation "OK", normalizing
- Dealing with GCD discrepancies



"It helped me normalise having those conversations" RN

### LESSONS LEARNED - SHARING

"Staff are now aware of expectation about green sleeves and what to do with them on admission, hospital stay and discharge." RN

"A patient kept refusing care which contradicted their GCD. Team met with patient and identified patient wishes and worked to engage patient, family and physician in discussion to meet patient's wishes." RN

"It (GCD Conversation) was a grey area before with a lack of role clarity. Now, I am aware that I could open up the dialogue and am not required to complete the process." RN

Want to know more, find resources, Go to **ACP/GCD website**



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