Hardwiring Advance Care Planning in BMT: More Than Just The Paper

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Rationale

- Preparation for transplant includes assessment of complication risk, but does not routinely include discussions of patient's choices for care if complications occur
- Lack of direct communication with patients and families around EOL issues led to discord and tension between team members, especially nurses
- Only 41% of patients had Advance Directives (AD) in their chart on admission
- Advance Care Planning (ACP) process is not standardized or consistent

Goal

- Improve BMT processes when a patient faces life threatening complications in a way that allows for a meaningful, dignified experience for patients, families, staff, and faculty.

Strategy: Implement ACP

- **Proactive conversations**
  Patients and all team members proactively engage in conversations about patient choices
- **Inclusion of Surrogate**
  Surrogate and family are involved in and supportive of patient's preferences for care
- **Wishes honored**
  Surrogate, family, and team work together to honor patient's wishes

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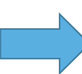
Paradigm Shift

Focus on compliance with AD inquiry and form



Proactive approach to helping patients and families understand, communicate, and document wishes for care if unable to make own decisions

ACP Training and Certification

- **Training:** Engaged Project Grace, a training partner for Gundersen Lutheran Health System's *Respecting Choices*® ACP Facilitator Certification
- **Certification:** 49 Certified as Advance Care Planning Facilitators: all social workers, all chaplains, 5 RN clinical specialists, 1 RN educator, 2 physicians

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Roles

- **All Team Members**
  - Understand the value of knowing a patient's wishes before emergent events occur
  - Normalize ACP
  - Inquire about AD's
- **Physicians and Advanced Practice Professionals**
  - Introduce ACP and its importance
  - Encourage ACP session
  - Discuss wishes after ACP session
  - Work with healthcare surrogate to honor wishes if need arises

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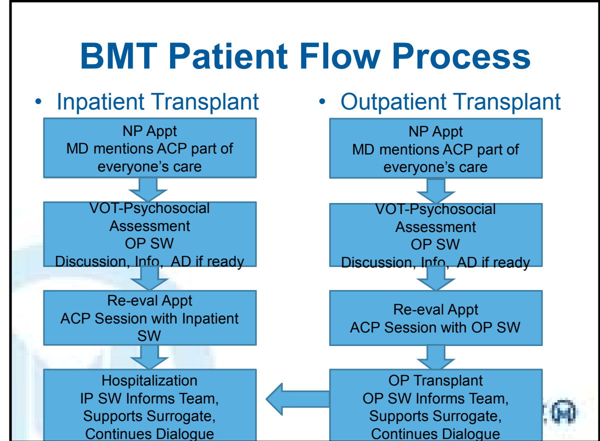
Roles, cont.

- **Nurses**
  - Assess status and content of AD, obtain copy
  - Reinforce ACP discussion and processes
    - Pre-transplant nurse visit
    - Routine practice
  - Provide education
  - Assist with goal and treatment alignment, honor patient's wishes
- **Social Workers and Chaplains**
  - Facilitate ACP and completion of written AD
  - Collaborate with team about patient wishes, as appropriate
  - Facilitate, review, and update AD with patient
  - Organizational education

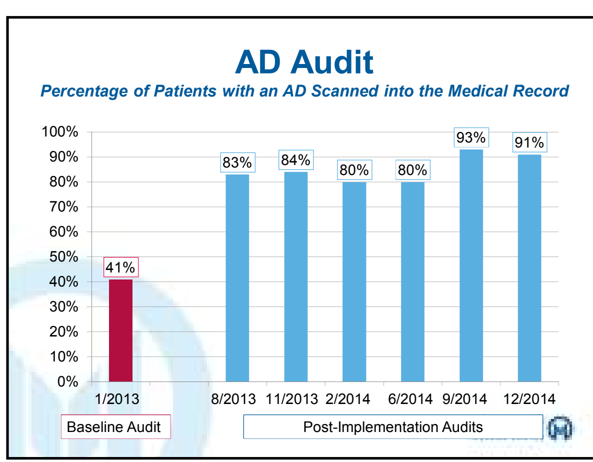
Preparing for Implementation

- Faculty presentations and discussions
- BMT Grand Rounds
- RN training
  - Pre ACP implementation survey
  - Importance of having an AD
  - Normalizing ACP
  - ACP education with handouts
  - Proactive and reactive ACP scenarios (talking points with patients)
  - Roles
- Framed posters normalizing ACP in each clinic exam room
- Creation of ACP folders for use in patient education
  - ACP education
    - Project Grace tools
    - Moffitt handouts
  - AD forms



Outcomes

- Interdisciplinary team engaged in asking about AD's
- Proactive inquiry about patient's wishes
- Nurses provided written materials routinely
- Increased patient/family meetings around goals of care for inpatients
- Reduction in end-of-life conflicts
- Increased use of comfort care orders
- Improved completion rates of AD's



Outcomes of ACP Implementation:
Review of Care of Expired Patients

	Pre ACP (2012)		Post ACP (July 2013 – March 2014)	
Total of Expired Patients	N = 48	*Percent*	N = 38	*Percent*
Active HCT	3	6%	4	11%
Ethics Consults	4	8%	0	0%
AD in chart	42	88%	38	100%
No AD	6	13%	0	0%
DNR	4	8%	5	13%
Died outside MCC	26	54%	20	53%
Died at MCC	22	46%	18	47%
Intubated	9	41%	13	73%
Median LOS	27	Range = [1-66] days	22	Range = [2-38] days

Lessons Learned

- Patients and families are willing to consider and talk about completing AD's
- Including family and surrogate decision makers in the process is essential
- Normalize ACP conversations and begin them earlier
  - Make them a routine part of care, with all team members having an important role
- Develop standard processes and hardwire into existing workflows
- Incorporate electronic solutions
- Document and measure outcomes

Questions