Providence Health Care - Long Term Care

Goals of Care & Advance Care Planning Documentation

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Setting

PHC LTC Homes (Capacity):

- Holy Family Hospital LTC (126)
- Mount St. Joseph Hospital ECU (96)
- Youville Residence (42)
- Brock Fahrni (148)
- St. Vincent Langara (196)

Background/Problem

- Cerner implemented Nov 2019 in LTC
- **Nursing not documenting on Cerner** →
- Hybrid charting system emerged:
  Electronic (MDs and IDT) +
  Paper (Nursing)
- **Serious documentation gap** identified with the method and location of recording SIC/GOC conversations
- Up to date **(T)SDM information not clear**

Aim Statement

Identify and implement for 90% of charts:

- **Standardized** place and process for documenting **GOC and SIC** conversations
- **Standardized** place for recording **(T)SDM** information

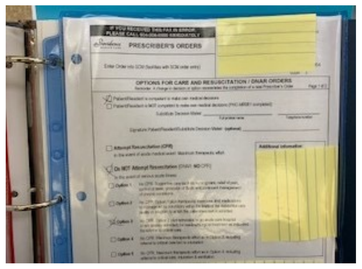
Intervention/Strategies for Change

1st PDSA - April 2021 start:

- Paper chart → **"Source of truth"** for all GOC/SIC conversations
- **Replace** blue DNAR sleeves and old 'Options for Care' forms with new ACP tab/divider at the front of all paper charts
- **CST users** - document in the GOC Power Form *(*print and place in the ACP section of the paper chart)
- **Non-CST users** - document on the ACP/SIC paper record (place in the ACP section of the paper chart)
- **Education sessions and workflows** for all staff

For quality care
that meets the wishes, values & goals of people we serve, GOC/SIC conversations and applicable (T)SDM information needs to be effectively documented, up to date and readily accessible

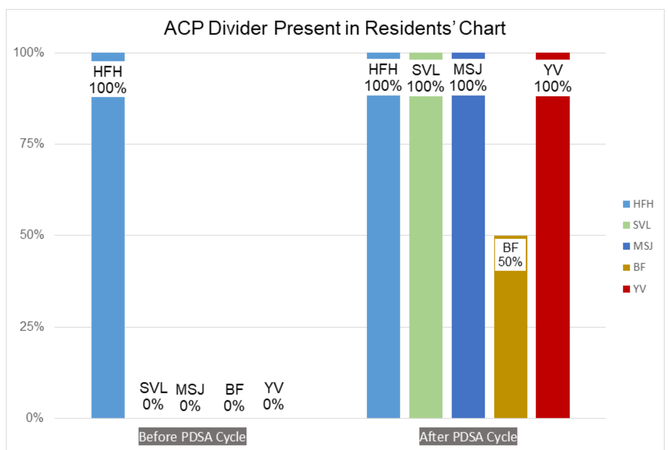
Old Blue DNAR Sleeves

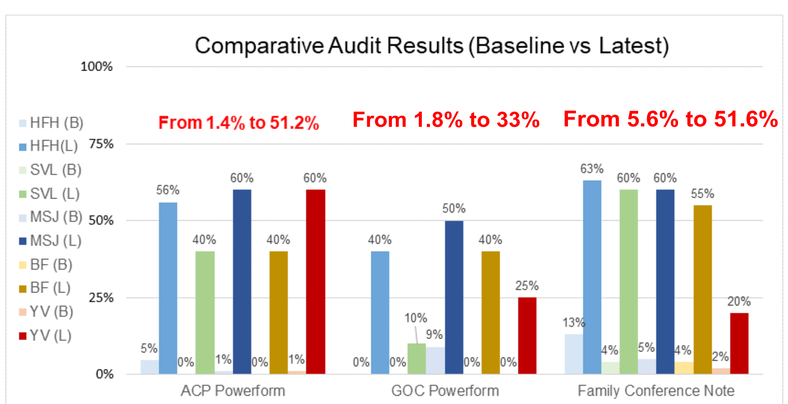


New ACP Tab/Divider

Effects of Change

- **Correct placement of documents improved from 20% to 91%** after the first PDSA
- **(T)SDM information** implemented into a standard location in CST as of Feb 2022





Measures of Improvement

- Chart Audit: all care homes audited between Dec 8, 2021 and Feb 10, 2022
- Number of charts audited = 110

Lessons Learned

- Involve IDT early and often as even seemingly small changes can result in big impacts on practice
- QI is an iterative process - be nimble, be flexible, be open to changes

Sustainability

- Initial chart "clean up" to ensure consistent presence of documents in CST vs. in paper charts
- Biannual "chart checks" following care conference and medication reviews
- Ongoing SIC/ACP education

Acknowledgements

Leader for ACP: Wallace Robinson
Social Workers: Jasmine Narayan & Karen Kew
Unit Coordinators: Karolyn Sidhu & Jisun Ngo
LTC Leadership: Jody Burrell & Danielle Richards
HFH LTC Team: Nurses & Physicians

Definitions

- Goals of Care (GOC)
- Serious Illness Conversation (SIC)
- Advance Care Planning (ACP)
- Long Term Care (LTC)
- Temporary/Substitute Decision Maker (T)SDM
- Interdisciplinary Team (IDT)

Providence Health Care
How you want to be treated.