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 patients2. Local palliative care experts suggest that viewing ACP as a continuum may help providers and patients to more readily engage in ACP conversations3.

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.

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.

RESULTS
Effect of ACP Rounds on Resident Knowledge of SDM and AD/POLST

Effect of ACP Rounds on Resident Comfort with ACP Discussions

Comparison of Effect of ACP Rounds on Resident Knowledge vs Documentation of SDM

Comparison of Response to “Surprise” Question vs Predicted 1 Year Life Expectancy

Comparison of Effect of ACP Rounds on Resident Knowledge of SDM and AD/POLST

Effect of ACP Rounds on Resident Comfort with ACP Discussions

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
3. Courtesy of Dr. Erik Disharoon, Palliative Care, Caring Milieu, OHSU