Creating a Culture for Concordance

Inpatient care at Providence Health Care in eastern Washington
Kellie Durgan RN, BSN
Manager, ACP, PHC
Objectives

- Identify partners to create culture of concordance
- Develop strategies that can lead to identification of legal surrogate
- How to encourage communication with legal surrogate when patient lacks capacity
- What data points might be important when auditing charts for concordance

Five Promises of an Advance Care Planning System

**PROMISE #1**
*We will initiate the conversation*

**PROMISE #2**
*We will provide assistance with advance care planning*

**PROMISE #3**
*We will make sure plans are clear*

**PROMISE #4**
*We will maintain and retrieve plans*

**PROMISE #5**
*We will appropriately follow plans*
Why is this important?

• Big push in Providence St Joseph Health for “shared decision-making, whole person care”
• Must have confidence that patient voice will be heard, and wishes followed
• Makes financial sense in the long term – Silver Tsunami is coming!

Link to common mission

The Mission
As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Link to like initiatives

Leadership matters
Educate!

- Nursing
- Social Workers
- Patient Access
- Employed Hospitalists/Intensivists

Finding documents
Assessing Capacity

- How to assess
- How to document
- It takes a village – having the legal surrogate identified when decisions need to be made (surgery, code status, etc)
- Working with providers, nurses AND social workers
Elements of Chart Audit

- ACP Documents – when signed, scanned, contents
- Interventions in terminal hospitalization
- LOS, Age, Sex, unit where died, Dx, Palliative care consult? GOC convo documented?

Reporting Graphs
Wishes not followed is Medical Error

- Clear support from Medical Executives
- Culture to involve Ethics/Palliative Care when way forward isn’t clear
- Champions in hospitalist and intensivists group to encourage conversations
- Firm support in conversations happening “upstream” in PCP offices

Opportunities continue

- Transfers to higher level of care – rarely come with ACP documents
- Code in progress from the community – care once we confirm identity/wishes
- When no documents, we look to care conference with legal surrogates
- Training providers to document conversations when decisions are made
Questions?