Collaboration Between a Hospital System and Area Retirement Communities to Enhance Person-Centered Advance Care Planning Conversations

October 25th 2018
Lancaster General Health is a member of the University of Pennsylvania Health System (Penn Medicine), which is consistently ranked among the nation’s best overall and in multiple specialties by U.S. News & World Report.

PENN MEDICINE BY THE NUMBERS

Licensed Beds: 2,546
Physicians: 5,351
Research and Education Awards: $742 million
Operating Revenue: $6.7 billion
Employees: 35,273

<table>
<thead>
<tr>
<th>Licensed Beds</th>
<th>786</th>
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<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>36,130</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>1.2 million+</td>
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<tr>
<td>Total System Revenues</td>
<td>$1.2 billion</td>
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<tr>
<td>Surgeries</td>
<td>40,600+</td>
</tr>
<tr>
<td>Employees</td>
<td>8,650+</td>
</tr>
<tr>
<td>Medical Staff Members</td>
<td>950+</td>
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Awards and Recognitions

U.S. News Best Hospitals 2018-19
- LGH ranked sixth best hospital in Pennsylvania
- Four high-performing specialties: Gastroenterology and GI Surgery, Geriatrics, Orthopedics and Pulmonology
- High-performing in five types of procedures and conditions

The Leapfrog Group Hospital Top Teaching Hospital

The Leapfrog Group Hospital Safety Score “A”

“Most Wired” hospitals

National certifications
- Magnet recognition: Highest honor for nursing excellence
- Reaccredited for a fourth time in 2016

Occupational Safety and Health Administration VPP Star

HIMSS Analytics Stage 7 Award for Electronic Medical Records Use

Learning Outcomes

- Analyze the impact of an advance care planning (ACP) collaborative between a healthcare system and a preferred provider network (PPN) to implement Respecting Choices within community retirement center and extended care facilities.
- Describe three implementation strategies to provide education, engagement and workflow redesign.
- List long term ACP outcomes achieved as a result of the collaboration between a health system and PPN.
Opportunity

- Missed opportunities to engage in person-centered conversations around advance care planning goals and wishes can have devastating results.

Implementation Strategies

- Foundational support
- Penn Medicine/Lancaster General Health Preferred Provider Network (PPN) collaboration: ACP Task Force
- Respecting Choices® staff education at each facility
- Development of an “ACP Tool Kit”
- Consultative model to redesign and/or strengthen ACP workflows into existing initiatives in skilled facilities.
What is in the “ACP Tool Kit”? 

- A generalized comfort care-based (including symptom management) patient/family clinical pathway
- Standardized communication person-centered tools/scripting/framing around comfort care
- Identification of and support for subject matter experts/ACP Champions
- Standardize education programs for patients and families regarding end of life (education, programs, staff support, etc)

Comfort Care Pathway

Comfort Care: What To Expect
After review and discussion, you and your family have elected a comfort approach for the end of life care. Each patient’s medical plan of care and overall experience may differ. Our goal will be to meet your care needs in this setting to avoid unwanted or unnecessary emergency room visits or hospitalizations.

<table>
<thead>
<tr>
<th>Medications</th>
<th>Treatments</th>
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<tbody>
<tr>
<td>All therapies will be discontinued. Follow up appointments may be discontinued.</td>
<td>All therapies will be discontinued. Follow up appointments may be discontinued.</td>
</tr>
<tr>
<td>Oxygen may be used for comfort if you are short of breath.</td>
<td>Oxygen may be used for comfort if you are short of breath.</td>
</tr>
<tr>
<td>A P.O.I.S.T or Living Will has been discussed and completed indicating No CPR/Do Not Resuscitate. Do not transfer to hospital for life sustaining treatment. Transfer to the hospital ONLY if comfort needs cannot be met in current location.</td>
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<thead>
<tr>
<th>Activity</th>
<th>Activity</th>
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<tbody>
<tr>
<td>You will be offered help to dress and bathe.</td>
<td>You will be offered help to dress and bathe.</td>
</tr>
<tr>
<td>Routine vital signs including weight may be discontinued for your comfort.</td>
<td>Routine vital signs including weight may be discontinued for your comfort.</td>
</tr>
<tr>
<td>Your healthcare team will use skin care products as needed to prevent bedsores.</td>
<td>Your healthcare team will use skin care products as needed to prevent bedsores.</td>
</tr>
<tr>
<td>We will do all we can to ensure that your pain remains at an acceptable level.</td>
<td>We will do all we can to ensure that your pain remains at an acceptable level.</td>
</tr>
<tr>
<td>Your pain will not interfere with sleep or daily activities.</td>
<td>You will be offered help to dress and bathe.</td>
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<tr>
<th>Diet</th>
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<tr>
<td>Your family may bring in food from home.</td>
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<tr>
<td>If you have trouble swallowing, but still wish to eat, you will be placed on the safest diet possible to have a better quality of life over medical complications. Please talk to your nurse or doctor if you have questions about your diet plan.</td>
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<tr>
<td>We will help you keep your bowel movements regular for your comfort.</td>
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<tr>
<th>What To Expect from Your Care Team</th>
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<tr>
<td>We will meet with you and your family to talk about your plan and expected goals.</td>
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<tr>
<td>You will see the doctor.</td>
</tr>
<tr>
<td>We will watch your needs closely and call your family when needed.</td>
</tr>
<tr>
<td>Let us know if you see any changes in your symptoms. Caregivers should also alert staff to any changes.</td>
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<tr>
<td>Our team will talk to you and your caregivers about common symptoms that you may experience and develop a plan to help relieve these symptoms.</td>
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- Medication-induced constipation
- Shortness of breath
- Difficulty sleeping and sedation
- Skin breakdown
- Seizures
- Increased confusion
- Unremitting anxiety
- Nausea/Vomiting
- Diarrhea
- Loss of appetite/Weight Loss

Comfort and Counseling
We will avoid sensory overload in a quiet, comfortable environment. Instead, soft music or sounds are encouraged.

Validation by staff and family is encouraged in order to prevent feelings of loneliness. Pastoral services may be consulted as you desire—please contact Nursing or Social work staff with this request.
Scripting for Nurse to Provider During Crisis

* SBAR

* Situation

* Background
  - Person centered
  - Wishes for end of life communicated clearly in accordance with available ACP documents/current conversation goals

* Assessment

* Recommendation
  - *How can we honor wishes* and avoid hospitalization (if desired)

Subject Matter Experts Flyer

**WANTED: ACP CHAMPIONS!**

**WHO?** At least 2 people from each facility
- A staff member
- A physician/advanced practice provider
  - Led by those already trained in respecting choices, those who have a passion for these conversations, or those who should be trained in the respecting choices model based on their interactions with patients.

**WHAT?** Be the subject matter expert and champion of ACP at each facility

**Why?** Identify opportunities to engage patients and their loved ones in conversations before issues develop –

Enhances quality care—we provide care residents wish to receive, and avoid unwanted care

**HOW?**

The ACP champions are empowered to:
- Engage staff in ACP delivery metrics and make recommendations for improvement
- Develop and maintain reliable strategies with leadership to engage residents and care providers
- Provide formal and informal education to peers and residents/beloved
- Engage residents in selecting options, appropriate for their preferences
- Help champion develop operational workflows to enhance ACP engagement
- Assist with ACP implementation
- Collaborate with interdisciplinary teams to ensure residents have advanced care preferences documented
- Enhance care experiences for residents

* Image of stars and seashells*

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Questions