

Honoring Choices and Advance Care Planning: learning from the UWMC experience

Panelists:

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Sharon Whyte, RN

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No disclosures of panel faculty

Objectives

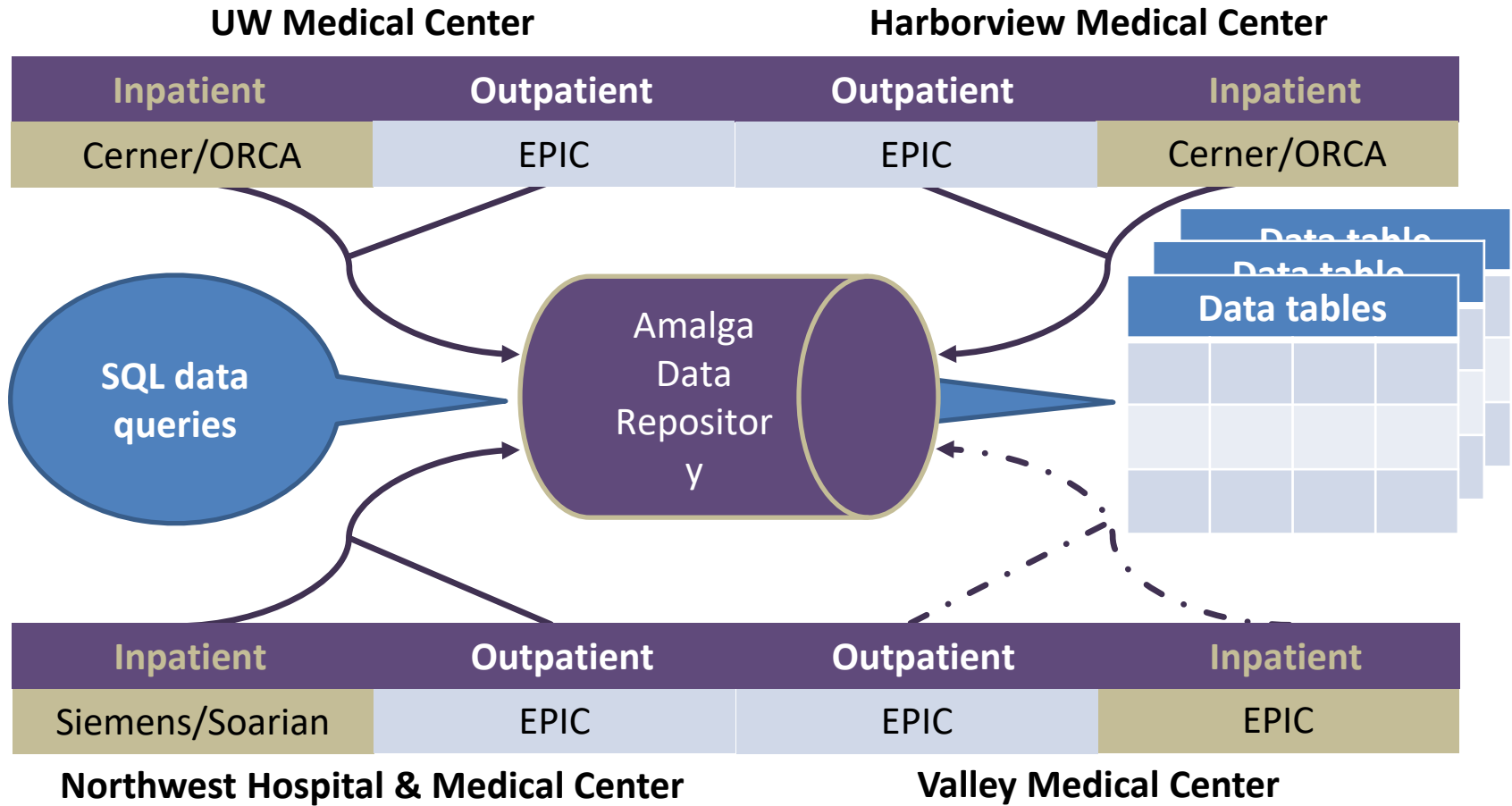
- Describe the honoring choices paradigm for advance care planning efforts
- Identify key components to organizing and executing an honoring choices program in your health system.
- Create a plan on how your health system, clinic, or hospital would begin to initiate a Honoring Choices program.

Advance Care Planning(ACP) and Advance Directives (AD's) at UWMC

- Surrogates versus DPOAH and ACP in decision-making
- Few AD's in ORCA or Epic (inpatient and outpatient)
- AD's might be in Epic and not ORCA and vice versa
- At UWMC, business office added sheet to advance directives tab stating yes/no to AD's. When requesting data on AD's from ORCA, this face sheet counted as AD.

UW Medicine

Data and Electronic Health Records Systems



Advance Care Planning(ACP) and Advance Directives (AD's) at UWMC

- ACP and AD's not done despite high complexity and acuity of patients, and high risk surgeries and procedures. No policy in place regarding completion.
- No UWMC employees could witness AD's
- Change in DPOAH legislation starting January 1, 2017

New Washington State Law Requirement

(Effective January 1, 2017)

- Prior to 1/1/17: Washington DPOA's just needed to be signed (no witness nor notary needed)
- All DPOA's signed prior to Jan 1, 2017 remain valid.
- This law brings DPOA for Health into alignment with DPOA for finances
- Now need notary or 2 witnesses
- Witnesses cannot be:
 - a) related to patient (and cannot be DPOA)
 - b) a care provider to patient
 - c) probably not allowed: employee of clinic/hospital (*)

Surrogate Hierarchy for Decision-making

- Law sets the following order of priority for who is designated to make health care decisions, including withdrawing / withholding care:
 1. Guardian, if one has been appointed
 2. DPOA for health, if one has been appointed
 3. Spouse or domestic partner
 4. Adult children
 5. Parents
 6. Adult brothers and sisters

When there is more than one person, such as children, parents, or brothers and sisters, all must agree on the health care decision.

Priorities in Advance Care Planning

- Conversation more important than emphasis on forms
- Values and preferences known and guide care
- Patient appoints person who they trust the most to be DPOAH and direct decision-making if patient incapacitated
- AD's and narrative about ACP in both inpatient and outpatient record

Priorities in Advance Care Planning

- Only AD's and ACP narrative under Advance Directives tab
- Standardization
- Witnesses, notaries, and who can't be witnesses for AD's – local and state laws and policies
- AD's updated regularly
- Code status updated and in both outpatient and inpatient charts and discussion documented.

The UWMC experience with ACP, AD's and Readiness for Honoring Choices Program



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- UWMC early adopter hospital
- Based on Respecting Choices® from LaCrosse, WI.
- Scripted conversations
- Easy to read advance directives including DPOAH and Health Directive or Living Will
- Includes resuscitation preferences
- Outpatient GIM clinic, and now outpatient cardiology
- Train the trainer model for ACP facilitator training



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Lessons learned from our work in past year:

1. High skill level for communication required: RN, MSW
2. F/u important to get forms completed and in chart
3. Difficult to get patient to return for ACP discussion
4. Involve spouse, SO, family, future DPOAH in discussion for "two-fer" impact
5. Narrative about discussion as important as forms completed
6. Potential use of Medicare billing code (ACP discussion) 15 minutes to cue up further ACP discussion



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Challenges overcome:

EMR: Referral, scheduling, template for documentation, cross-scanning AD's to both our oupt EPIC & inpt Cerner systems. Lists of notaries. Medicare ACP 15 minute discussion coding/billing to begin conversation.

Future improvements coming soon:

ACP Note type; EPIC ACP Quick Navigator; improved referral order for "ACP". More certified notaries in clinical settings.

Future challenges:

Staffing! Notaries, Facilitators, Administrative support; evaluation of new DPOAH state law regarding who can be witnesses

ORCA Inpatient EMR

The screenshot displays the ORCA Inpatient EMR interface. At the top, a blue header bar contains patient information: "TESTS, ZZTEST TEST", "H3289069", "137 years", "DOB: 01/01/80", "U", "EPIC: 03/01/13;", "Allergies: lisinopril, sulfa drugs", "Selected Encntr: HMC 7NJB-Eye Inst", "Outpatient: 03/01/13", and "Full Code (DEFAULT);". Below the header is a navigation menu on the left with items like "Chart Summary", "Status / Plan Summary", "Psychology", "Alerts / Adv Dir / Code", "Clinical Notes", "Document Viewer", "CommonWell (NEW)", "ORCA / EpicCare Notes", "EpicCare Link (Epic Web)", "MINDscape", "Orders", "Medication List", "Med Admin Summary", "Med Admin (eMAR)", "Med Reference", "VIEW & PowerNote", "CareDex", "Task List", "Discharge Readiness", "Allergies", "Form Browser", "Immunizations", and "Results Review". The "Clinical Notes" item is highlighted with a yellow circle. The main content area is titled "Clinical Notes" and shows a search result for the date range "Thursday, December 29, 2016 - Wednesday, March 29, 2017" with the message "No results found." and "0 out of 1 documents are accessible. (Date Range) In Error Documents Filtered". An "Action List" is visible at the bottom of the interface.

ORCA Inpatient EMR

TESTS, ZZTEST TEST
H3289069 137 years DOB: 01/01/80 U
EPIC: 05/01/15,
Allergies: lisinopril, sulfa drugs
Selected Encnt: FIMC /NDB-Eye Inst ; Outpat
Full Code (DEFAULT):

Menu - Inpatient
Chart Summary
- Status / Plan Summary
- Oncology
- Alerts / Adv Dir / Code
Clinical Notes
- Document Viewer + Add
- CommonWell (NEW)
- ORCA / EpicCare Notes
- EpicCare Link (Epic Web)
- MINDscape
Orders + Add
Medication List + Add
- Med Admin Summary
- Med Admin (eMAR)

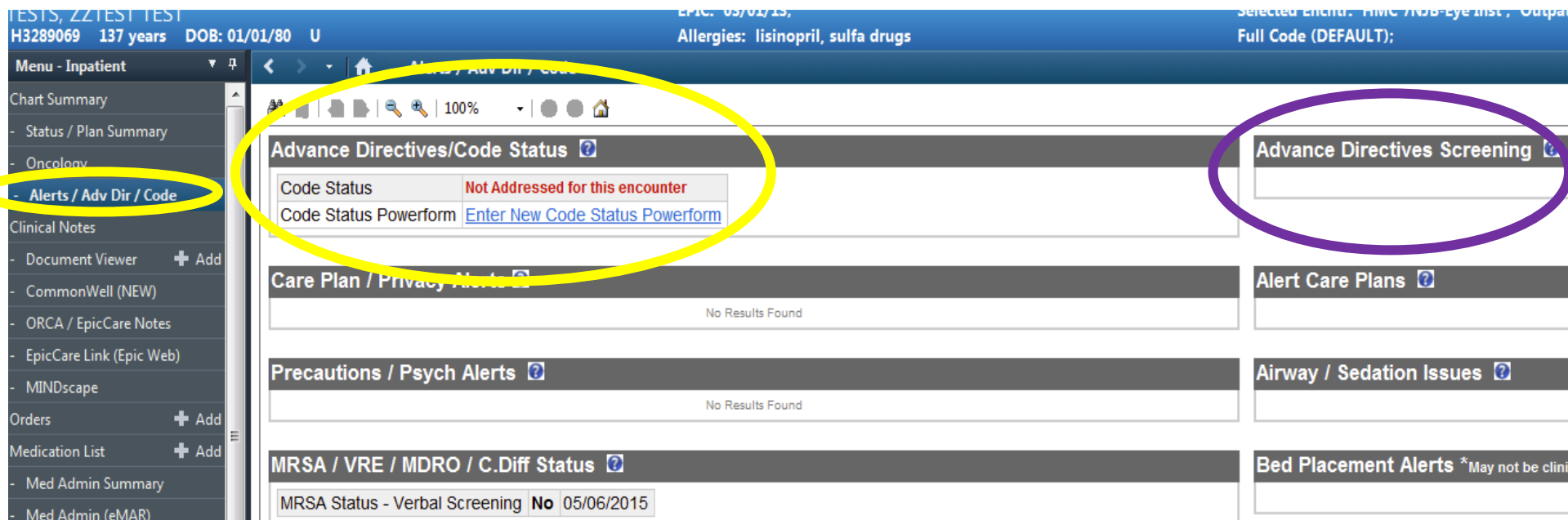
Advance Directives/Code Status
Code Status Not Addressed for this encounter
Code Status Powerform [Enter New Code Status Powerform](#)

Care Plan / Privacy Alerts
No Results Found

Precautions / Psych Alerts
No Results Found

MRSA / VRE / MDRO / C.Diff Status
MRSA Status - Verbal Screening No 05/06/2015

Advance Directives Screening
Alert Care Plans
Airway / Sedation Issues
Bed Placement Alerts *May not be clin



EPIC Outpatient EMR

ZZTest,TEST

ZZTest, TEST
Preferred Name: None
Female, 68 y.o., 11/05/1948

MRN: 20125226
CSN: None

Allergies: **No Known Allergies**
Code: Prior
Adv Dir: None
HM Due?: Due

Wt: (I) 136.1 kg (300 lb)
Ht: 165.1 cm (5' 5")
Last BSA: 2.5 m²
CrCl: None

FYI
Pref Lang: English
Need Interp: No

MyChart: Active
Insurance: None



Index

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Snapshot

Chart Review

Review Flows...

Results Review

Synopsis

History

Allergies

Medications

Immunizations

Demographics

Letters

Enter/Edit Res...

Form Reprints

FYI

Orders to be Acknowledged

Patient Encounter Information Not Found

Orders Needing Additional Information

None

Orders Needing Specimen Collection

None

Admission/Transfer Signed and Held Orders

Patient Encounter Information Not Found

BestPractice Advisories

[Click to view active BestPractice Advisories](#)

EPIC Outpatient EMR

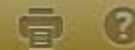
The screenshot displays the EPIC Outpatient EMR interface for patient ZZTest, TEST. The patient's information includes: Preferred Name: None, Female, 68 y.o., 11/05/1948; MRN: 20125226; CSN: None; Allergies: No Known Allergies; Code: Prior; Adv Dir: None; HM Due?: Due; Wt: (I) 136.1 kg (300 lb); Ht: 165.1 cm (5' 5"); Last BSA: 2.5 m²; CrCl: None; FYI; MyChart: Active; Insurance: None; and Need Interpretation: No. The 'Advance Directives' tab is highlighted in yellow. The 'Advance Directives' section shows 'Power of attorney on file: No' and 'Living will on file: No'. A 'Mark as Reviewed' button is present, and a message states 'Advance directives have never been reviewed'. A table below lists the document details:

Type of Document	Description	Status	Date Received	Received By	Location
Advance Directives a		Not Received [11			

s, Zztest Test

137 y.o. unknown (1/1/1880)
U3321281Allergies
Not on FilePCP
Zztrain, Epiccare P...Alerts
HMInsurance
NoneeCare
Inactive

Demographics



Basic Demographics

Name	MRN	SSN	Sex	Date of Birth
Tests, Zztest Test	U3321281	xxx-xx-0000	Unknown	1/1/1880 (137 yrs)
Ethnic Group	Marital Status	Patient Status		
Unavailable or Unknown	N/A	Alive		

Contact Information

Address	Phone
UNKNOWN SEATTLE WA 98104	206-200-0000 (Home)

PCP and Center

Primary Care Provider	Center
Epiccare Physician Zztrain	HMC ER

Employment Information

Status	Employer
Unknown	UNKNOWN

Administrative

Signature on File	Date Filed
Yes	None on file
Power of Attorney	Date Asked
No	None on file
Advance Directive	Date Asked
No	None on file

Emergency Contacts

None on File

Next steps with Honoring Choices at UWMMC

- Experience of being ACP facilitator – Jan and Sharon
- ACP in UW GIM Clinic - Jan
- Bringing Honoring Choices program to outpatient specialty clinic – Regional Heart Center - Sharon
- Description of process in getting ready to start program - Sharon

What opportunities and challenges exist in your institution regarding ACP and possibly incorporating Honoring Choices Program in your institution?

Questions????????????????

Thank you!

Please be sure to fill out
your evaluation!