A COMMON SENSE APPROACH TO IMPROVING ADVANCE CARE PLANNING USING THE ‘PLAN-DO-STUDY-ACT’ CYCLE

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Advance care planning (ACP), in its most sophisticated form, is a comprehensive, ongoing, and holistic communication between a physician and his or her patient (or the patient’s designated proxy) about their values, treatment preferences, and goals of care. However, treatment decisions at the end-of-life are very complex, making comprehensive ACP extremely challenging: everyone is reluctant to talk about death; clinicians find it easier to offer hope and another treatment or technology rather than comfort and support; and families find it hard to believe that treatment will not restore health. A number of ACP programs have learned how to successfully meet these challenges, many using the process of ‘rapid-cycle’ Quality Improvement (QI) to achieve ‘breakthrough’ change and improvements in practice. This presentation provides guidance and real-life examples for implementing ACP practices in local settings, summarizing over 10 years of successful ACP and related clinical QI work in the US with hundreds of health care professionals and social service providers across the gamut of service delivery silos. Key points covered in the presentation are ways to: target appropriate patients; embed ACP practices in busy healthcare settings; conduct rapid-cycle QI activities and test ‘front-line’ ideas and successful practices in daily practice; and change the ‘usual’ healthcare delivery setting culture by making QI and patient safety a top priority. Ensuring the centrality of the patient and family’s voice in treatment decision-making is one of the most important goals for achieving patient/family-centred care. This presentation demonstrates how QI can help improve ACP.