Team-Based Advance Care Planning

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Project Description: I wanted to address leverage all members of the multidisciplinary team to support earlier, high quality advance care planning conversations for patients with serious illness on the inpatient oncology unit. I believed I should do this in order to improve quality of care for these patients and mitigate the moral distress experienced by non-physician team members when they care for patients for whom the treatment plan was not concordant with patient goals and values.

Why me and why now: I was already the Clinical Director for implementation of Ariadne Lab's Serious Illness Care Program at Stanford and had an robust communication skills education program, a skilled project manager and excellent reporting system in place. We started work in October of 2018 by engaging attending oncologists and advance practice providers with limited success and significant resistance. I was hopeful that a strong team-based approach in the hospital would be a high visibility win for the program and contribute to the institutional culture change required for a successful wide scale implementation. Also, a similar project on the hospital medicine service started in January of 2020 to promote advance care planning prior to discharge utilizing the serious illness guide. Our work would dovetail nicely with that project.

Outcome - Oriented Objective: My objective was to increase total number of quality advance care planning conversations documented by a variety of disciplines on the team, including physicians, medical trainees, advanced practice providers, social workers, dieticians, nurses and rehab specialists (PT/OT/SLP).

Solution: My plan was to convene a quality improvement team composed of clinicians from each discipline, train all clinicians who care for patients on the inpatient oncology floor in how to have advance care planning conversations using the Serious Illness Guide and develop a team-based workflow to facilitate the occurrence of conversations in seriously ill cancer patients admitted to the unit. The team was formed and we were accepted to start work as part of the Stanford Clinical Effectiveness Leadership Training (CELT) program on May 11, 2020.

Pivot: The COVID-19 pandemic turned inpatient care in our hospital upside down as we prepared for a surge in late March and non-essential clinical operations came to a standstill. The CELT program was canceled for the spring session. My team busied themselves with working with Ariadne Labs to create COVID-specific conversation guides for ambulatory and inpatient settings and my team set about developing virtual communication skills training. The hospital medicine project was on hold over the summer but resumed in the July, facilitated by our new streamlined virtual training of clinicians. Work that was already underway in the Cancer Center Clinics, using lay person "care coaches" to initiate advance care planning conversations and explore goals and values, also benefited from our pivot by allowing us to more easily set up training for physicians. In this implementation, physician share and document prognosis after the "care coach" has initiated the conversation.

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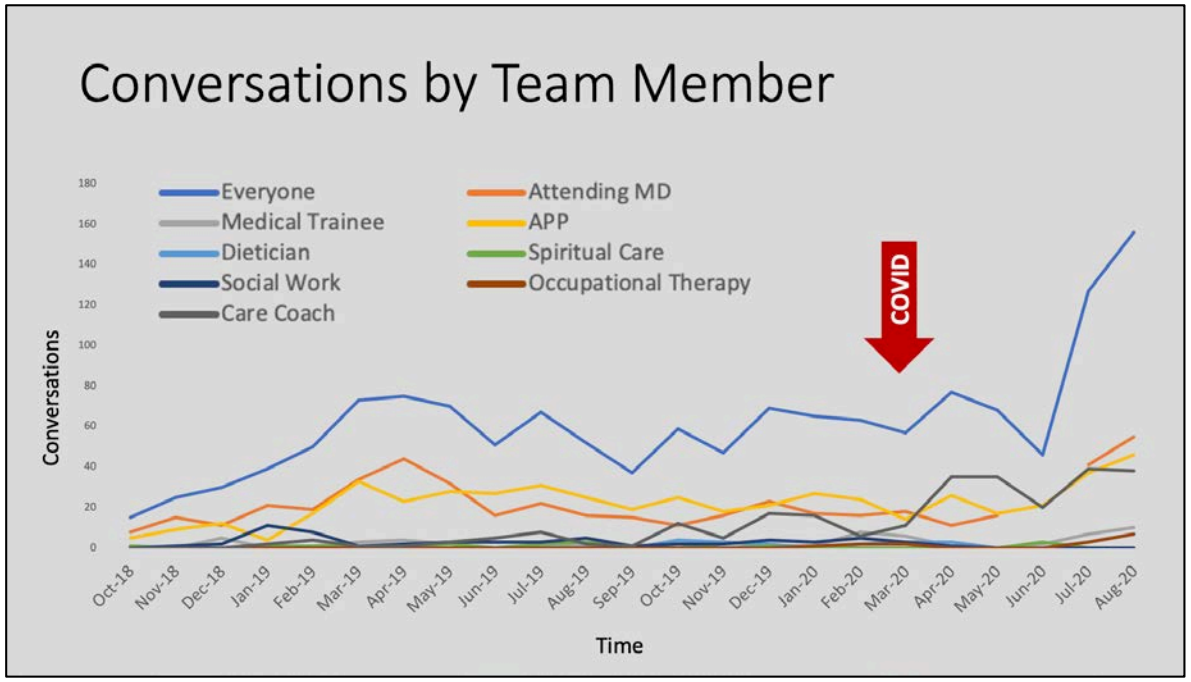
Results

I started this project on January 17, 2019, approximately 16 months after I started working at Stanford. We are now at the planning phase for my originally planned team-based pilot for inpatient oncology. Implementations in the ambulatory cancer center and in inpatient hospital medicine were started in October 2018 and January 2020 respectively.

Overall since our larger Serious Illness Care Program implementation began in 2018, we have trained 337 clinicians from a wide variety of disciplines, see table. Fifteen of our 71 total training sessions have been conducted 100% virtually. Our trainees have documented conversations with 1296 unique patients, see figure. Our number of conversations have increased in number despite the disruption caused by COVID.



Next Steps and Lessons Learned

We will continue to support implementation efforts in ambulatory cancer and hospital medicine while planning to embark on the inpatient oncology pilot in November of this year. The Stanford Department of Medicine has committed to funding the project for at least the next two years.

I learned the perseverance is important and that projects like this require culture change, which requires relationship building which only takes place as trust from colleagues develops over time. I also learned to allow clinicians and stakeholders some leeway in how to approach implementation so that they develop a sense of ownership of the work.

Trainee Discipline	Total Trained	Proportion of Total Trainees
All Trainees	337	-
Medical Trainees	78	23%
APPs (CNS, NP, PA)	78	23%
Attending MDs	69	20%
Nurses	42	12%
Chaplains	21	6%
Rehab Team (OT, PT, SLP)	19	6%
Social Workers	17	5%
Other	7	2%
Speech Language Pathologists	4	1%
Dieticians	2	1%