



Advance Care Planning in a Tertiary Care Cancer Center

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BACKGROUND

The IOM's 2013 and 2014 Reports on “Delivering High Quality Cancer Care” and “Dying in America” called for end-of-life care consistent with patients’ values and increased attention to Advance Care Planning (ACP) throughout the trajectory of cancer care.

The rate of completion of Advance Directives (AD) was thirty-two percent (32%) in our cancer center and ADs were viewed as pertinent only to the care of the dying.

The need for institution-wide implementation of advance care planning (ACP) was recognized.

OBJECTIVES

- Enhance communications about patients’ understanding of prognosis and treatment options
- Clarify goals of care to provide care consistent with patient priorities and help avoid burdensome care at end of life
- Decrease decision-making conflicts at end of life
- Improve staff morale and retention by delivering less potentially inappropriate care

Adopt a pro-active approach to help patient and families communicate and document wishes for care

METHODS

The Departments of Patient Support and Advocacy and Supportive Care Medicine (SCM) collaborated to lead systematic change in ACP.

- An ACP Implementation Task Force was established
- Medical oncologists were surveyed to assess attitudes, perceptions, and barriers associated with ACP

Investment in Education and Culture Change

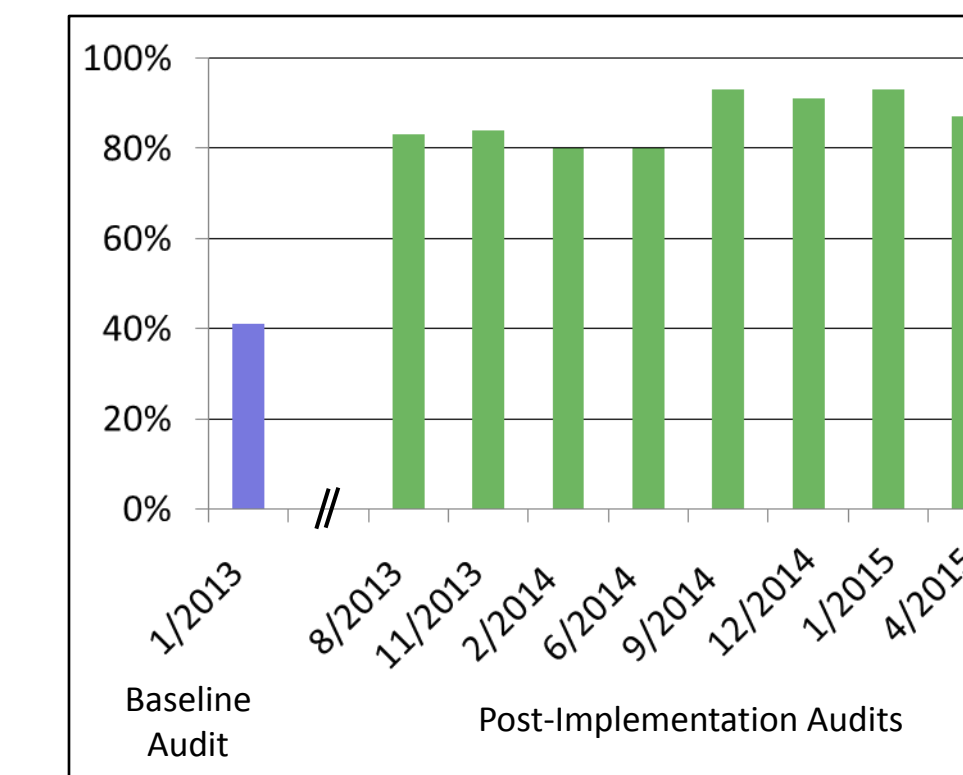
- Support to provide Respecting Choices® ACP training was obtained from Executive Leadership
- Key nurse and physician champions, employee health nurses, and all 46 inpatient and outpatient Social Workers and Chaplains participated in the training and became certified ACP facilitators
- ACP education was included in the annual mandatory modules for all Center employees
- ACP is incorporated into the Center’s employee wellness program at the yearly health fair and available to all new employees

Creation of Infrastructure

- **BMT ACP Initiative:** The Blood and Marrow Transplant (BMT) Program was an early adopter of ACP and facilitates structured ACP for all BMT candidates
- **Inpatient Palliative Care:** SCM prioritizes and tracks adherence to an expanded National Quality Forum (NQF) Measure # 47: percentage of AD completion for all palliative care inpatients
- An ACP-specific electronic interdisciplinary plan of care was developed and incorporated into inpatient care delivery

RESULTS

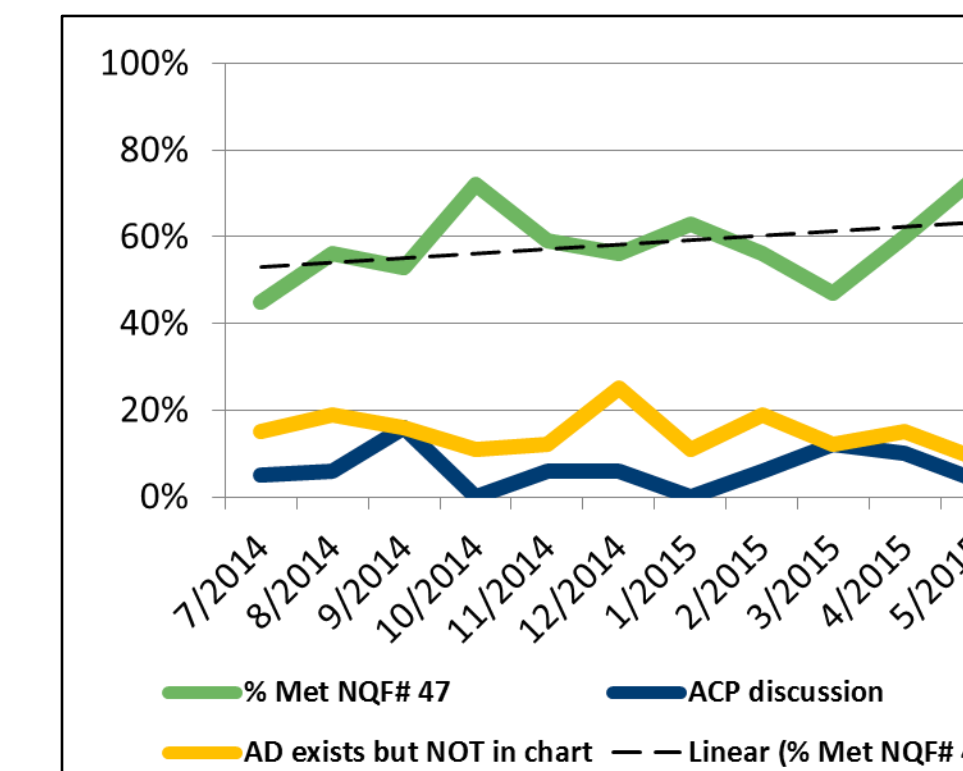
Proportion of BMT Inpatients with ADs



Review of Care of Expired BMT Patients

	Pre ACP Initiative (2012)	Post ACP Initiative (Q3 2013 – Q1 2014)
Advance Directives	88%	100%
Ethics Consults	8%	0%
Median Length-of-Stay	27 days	22 days

Percent of PC Inpatients with ACP



Survey of Medical Oncologists

Forty-six providers participated in an audience-response system survey about ACP.

Perceptions of Majority of Oncologists

- Having an AD should be a high priority for inpatients
- ADs will decrease hospital costs
- ADs will decrease length of stay

Comfort Level Discussing DNR/Code Status

- High with advanced cancer patients who are receiving active therapy
- High with inpatients
- Low with outpatient advanced cancer patients during clinic visits

CONCLUSIONS

Within the BMT and SCM programs the structured ACP to help patients and families understand, communicate, and document wishes for care has increased AD completion.

Efforts are underway to expand the ACP approach across our Center.