Implementing Advance Care Planning

Julie W. Childers, MD

University of Pittsburgh

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

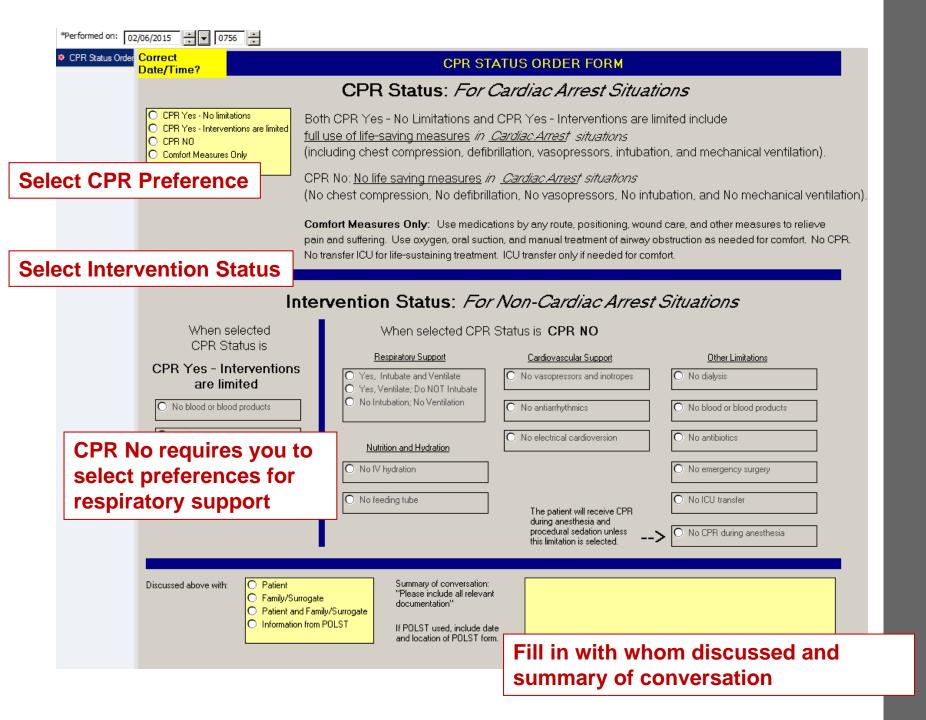# Carrying out advance care plans

- 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

*Performed on: 02/06/2015 ▲▼ ▼ 0756 ▲▼

❋ CPR Status Order

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
<u>full use of life-saving measures</u> *in* <u>*Cardiac Arrest*</u> *situations*
(including chest compression, defibrillation, vasopressors, intubation, and mechanical ventilation).

CPR No: <u>No life saving measures</u> *in* <u>*Cardiac Arrest*</u> *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

CPR No requires you to select preferences for respiratory support

When selected CPR Status is **CPR NO**

<u>Respiratory Support</u>
○ Yes, Intubate and Ventilate
○ Yes, Ventilate; Do NOT Intubate
○ No Intubation; No Ventilation

<u>Nutrition and Hydration</u>
○ No IV hydration

○ No feeding tube

<u>Cardiovascular Support</u>
○ No vasopressors and inotropes

○ No antiarrhythmics

○ No electrical cardioversion

<u>Other Limitations</u>
○ No dialysis

○ No blood or blood products

○ No antibiotics

○ No emergency surgery

○ No ICU transfer

The patient will receive CPR
during anesthesia and
procedural sedation unless
this limitation is selected.   -->   ○ No CPR during anesthesia

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

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