

Utilizing Change Management to Improve Advance Care Planning in Surgery

Lorelei Sawchuk¹, Carleen Brenneis¹, Georgia Barry¹, Maureen Douglas², Joy Kallis¹, Konrad Fassbender^{1,3}, Lisa Vaughn¹

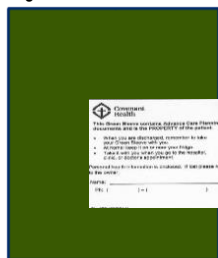
¹ Covenant Health Palliative Institute, ² Advance Care Planning Collaborative Research Innovation Opportunities Program, ³ Division of Palliative Care Medicine, Department of Oncology, University of Alberta

In 2014, the Advance Care Planning (ACP) and Goals of Care Designation (GCD) policy and procedure was implemented across Alberta. In 2016, the Grey Nuns Community Hospital Northern Alberta Vascular Centre identified a lack of standardized ACP/GCD process when caring for elective vascular surgery patients. They embarked on a clinical quality improvement initiative. The purpose of the project was to improve ACP/GCD planning and communication amongst the interdisciplinary team, patients and family.

Purpose: The purpose of the project was to improve ACP/GCD planning and communication amongst the interdisciplinary team, patients and family.

Methods: Current and future state analysis were developed with staff. Audits prior to and following implementation were completed including patient interviews and a staff survey to identify barriers and facilitators. To address barriers identified, future state process was implemented including easy to access to forms: Personal Directive, Green Sleeve, GCD Order and Tracking Record of a documented conversation. Education for the interdisciplinary team involved sessions from preadmission clinics to post operative inpatient units.

Figure 1. Green Sleeve



Stores all documents

Figure 2 Personal Directive

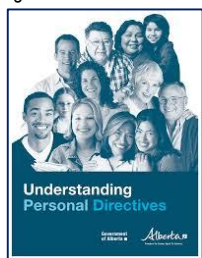
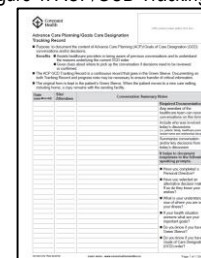


Figure 3. GCD Order



Clinically appropriate care congruent with patient's wishes

Figure 4. ACP/GCD Tracking Record



Documents conversations

Results: Prior to process changes and staff education, 19.4% had a GCD Order on the inpatient chart versus 90% post implementation (30 patients) (Fig 5). Presence of tracking form of GCD conversations also increased (0% to 74%) (Fig 5). A high percentage of GCD forms on the charts were seen in surgical areas post implementation: booking office 80%, preadmission clinic 95%, day unit 90%, pre-operative hold 90% (20 patients).

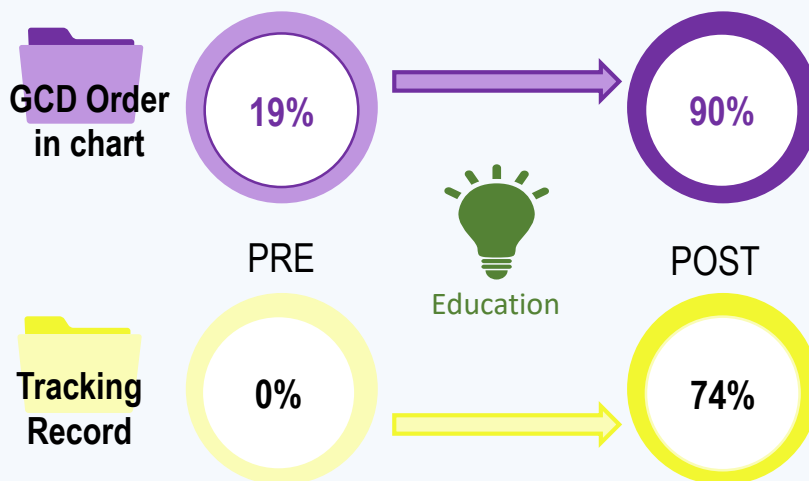


Figure 5. Improvements seen as a result of process changes & staff education.

Conclusion: Improving access to forms and resources and providing ACP/GCD education and awareness improved the presence of ACP/GCD forms on the patient's chart. This is one critical step in addressing respect for human dignity by providing care that is medically and ethically appropriate