TOPIC:	PLANNING FOR THE WORST: CODE STATUS, POLST, AND ADVANCE CARE PLANNING
SPEAKER:	HOPE WECHKIN, MD
TITLE:	MEDICAL DIRECTOR
AFFILIATION	Evergreen Health Hospice and Palliative Care
TIME:	

PRACTICE GAP ANALYSIS: PLANNING FOR THE WORST: CODE STATUS, POLST, AND ADVANCE CARE PLANNING

Describe the problems or gaps in practice this activity will address:

What are you trying to change?

While 70% of Americans say that they would prefer to die at home, in fact 70% of Americans die outside the home. While 83% say that it's important to put their wishes regarding end-of-life care in writing, in fact only 23% of Americans have put their wishes in writing. And finally, 92% of American adults say that it's important to discuss their wishes regarding end-of-life care, but only 32% have actually had such a conversation with either their family members or their health care providers.

In discussing the POLST form and other advance care planning documents, I will discuss practical approaches that physicians can employ when assisting patients in completing these documents, as well as some nuances that arise in these complex discussions. We will examine different combinations of choices on the POLST form, when they might be clinically appropriate, and will discuss advance directives for dementia care.

What is the problem?

Ideally all patients with a limited life expectancy, or whose death would not be surprising should it occur in the next year -- either because of age, advanced illness, or both -- will have had discussions with their surrogate decision makers regarding their wishes for end-of-life care. And all physicians will be equipped to facilitate these discussions at a basic level. Preferences regarding end-of-life care as indicated on the POLST form will be both readily accessible and routinely checked. Medical providers will have a clear understanding of the difference between palliative care and hospice care, and preferences indicated on the POLST form aid them in directing their patients toward the system of care for which they are medically eligible and is in alignment with goals of care.

In addition, advance care planning will be incorporated into office visits of both primary and specialty providers, and these providers will know how to bill properly for these services. Finally, patients will never be given POLST forms to complete on their own without accompanying discussion(s) that are clear, patient-focused, and informed by relevant data.

How did you assess and/or measure these issues?

How was the educational need/practice gap for this activity identified? Place an X by each source utilized to identify the need for this activity.

Attach copies of documentation for each source indicated (REQUIRED)

* please make sure when selecting your needs assessment data and references that you highlight applicable components.

Method	Example of required document
Previous participant evaluation data	Copy of tool and summary data

	X	Research/literature review		Abstract(s) or articles
	X	Expert Opinion		Summary
		Target audience survey		Copy of tool and summary data
		Regulatory body requirements		Requirements summary
	X	Data from public health sources		Abstract, articles, references
		Other (describe)		

Describe the needs of learners underlying the gaps in practice: What are the causes of the gaps in practice? Check all that apply

What are the causes of the gaps in practice? Check all that apply

X	Lack of awareness of the problem,			Poor self-efficacy,
	Lack of familiarity with the guideline,	X		Inability to overcome the inertia of previous practice, and
	Non-agreement with the recommendations,	X		Presence of external barriers to perform recommendations
	Other			

Why does the gap exist? Check all that apply

X	Lack of Knowledge competence	X		Lack of time to assess or counsel patients
	Performance-based.	X		Cost / Insurance/reimbursement issues
X	Lack of consensus on professional guidelines			Patient Compliance Issues
	Other:			

What do learners need to be able to know or do to be able to address the gaps in practice?

A better understanding by learning
Options for care in section B of the POLST form based on location of care.
Identifying the survival-to-discharge rate of out-of-hospital cardiac arrest.
Identifying a tool for advance care planning for patients with dementia.

CME OBJECTIVES : PLANNING FOR THE WORST: CODE STATUS, POLST, AND ADVANCE CARE PLANNING

State at least three or more things that participants should be able to do after they participate in this CME activity. Please note these objectives should be measurable, specific, actionable and timely.
Upon completion of this activity, attendees should be able to:

1	Describe options for care in section B of the POLST form based on location of care.
2	Identify the survival-to-discharge rate of out-of-hospital cardiac arrest.
3	Identify a tool for advance care planning for patients with dementia.

The ACCME does not want you to use the words - think, understand, know, appreciate, learn, comprehend, be aware of, be familiar with, etc. as they are not measurable.

You can use words such as Analyze, Categorize, Classify, Compare, Conclude, Construct, Critique, Define, Demonstrate, Describe, Discuss, Evaluate, Identify, List, Name, Outline, Show

---

COMPETENCIES: PLANNING FOR THE WORST: CODE STATUS, POLST, AND ADVANCE CARE PLANNING

What ACGME or IOM related competency is associated with this activity? (check all that apply)

X	Patient Care		Practice-Based Learning and Improvement	X	Medical/Clinical Knowledge

		Procedural Skills	X	Interdisciplinary Teams	X	Teams and Teamwork
	X	Communication Skills	X	Professionalism	X	Systems-based Practice
	X	Quality Improvement		Utilization of Informatics	X	Evidence-based Practice

What is the activity designed to change

X	**Competence** - (knowing how to do something)
	Selecting this option requires the CME activity being planned provide participants with an opportunity to:
	• hear information related to advances or best practice
	• hear examples of application in practice of information presented
	Performance- (actually doing something)
	Selecting this option requires the CME activity being planned provide participants with an opportunity to:
	• practice what they have learned during the CME activity
	• receive feedback about doing what they have learned during the CME activity
	Patient Outcomes- (actually measure change in patients)
	Selecting this option requires the CME activity track change in patient outcomes:
	• provide tangible improvements and data to support overall change to patient outcomes

What potential barriers do you anticipate attendees may encounter when incorporating new objectives into their practice?

X	Lack of time to assess or counsel patients	Other – describe:
	Cost	
	No perceived barriers	
	Lack of administrative support/resources	
X	reimbursement issues	
	Insurance/	

Describe how will this educational activity address these potential barriers and the strategies used?

This activity will introduce the recently added CMS code for Advance Care Planning.

RESULTS: PLANNING FOR THE WORST: CODE STATUS, POLST, AND ADVANCE CARE PLANNING
please describe the results expected (outcomes) for this activity in terms of specific improvements in patient care and/or other work related to the practice of medicine.

	Your description
X	Improvements in patient care based on evidence-based treatment
X	Reduce Health care costs
X	Streamline care of patients

MEASURING YOUR SUCCESS:
Will use pre-and post CME activity questionnaire to measure success.
Please provide 3 questions and answers that will asked to the audience before and after your talk. The answer to these questions should be in your presentation. Please highlight the correct answer and limit your possible answers to a maximum of 4 with only one correct answer. The others can be partially correct or wrong

Question 1. The survival-to-discharge rate for out-of-hospital cardiac arrests is	
Answers	
1	55.5%
2	40.5%
3	5.5%
4	1%

Feedback: Please provide a detail feedback (MOC)

1. 55.5%: Wrong Answer.
    Too high

2. 40.5%: Partially Correct.

   is consistent with the often-quoted 40% rate of successful out-of-hospital resuscitations; however, many people have a successful resuscitation but are not ultimately discharged from the hospital.

3. 5.5%: Correct Answer.

   Daya M, Schmicker R, May S, Morrison L. Current burden of cardiac arrest in the United States: Report from the Resuscitation Outcomes Consortium. 2015a. [June 30, 2015].

4. 1%: Wrong Answer.

   Too low

Question 2 True or False: A patient who has completed a POLST form and has it on file should not be resuscitated.

	Answers
1	True
2	False

Feedback:

1. True: wrong Answer.

   the mere fact that a POLST has been completed does not indicate that a patient doesn't elect resuscitation in the event of cardiac arrest. Many people complete POLST forms indicating a preference for FULL CODE.

2. False: Correct Answer.

   Citation:

   RCW 43.70.480

   Emergency medical personnel—Futile treatment and natural death directives—Guidelines.

   The department of health shall adopt guidelines and protocols for how emergency medical personnel shall respond when summoned to the site of an injury or illness for the treatment of a person who has signed a written directive or durable power of attorney requesting that he or she not receive futile emergency medical treatment.

   The guidelines shall include development of a simple form that shall be used statewide.

Question 3 The survival-to-discharge rate for in-hospital cardiac arrest is

	Answers
1	14%
2	24%
3	54%
4	64%

Feedback:

1. 14%: Wrong Answer.

   Too low

2. 24%: Correct Answer.

   Chan P. Public health burden of in-hospital cardiac arrest. 2015. [June 30, 2015]. (Paper commissioned by the Committee on the Treatment of Cardiac Arrest: Current Status and Future Directions).

3. 54%: Wrong Answer.

   Too High

4. 64%: Wrong Answer.

   Too High