Implementation of a Facilitated Advance Care Planning Process in an Assisted Living Facility
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Costs:
- facilitator training, printed materials and license, consultant fee, total $1800. Staff time for education was compensated from annual education budget.
- Benefits: In a community with a comprehensive ACP process including POLST, Medicare reimbursement per day declined over the last two years of life was 25% lower than the national average. Hospital days per Medicare patient over the last two years of life was 13.5 compared with the national average of 35.6 days (McAtee et al. 2018).

Relevant Process Considerations:
Key stakeholders:
- Core team members: hospital chaplaincy, program coordinator, project site’s director of nursing, physician, investigator
- Project site owner/administrator, director of nursing, nurses, and other staff
- Residents, their designated health care agent (HCA), and their primary care providers
- Health care providers throughout the community who will provide care for the residents
- POLST document (ambulance, hospital, and skilled facility)

Feasibility/Utility:
- Part of a larger pilot implementation of POLST-type ACP in the community
- Concurrent implementation in other pilot sites
- Education of health care professionals throughout the community

Methods:
- Winona State University Institutional Review Board approval obtained
- Residents who were able and whose primary care providers supported pilot project were invited to participate.
- Informed consent received from resident and HCAs.
- POLST completed and signed by resident, HCA(s), and facilitator
- Satisfaction questionnaires provided for anonymous response
- Chart reviewed for life sustaining treatment orders before and after POLST
- Polarity documentation sent to POLST provider for review and signature
- Original signed POLST and resident’s records

Cost-Benefit Analysis:
- No Probability a (%)
- $1800 14 (29.3%)

Satisfaction with clinician communication about end-of-life care
- Do you think the clinician knows the kinds of treatment you would want if you got too sick to speak for yourself?
  - Yes: 93% (14/15) No: 7% (1/15)

Clinical Practice Implications and Future Plans:
- Residents and HCAs were satisfied with the POLST-type ACP experience
- POLST orders are actionable in local health care settings
- Ongoing and future actions:
  - Monitoring to ensure POLST results in care consistent with preferences
  - POLST expanded to a skilled nursing facility, oncology clinic, dialysis unit
  - Grants to continue POLST and full Respecting Choices® ACP model

- Comprehensive ACP to become a standard of care in the area

Introduction
Fifty percent of people are incapable of making decisions about treatment when they reach the end of life, leaving others to decide. When uncertainty exists, healthcare professionals default to aggressive treatment, often resulting in less quality of life for patients and the experience of regret and depression for caregivers following the death.

Purpose: The purpose of this project was to implement the Respecting Choices® model of POLST Orders for Life-Sustaining Treatment (POLST-type advance care planning (ACP) in an assisted living facility. POLST-type ACP results in a document that communicates care preferences as a provider’s order, actionable in local healthcare settings.

The Respecting Choices® model for POLST complements the effective type ACP in an assisted living facility. POLST completed and signed by resident, HCA(s), and facilitator. All-informed and carefully considered preferences are known to patient’s health care agent (HCA) and primary care provider, presented in the form most likely to ensure they are honored in the health care system.

Clinical Practice Question
Among the residents of one Midwest assisted living facility, what is the effect of POLST-type ACP on the number of patients with medical orders addressing life-sustaining treatments, including cardiopulmonary resuscitation (CPR), medical interventions such as hydration and nutrition, and the patient’s and HCA’s level of satisfaction with patient and clinician communication about end-of-life care preferences?

Theoretical Base
Helen Erickson’s Modeling and Centered Theory (Erickson et al., 1983) study patient’s experience, values, and beliefs. Patients and their caregivers have experiences, values, and beliefs that influence their decision-making process. Setting mutual goals that are consistent with facilitator actions in POLST is essential for successful outcomes.

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Effect of orders for life-sustaining treatment (n = 15)

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