

# Utilizing Change Management to Improve Advance Care Planning in Surgery

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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

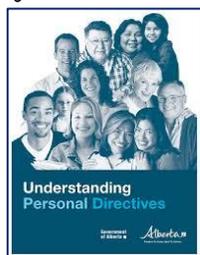
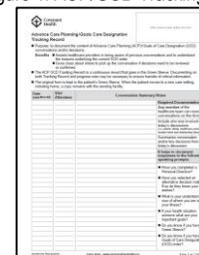


Figure 3. GCD Order



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).

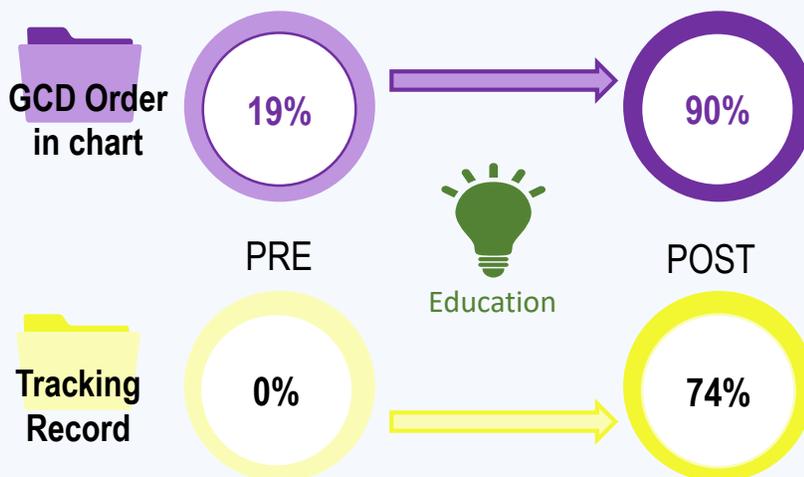


Figure 5. Improvements seen as a result of process changes & staff education.

**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