

Quality of Life Conversation on Advance Care Planning



WHAT IS ADVANCE CARE PLANNING?

Only a quarter of adult Californians report having put their end-of-life medical treatment preferences in writing, and even fewer have had their doctor ask them about their wishes for end-of-life care. An important component of patient-centered care is advance care planning that allows people to consider and formally express preferences for end-of-life care, usually through an advance directive and designation of a surrogate decision maker to act on their behalf if they are incapacitated.

Advance care planning typically involves generating signed documents—such as an advance directive or durable medical power of attorney—that state a person’s general wishes for end-of-life care and designate a surrogate, or agent, to make decisions if the patient is incapacitated. Advance directives provide opportunities for terminally ill patients to express care preferences, for instance, about whether they want feeding tubes and artificial respiration to prolong their life if they are incapacitated and unable to make their own decisions. A complement to advance directives, Physician Orders for Life-Sustaining Treatment (POLST) are standardized forms signed by physicians and patients—or their proxies—indicating what specific treatments a patient does or does not want. As a physician order, a POLST directs other medical personnel, including paramedics, to follow a patient’s care preferences and is intended to follow patients across providers and care settings.

IHA’S QUALITY OF LIFE CONVERSATION PROJECT

In 2013, the IHA Board approved the Quality of Life Conversation initiative to assist IHA member organizations in engaging their employees in advance care planning. IHA partnered with the Coalition for Compassionate Care of California (CCCC) to provide expertise and formal training for participants. Training sessions included introductory webinars and in-person “facilitator” training sessions. IHA developed educational materials and surveys (pre-session and post-session) to compare employee perceptions and understanding of advanced care planning and use of advance care directives before and after the awareness campaign. IHA’s Quality of Life Conversation initiative was aligned

While most people want to die at home and value quality of life more than prolonging life as long as possible, many die in hospitals or other facilities and receive invasive, life-sustaining treatments that diminish quality of life. Advance care planning is a key way to help close the gap between patient and family wishes and actual care near the end of life. The Integrated Healthcare Association (IHA) in 2013 partnered with the Coalition for Compassionate Care of California on an educational program—the Quality of Life Conversation—to increase health care workers’ awareness of advanced care planning’s role in achieving high quality end-of-life care. During 2013, about 400 employees of six health care organizations completed training on advance care planning, and a post-training survey found increased knowledge and understanding of how employees could ensure their preferences for care near the end of life are honored.

with the End-of-Life: Maintaining Dignity and Independence goals set forth by the State Health Care Innovation Plan “Let’s Get Healthy California” goals. Key IHA goals for the initiative included:

- Increasing patient empowerment, choice and treatment options related to care near the end of life.
- Encouraging education and conversation on advance care planning before an emergency or crisis arises.
- Improving the quality of care for patients near the end of life.
- Easing stress on family members faced with making decisions about care of a loved one near the end of life.
- Encouraging everyone to have the conversation about advance care planning: young and old, healthy and unhealthy.

Ten IHA Board and Affiliate organizations participated in training to learn how to facilitate employee sessions and implement the program, and six of the organizations implemented the program in 2013. Results of employee surveys

showed improvement in their understanding of advance care planning and use of advance care directives and an increase in the percentage of employees who identified and had discussions with their designated agent; documented their wishes; and shared that documentation with others.

IHA PASSES 'CONVERSATION' TORCH TO COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

IHA ended direct participation in the Quality of Life Conversation initiative in 2014, determining that the Coalition for Compassionate Care of California was best suited to play the lead role going forward in the campaign to raise awareness and use of advance care planning. The Coalition is available as a resource to individuals and organizations interested in working to make conversations about advance care planning and end of life a normal part of everyday life—including conversations around the kitchen table, at the water cooler at work and at places of worship.

Coalition for Compassionate Care of California

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ABOUT IHA

Based in Oakland, Calif., the nonprofit Integrated Healthcare Association (IHA) convenes diverse stakeholders—including physicians, hospitals and health systems, purchasers and health plans—committed to high-value, integrated care that improves quality and affordability for patients across California and the nation.