Increasing Advanced Care Planning in an Ambulatory Care Setting

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Project: Increasing Advanced Care Planning in an Ambulatory Care Setting

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Countermeasures

Maine is the oldest state in the nation, with an increasing percentage over 65 years old. Advanced Care planning is an important part of care because patients deserve to express their goals for end of life care. When patients are in a catastrophic medical situation, we want to honor patient preferences for care. In addition, knowing patient preferences allows cost savings to the system, eliminating needless admission to the hospital or ICU. The Adult Internal Medicine Clinic at Maine Medical Center had an auditing system in place in the for targeting patients qualifying for Advanced Care Planning (ACP) discussions. Our objective data forced us to address ACP with embedded workflows.

Scope:

In scope: All patients greater than or equal to 65 years old, who receive care at the MMP Outpatient Department (OPD) Adult Medicine Clinic.

Out of scope: Patients under 65 years old, patients receiving care at other practices

Goal/Objective:

Goal: A minimum of 40% of patients 65 years or older will have an Advanced Care Directive, POLST (Provider Orders for Life-Sustaining Treatment), or Serious Illness Conversation documented in EPIC

Baseline Metrics/Current State:

Despite increased awareness of the importance of Advanced Care Planning, documented discussion rates remained at ~12%.

% OF ADULTS > 65 YEARS OLD WITH DOCUMENTED CONVERSATION

BASELINE: OCTOBER 2017-SEPTEMBER 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Oct-17</td>
<td>12.0%</td>
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<tr>
<td>Nov-17</td>
<td>12.5%</td>
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<tr>
<td>Dec-17</td>
<td>12.3%</td>
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<tr>
<td>Jan-18</td>
<td>12.1%</td>
</tr>
<tr>
<td>Feb-18</td>
<td>11.8%</td>
</tr>
<tr>
<td>Mar-18</td>
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</tr>
<tr>
<td>Apr-18</td>
<td>12.3%</td>
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<tr>
<td>May-18</td>
<td>12.8%</td>
</tr>
<tr>
<td>Jun-18</td>
<td>13.4%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Outcomes

% OF ADULTS > 65 YEARS OLD WITH DOCUMENTED CONVERSATION

SEPTEMBER 2018-JUNE 2019

Target: 22.2%

KPI Start

Countermeasures #4-8 ongoing throughout this time period

Documented discussion rate at end of KPI

13.7%

Variation precepting education about ACP documentation requirement and how to document

No reminders in huddle or by email

Competition priorities during patient visits

Advanced Care Planning not documented

No follow-up with providers when not documented

Root Cause Analysis:

Next Steps

- Plan to continue the monitoring compliance for the first 6 weeks of the summer until all our new interns learn to incorporate the habit of including ACP list in there note the day of visit
- Teach providers to review ACP related reports in the BI portal
- Continue vigilance of data during monthly quality review meetings

Executive Sponsors: Dr. Rob Chamberlin
Facilitator: Dr. Jennifer Aronson, Dr. Elizabeth Eisenhardt, Ruth Hanselman

Team Members: MMP OPD Clinic Team: PSRs, MA's, Physicians, Nurses, Providers, Interns, Residents