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Integrating Advance Care Planning into Nursing Work-flow

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BACKGROUND

UCSF Cancer Center is committed to offering all patients information on Advance Directives; however, many patients do not have their wishes well-documented in their EMR. Our clinic has implemented a workflow for introducing advance care planning discussion into treatment teaching sessions. We have begun to share this workflow throughout the cancer center.

Many patients in our clinic have metastatic disease and are treated for months to years by our team. It is important that we provide patients the opportunity to discuss goals of care including advance directives. Medical providers in our clinic have shared challenges to addressing advance directives with patients during initial clinic visits as they address items including diagnosis, prognosis, and treatment at this first visit.

METHODS

We began incorporating the introduction of advance care planning at the time of the treatment teaching session. This proved to be an effective time to discuss and receive patient input. The treatment teaching session occurs for all patients in our practice who are starting treatment with us. This is a structured conversation regarding treatment expectations. Patients and families are receptive to new information at this time as they are not dealing with absorbing a new diagnosis or reviewing results. It is a low stakes conversation where they are free to ask questions and discuss with the nurse.

Implementation of this plan included universally incorporating this practice into all treatment teaching sessions and documenting this practice with a trackable smartphrase within the EMR.

RESULTS

Our team began addressing advance directives in November of 2019 documenting these conversations with a trackable smartphrase, “.ACP” and as of June of 2020 the “.ACP” phrase had been used 67 times with Dr. Atreya’s patients. Before November 2019, this phrase had not been used.

We have implemented this practice throughout the GI medical oncology practices at UCSF. Since trialing this “.ACP” phrase in late 2021 across all GI medical oncology practices, we have seen a 6% increase in “.ACP” documentation throughout our practice.

CONCLUSIONS

This practice offers patients autonomy and provides more comprehensive care for the patient. The success of this practice relies on the integration into RN standard workflow to ensure all patients are offered this opportunity.

Documenting advance directive conversations also satisfies Joint Commission standards: “Documentation in the medical record of a one-time discussion of advance directives/advance care planning with a healthcare provider...”

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