Starting the Discussion: Advance Care Planning in a Family Medicine Residency

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Disclosure

Relevant Financial Relationships
None

Off-Label/Investigational Uses
None

Learning Objectives

• Identify the role of primary palliative medicine for patients diagnosed with a life limiting illness.
• Recognize the difference between palliative medicine and hospice.
• Demonstrate knowledge of primary palliative care and apply and learn tools in order to practice primary palliative care.
• Many patients lack Advance Directives (AD)

• Code status discussed at time of hospital admission

• In Wisconsin, AD is required for medical POA
  • There is no “next-of-kin” law

• Cost of hospital stays waiting for guardianship is
  • $75,946.29 per patient
  • $1,174,328.59 per year

• PCP has long-term relationships with their patient
  • Can learn about goals of care, quality of life, and can open dialogue to complete POA and AD

• 27% is national average for amount of ACP documentation completed in EMR

  • Our clinic had 18%
Reminder #1

Nursing Interventions:
1. Assist with repositioning every 2 hours
2. Encourage deep breathing and coughing
3. Monitor vital signs every 4 hours
4. Keep IV fluids balanced
5. Administer pain medication as ordered
6. Review and update plan of care

Physician Interventions:
1. Patient decline to treat
2. Social work referral
3. Advance Care Planning completed
4. Review and update plan of care
Reminder #2

Riminder #2

Nursing Interventions
1. Collect the necessary data, and	a. melt into new cables by therapy
2. Rice- the data, review at weekly
3. Open data review in data & review in data & review
4. Address data in data and data review in data
5. Address data in data and data review in data

Physician Interventions
1. No further action necessary
2. Address data in data
3. Address data in data
4. Address data in data
5. Address data in data
6. Address data in data

Stage | New ACP notes (n) | Patients (n) | p value
--- | --- | --- | ---
Baseline | 0 | 80 | -
PDSA Cycle #1 | 16 | 110 | 0.0004
PDSA Cycle #2 | 11 | 95 | 0.0017
PDSA Cycle #3 | 4 | 70 | 0.0302
Re-measure | 1 | 46 | 0.1855
Total | 32 | 401 | 0.0014

Packets
- Majority of patients did not receive packets
  - Either not given by registration or bypassed with kiosk
  - Some patients also did not review until at home
- Packet was overwhelming for patient and physician
  - Multiple pages
  - Felt like homework and legal
Green Sheets

1. Would you want to make decisions for you in case you are not able?
2. Do you have any thoughts regarding CPR (about compression and/or ventilation) or your fluid status and/or medications (if you can't breathe)? If yes, please let us know.

Please choose one of the following (ask your nurse for any questions):
- Allow Natural Death (means No CPR or Mechanical Ventilation)
- Attempt CPR, this includes using a breathing machine
- Use the breathing machine only without CPR
- Use our right now
- Do NOT want to talk about this right now

*If you do decide to choose the "Allow Natural Death" option, a Do Not Resuscitate (DNR) order will be written. If you are incapacitated, you will still receive standard treatment for your medical problems.

- Quick and simple to use for patient and physician
- Similar to other clinical surveys
- Easy to enter into ACP note in EHR
- Normalized the discussion

- More patients received green sheet because rooming staff assisted in double-checking

<table>
<thead>
<tr>
<th>Stage</th>
<th>New ACP (n)</th>
<th>Not-New (n)</th>
<th>p value</th>
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<tbody>
<tr>
<td>Baseline</td>
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<tr>
<td>Total</td>
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<td>1633</td>
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• ACP note is not legal document recognized by WI

• Most answers from green sheet inserted straight into ACP note without further discussion

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**Lessons Learned**

• Doctor motivation
• Patient Driven
• Resources

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**Next??**

• Expand Green sheets
• Move on to AD’s
• Video/media
• Education

• Questions?