

Implementing Advance Care Planning

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Common Scenario

- Patient with advanced disease comes to the emergency department, suffers cardiac arrest
- Undergoes resuscitation, intubation
- Family arrives, says "He never would have wanted this!"
- On further investigation, patient has a POLST from a previous admission, and a written advance directive

**ACP means little without
communication**

Carrying out advance care plans

- Access to previous discussions
- Implementing previous discussions

Making ACP easy to find: our experience

- Code status, presence of POLST, advance directive on the banner bar
- Code status requiring discussion documented
- Dedicated goals of care template
 - Searchable

INPATIENT ELECTRONIC MEDICAL RECORD

PowerChart interface showing patient information and medical record details for ZZZTESTONLY, cnpuh3.

Menu: Provider Home/Quick Orders, Orders, PowerNote 2G, Clinical Notes, All Documents, Impression and Plan, Lab, Micro, MicroViewer, Reports, Radiology, Vital Signs, IView/I&O, All Data, Med Review, MAR Sum, Patient Information, 36 Hour View.

Patient Information: ZZZTESTONLY, cnpuh3. 67Y (5/5/1950) M. 8S/1857.01 - Inpatient 03/23/17 (91.8). FIN: 999 990 050 3015. CPR Assess Needed.

My Team: Attending: CURREN MD, MICHAEL J. Unit Phone: 412-586-9819. Select Specialty Hospital (8S). NP / PA - Contact First. Attending - Contact First. Provider Notes - Last 72 hrs (0).

Inpatient Medications: Selected visit. Scheduled (0), Continuous (0), PRN/Unscheduled Available (0), Administered (0) Last 24 hours.

Goals of Care / Advance Care Planning: POLST: None Found. Advance Directive: None Found. CPR Status: CPR Assess. Needed. Previous 5 CPR Statuses Last 12 months (2). Most Recent 10 Documents Containing Goals of Care Last 12 months (3).

Selected Labs: Respiratory Devices/Method, Endotracheal Tube, High.

Diagnostic Studies (0): Selected visit. No results found.

Pathology (0): Selected visit. No results found.

Patient Information: Reason For Visit: HTN. Primary Physician: No results found. Attending Physician: No results found. Service: No results found.

Footer: Clinical link on | H1PRD | FREEMANS D | July 13, 2017 | 7:18 PM



*Performed on: 02/06/2015 0756

CPR Status Order

Correct
Date/Time?

CPR STATUS ORDER FORM

CPR Status: *For Cardiac Arrest Situations*

- ☐ CPR Yes - No limitations
- ☐ CPR Yes - Interventions are limited
- ☐ CPR NO
- ☐ Comfort Measures Only

Select CPR Preference

Both CPR Yes - No Limitations and CPR Yes - Interventions are limited include full use of life-saving measures in Cardiac Arrest situations (including chest compression, defibrillation, vasopressors, intubation, and mechanical ventilation).

CPR No: No life saving measures in Cardiac Arrest situations (No chest compression, No defibrillation, No vasopressors, No intubation, and No mechanical ventilation).

Comfort Measures Only: Use medications by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. No CPR. No transfer ICU for life-sustaining treatment. ICU transfer only if needed for comfort.

Select Intervention Status

Intervention Status: *For Non-Cardiac Arrest Situations*

When selected
CPR Status is
**CPR Yes - Interventions
are limited**

☐ No blood or blood products

When selected CPR Status is **CPR NO**

Respiratory Support

- ☐ Yes, Intubate and Ventilate
- ☐ Yes, Ventilate; Do NOT Intubate
- ☐ No Intubation; No Ventilation

Cardiovascular Support

- ☐ No vasopressors and inotropes
- ☐ No antiarrhythmics
- ☐ No electrical cardioversion

Other Limitations

- ☐ No dialysis
- ☐ No blood or blood products
- ☐ No antibiotics
- ☐ No emergency surgery
- ☐ No ICU transfer
- ☐ No CPR during anesthesia

Nutrition and Hydration

- ☐ No IV hydration
- ☐ No feeding tube

The patient will receive CPR during anesthesia and procedural sedation unless this limitation is selected.



CPR No requires you to select preferences for respiratory support

Discussed above with:

- ☐ Patient
- ☐ Family/Surrogate
- ☐ Patient and Family/Surrogate
- ☐ Information from POLST

Summary of conversation:
"Please include all relevant documentation"

If POLST used, include date and location of POLST form.

Fill in with whom discussed and summary of conversation

GOALS OF CARE/ADVANCE CARE PLANNING AREA

Goals of Care / Advanced Care Planning		
Title	Date	
POLST: None Found	----	----
Living Will: None Found	----	----
CPR Status: CMO	06/15/2016 14:25	View
⚡ Previous 5 CPR Statuses Last 12 months (3)		
Previously Charted Status	Date	
CPR NO	10/31/2015 21:17	View
CPR Yes - No limitations	03/01/2016 18:46	View
CPR Yes - No limitations	03/14/2016 23:49	View
⚡ Most Recent 10 Documents Containing Goals of Care Last 12 months (3)		
▶ Cardiology Critical Care Prog Note (PDI) - 06/15/2016 14:44		View
▶ Cardiology Heart Failure Prog Note (PDI) - 06/15/2016 14:23		View
▶ Geriatric Medicine Consult Note (PDI) Testing - 05/03/2016 10:51		View

Carrying discussions forward

- How do we use previous decisions?
- Enacting them without discussion -
 - What if person has changed their mind?
- Repeating the whole discussion again
 - Decision-making burden on patient
 - Patient wonders if we are questioning their decision

A Framework

First, evaluate the evidence that previous decisions still apply:

- How recent was the decision?
- How many times was the same decision made?
- How much information do we have of the values that led to the decision?
- How similar is the current clinical scenario to the one at the time the decision was made?

Applying the previous decision

- If strong evidence, check in quickly:
 - Do you remember what you decided?
 - Has anything changed
 - If no, then propose a plan
- If weaker evidence, probe a little more:
 - Tell me what was behind that decision

Conclusions

How to implement advance care plans?

- Make it easy to find ACP documents in the EMR
- Documenting the values and reasons behind decision making in goals of care discussions
- Carry previous decisions forward intelligently