What do Americans Need?

• The voice of the patient and family should guide care as people face serious illness and approach death.

• Health care institutions should engage patients and their families in determining a course of care and should not provide care that is not needed or not wanted.

*Aspen Health Strategy Group
• Public and private insurance benefits should reflect the **social and coordination needs** people have as they experience serious illness and approach death.

• The health professions **workforce** should have the **skills** to provide patient guided care as a team for patients with serious illness and approaching death.

• **Community** resources should be supported and **engaged** to make planning for the end of life a normal part of life.

*Aspen Health Strategy Group

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**To begin, we must...**

Admit and recognize that patient/family outcomes are not as good as they might be...that we might do better.

*Face the Brutal Facts* – Jim Collins
Our Purpose is to bring health and well-being to our patients and communities.

Mission: We will distinguish ourselves through excellence in patient care, education, research and improved health in the communities we serve.

Vision: We will be a Health System of excellence, nationally recognized for improving the health and well-being of our patients, families, and their communities.

Commitment: We will deliver high-quality care because lives depend on it, service as though the patient were a loved one, and relentless improvement because our future depends on it.

Values:
- Integrity - Perform with honesty, responsibility and transparency.
- Excellence - Measure and achieve excellence in all aspects of delivering healthcare.
- Respect - Treat patients, families, and coworkers with dignity.
- Innovation - Embrace change and contribute new ideas.
- Compassion - Provide compassionate care to patients and families.

Gundersen Health System.

Superior
Quality
and Safety
Demonstrate superior Quality & Safety through the eyes of the patients & caregivers

Outstanding Patient Experience
Create an outstanding Experience for patients and families

Great Place
Create a Culture that embraces a passion for caring and a spirit of improvement

Affordability
Make our care more Affordable to our patients, employers, and community

Growth
Achieve Growth that supports our mission and other key strategies
For the Patient

• “The discussion, not the list (written plan), was what matters most...it was that simple – and that complicated.”

• The statement made about Gundersen’s advance care planning work by Atul Gawande, MD, in “Letting Go” The New Yorker, August 2, 2010

“We all die. A fundamental question is, are we willing to give people a say in how they live?
What does not work:

• Simply getting patients to fill out statutory documents like living wills would not help.
• Simply telling health professionals that they should talk to patients or they should document patient plans would not work.
• Stressing these two processes would not improve the system.

Four Key Components of Implementing Advance Care Planning Systems

• Community engagement
• Professional education and skills training
• A system that honors wishes
• Continuous quality improvement
**Advanced Disease Coordination Attributes**

NOT focused on limitation of treatment, but is focused on:

- Helping patient and family understand chronic illness
- Helping guide subsequent care from an informed vantage point
- Accompanying and supporting patient, family and staff through subsequent journey

<table>
<thead>
<tr>
<th>Stages of Advance Care Planning Over the Life Time of Adults</th>
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<tbody>
<tr>
<td><strong>First Steps</strong></td>
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<tr>
<td>ACP: Create POAHC and consider when a serious neurological injury would change goals of treatment.</td>
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<td><strong>Next Steps (DS-ACP)</strong></td>
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<td>ACP: Determine what goals of treatment should be followed if complications result in &quot;bad&quot; outcomes.</td>
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<td><strong>Last Steps</strong></td>
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<td>ACP: Establish a specific plan of care expressed in medical orders using the POLST paradigm.</td>
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**Primary Care**

- Specialty Clinics
  - Disease Management (CHF, Nephrology, Pulmonary, Hem-Onc)

**Advanced Disease Coordination**

- Advance Care Planning
- Next Steps
- Palliative Care
- Nursing Coordination of Care
- Additional Services
  - Social Services
  - Spirituality
  - Bereavement
  - Organ/Tissue Donation

**Continuum of Care**

- Hospice

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**Gundersen Health System Strategic Plan**

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No one’s ego is more important than the well-being of the patient or staff
What you tolerate you support
“You cannot give what you do not have...if they don’t feel cared for...they can’t care...to embrace...you have to have been embraced. To respect you have to have been respected...don’t be stunned by your staff’s lack of care, connection, or respect if they have not, through their eyes, been cared for...connected with...and respected.”
- Maureen Biganano

Holding accountable is looking backward, being responsible for their success is looking forward.
The more special and protected we treat our executives, the less special and more afraid the staff feel.
Advance Care Planning Implementation

**Patient and Family**
- Initial Conversation
- Follow-up Conversations
- A voice in the process
- Improved family and patient experience
- Dignity at end of life

**Community Connectedness**
- Educate and alignment on message
- Collaborate on the design and implementation
- Commit to health of the community

**Care Providers**
- Understand and respect wishes of the patient
- Confidence in the approach
- Improved staff satisfaction

**Other Partners**
- Education and engagement with political leaders, AARP, faith leaders, healthcare agencies, etc.

**Health Systems**
- Believe it is your responsibility to honor wishes of patients
- Set up processes
- Train care providers, provide connections

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