The Long and Winding Bumpy Road to Initiating System Change in a Diverse Widespread Healthcare System

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Learning Outcomes

- Increase knowledge related to possible potholes and barriers for system-wide implementation in diverse practice setting and tools which will minimize challenges which occur
- Documentation elements needs to support ACP as part of a diverse healthcare system

What’s in a title?

2014 Baptist Health began the search for an organization to guide implementation of ACP
- Champions- Kay Ross and Dr. Anderson
- Respecting Choices was chosen 2016
- Baptist Health in Kentucky founded 1924, now has 9 hospitals with 16,165 employees, 2700 licensed beds, over 300 points of care, 3000 employed and affiliated physicians with Home Care in 39 counties in Ky, 6 in Illinois, 6 in Indiana.
This is awesome!

2016 National Conference for First Steps
Facilitator/Instructor/Organizational Faculty

The 5 Promises
We will initiate the conversation
We will provide assistance with ACP
We will make sure plans are clear
We will maintain and retrieve these plans
We will appropriately follow these plans

Deer in the headlights, What now!

• Outreach to possible implementation sites
• Leadership changes from the top down
• Lack of midlevel awareness and support
  “Can you do me favor?”
  “if it is in a nice neat little box, then OK”
  “Who do you report to?”
  – “Seriously, we don’t have time.”
• We need a Steering Committee
Let’s get organized

• #1 System Design
  – trial a new living will, EMR/ACP navigator, marketing materials
• #2 ACP Facilitation skills, Education and Training
  – Facilitator trainings across the state
• #3 Community Education and Engagement
  – Classes, health fairs, churches, support groups
• #4 Quality Improvement

Design and Implementation

• December 2016- system wide D & I in Lexington, Ky via vidyo
• Wave 1 implementation teams and plans
• Facilitator trainings in all regions
  – Lack team approach and support
  – Implementation plans were not well written
• New Living Will being developed has met some resistance
“Start small”, they said.

Initial 1st Wave Implementation sites
Kentuckiana Region-
  TAVR, Medical office AWV, Center for Blood Disorders in Cancer, Cardiac Rehab.
East Region-
  Gyn/Oncology, Neurology clinic, Oncology services, Congregational Network for Healthcare
West Region-
  Radiation Oncology, Congregational Network for Healthcare

Implementations were varied in design, support and teams

<table>
<thead>
<tr>
<th>1st and 2nd Wave</th>
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<tbody>
<tr>
<td>Cardiology TAVR patients</td>
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<td>BHMG- Annual Wellness Visit</td>
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<tr>
<td>Center for Blood Disorders and Cancer</td>
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<td>Cardiac and Pulmonary Rehab areas</td>
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<td>Radiation Oncology</td>
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<td>Congregational Network</td>
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<td>Gynecological Oncology</td>
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<td>Home Health</td>
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<td>Madisonville hospice</td>
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### How do we show success??

Excel spreadsheet (attached) Challenges in pulling data
Monthly reporting being sent to Senior Leadership
Leadership changes
Epic team to develop an ACP Navigator- 7 months
Quality metrics- what are we really measuring with First Steps?
Billing and Coding guidance
Risk Management to assess for the quality/compliance
Community engagement- how can we show this in data?

### First Reports using Excel

- **# of invitations/referrals to ACP:** 162
- **# of invitations accepted:** 79 (49%)
- **ACP conversations completed:** 31 (39%)
- **Healthcare surrogate present during conversation:** 17 (55%)
- **ADs completed as a result of conversation:** 27 (87%)
- **Conversations recorded in Epic:** 22 (71%)
- **Satisfaction surveys completed:** 7
- **Average survey score (1-5, with 5 being "highly satisfied"):** 5
Inpatient Consults to ACP Grand Totals (April – June)

- April: 412, 63.2%
- May: 367, 72%
- June: 355, 71.8%

Percentage of IP Patients with AD on File

- Daily report, ran on 7/5, 7/16, 7/17, and 7/18 (averages)

System Average: 21%

- BH Rich: 18.1%
- BH Pad: 22.7%
- BH Mad: 23.1%
- BH Lou: 22.9%
- BH Lex: 19.8%
- BH La Grange: 12.6%
- BH Cor: 19.5%
**Overcoming Challenges**

- Steering Committee
- ACP Navigator in Epic
- New alignment in the organization
- Fully supported sites of implementation
- ACP Facilitator position support
- ACP Instructors to be trained and supported
- Adopt a new Living Will for system

**This is so worth it!**

- The stories that are being shared from patients and Facilitators
- Employees asking when I can I be part of this?
- Palliative Care programs are being implemented at each hospital
- Post-Acute facilities are asking for training

*Advance Care Planning: Conversation that Matters*