A “Surprising” Approach to Implementing Advance Care Planning Rounds at the VA Portland Health Care System (VAPORHCS)

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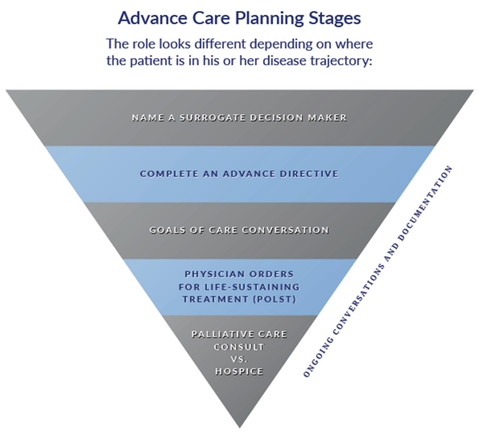
INTRODUCTION

Physicians overestimate life expectancy, even in terminally ill patients.[1] Discomfort with prognostication is one of several barriers that can result in delaying advance care planning (ACP) discussions with patients[2]. Local palliative care experts suggest that viewing ACP as a continuum may help providers and patients to more readily engage in ACP conversations[3].

Our project aimed to examine whether a standardized ACP process, modeled on this continuum, would improve both proficiency in facilitating and consistency in documenting these conversations during a hospital admission.



CURRENT STATE

One year post hospital discharge mortality rates for VAPORHCS from 2010 – 2013[4] ranged from 16.1-18.2%. In a random sample of 100 patients discharged from medicine in 2013 who died within one year of discharge, we found the following evidence of ACP

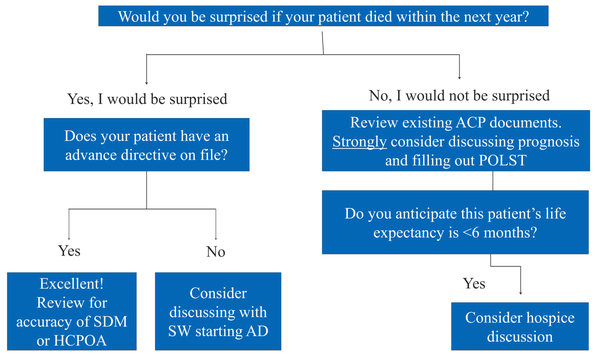
POLST Completion	26%
Palliative Care Consultation	11%
Hospice Referral	9%

METHODS

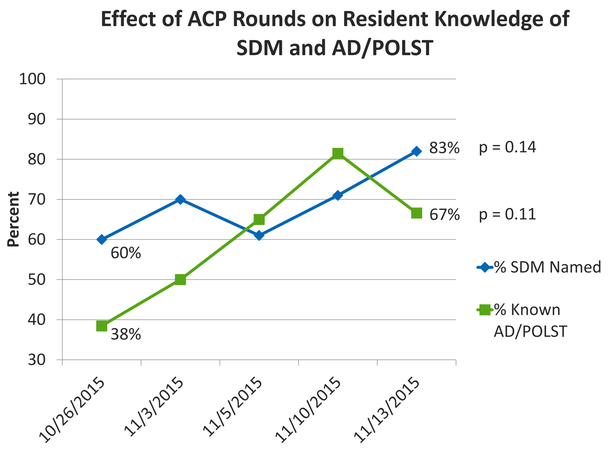
Following the intervention, charts were reviewed for ACP continuum documentation. Additionally, a survey was administered to residents, attendings, and interprofessional team members who participated in the intervention.

INTERVENTION

Over a period of three weeks, during daily interprofessional rounds on four medicine teaching services at VAPORHCS, ACP was addressed using a standard script which evolved through weekly PDSA cycles. ACP rounds were led by one of the authors above, who were not members of the inpatient team. Residents were asked to identify the surrogate decision maker (SDM) for each patient and whether or not this was documented in the electronic health record. Additionally, they were asked the “surprise” question: “Would you be surprised if this patient died in the next year?”. Facilitators used the following algorithm to provide guidance based on the answer to this question:



RESULTS



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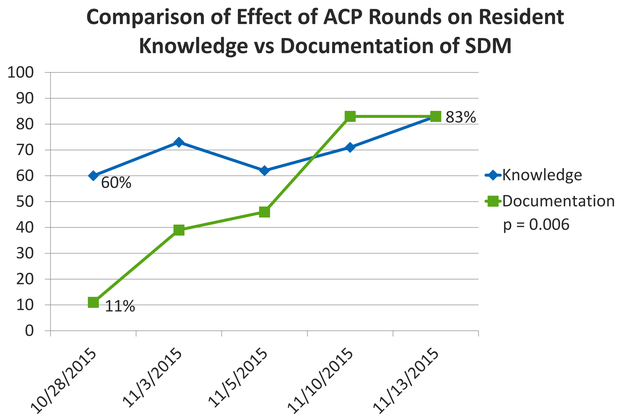
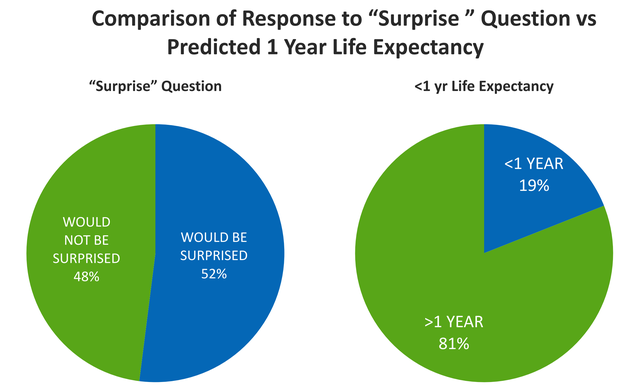
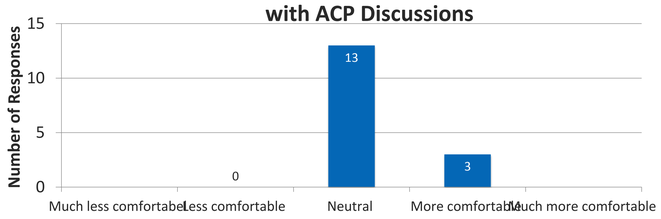
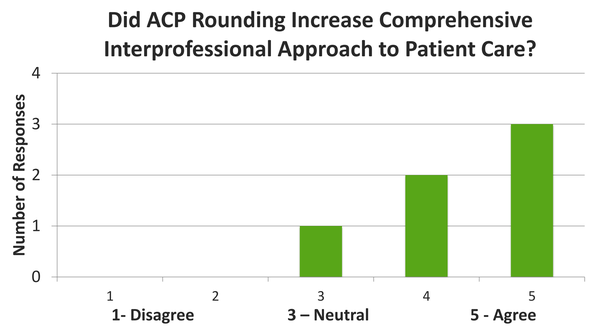






Physician perceptions of ACP rounds were that the process was time efficient (93% reporting that this added < 5 minutes to interprofessional rounds), and was applicable to a variable percentage of total census (range 10% – 75%).

RESULTS CONTINUED



CONCLUSIONS

- Standardized ACP rounds were an effective tool to increase identification and documentation of SDM and physician awareness of ACP needs of inpatient veterans
- Standardized ACP rounds were time efficient, but resource intense (requiring the presence of a physician ACP rounds leader)
- Standardized ACP rounds increased perceptions of an interprofessional approach to patient care but had limited effect on physician comfort with ACP discussions

NEXT STEPS

- Sustainability: Incorporate the ACP rounding process into daily interprofessional rounds, and empower existing team members to facilitate, identify, and act on ACP needs
- Process Measure: Would ACP rounds increase overall advance directive or POLST completion rates?
- Outcome Measure: Would ACP rounds increase our rate of care provision that is consistent with patients’ wishes in the last weeks and months of life?

REFERENCES

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3. Courtesy of Dr. Erik Fromme, Palliative Care, Caring Wisely, OHSU
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