Facilitating Advanced Directives and Goals of Care Conversations in the Community - A Recipe for Success!
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Naperville, IL

Presented at Magnet Conference, October 2015

Background:
• Edward Hospital and Health Services
• A 357 bed acute-care community hospital recognized as a "Magnet" hospital in 2005, 2010, and 2014
• Palliative Services at Edward Hospital established in 2012
• The Palliative Care Department consists of:
  • Two Advanced Practice Nurses
  • One Social Worker
  • Part-time Physician
• Palliative Services are provided in the inpatient and outpatient settings and include:
  • Goals of Care conversations and coordination
  • Symptom management
  • Community education
• Hospital wide inter-professional Palliative Care Committee
• Community members
• Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life (September 17, 2014, Institute of Medicine)

Problem:
• Public education and engagement
• Engagement in advanced directives and goals of care conversations are lacking in the United States
• Consistent readmission rates at Edward for the past three years for several chronic life limiting illnesses (See Figure 1)
• Daily requests for palliative services
• 78 Palliative Care consults ordered for Edward Hospital inpatients (2014)

Goal:
• Increase community awareness of advanced care planning, facilitate goals of care conversations, and increase patient involvement in decision making related to their plan of care

Interventions, Continued:
• Networking with local religious organizations
• Convened by Edward Hospital’s Chief Nursing Officer to discuss healthcare priorities within the faith communities
• Advanced Directives was one of the first topics identified by the group
• Meets on a quarterly basis to continue discussing healthcare priorities within the faith communities
• Individualized care planning meetings: “Wednesday’s Wishes”
• Community members receive a free one hour session with a Palliative Care Advanced Nurse
• Community members are able to ask questions about advanced directives and are provided assistance completing their Power of Attorney for Healthcare documents
• Advertised on the Edward Hospital website and via flyer
• Registration occurs through the class registration department
• Advanced Directive video on the patient education television system
• Video discussing advanced directives is available for viewing by all Edward Hospital inpatients
• The video is located on all televisions in patient rooms

Outcomes:
• Program Outcomes
  • Dying with Dignity: Advanced Directives to Make Your Wishes Known: Educational Programs
  • Eighty-one community members attended these free educational programs in 2014
  • Post-acute provider fair
  • Two hundred individuals attended the Post-Acute Provider Fair in 2014
• Networking with local religious organizations
• Members of local religious organizations have engaged Edward Hospital Community programming
• Informational session: Advanced Directives have been offered at several congregations
• Individualized care planning meetings
• Nine community members have completed an advanced directive during a “Wednesday’s Wishes” session

Future Plans to Maintain and Expand Our “Recipe for Success”
• Continue to offer the Dying with Dignity: Advanced Directives to Make Your Wishes Known Educational Program and the “Wednesday’s Wishes” Program
• Continue networking with religious organizations
• Continue to participate in the Post-Acute Provider Fairs and network with local religious organizations and other community programs
• Continue to build the Edward Palliative Care Program including expansion into outpatient physician practices
• Monitor the readmission rates for chronic disease
• Monitor the percent of completed Advanced Directives for Edward Hospital patients
• Continue to seek and implement additional innovative ideas to increase advanced directive knowledge

Conclusions:
• Healthcare organizations are in a unique position to offer community education on advanced directives and goals of care through various forms of inter-professional collaboration
• Public education and engagement in advanced directives and goals of care conversations allow an individual’s healthcare choices to be honored
• Without advanced directives and goals of care conversations, unnecessary and potentially unwanted healthcare will be provided

Acknowledgements:
Karen Barron, BSN, RN, Case Manager; Edward Palliative Care Committee Members: Edward Patient/Family Advisory Committee Members; Dr. Alex Hantel, MD, Director of Hematology/Oncology; Pastor Jacob Lott, Edward Hospital Chaplain; Patti Ludwig-Beyrn, PhD, RN, CTN, NEA-BC, FAAN, Vice President and Chief Nursing Officer; Dr. Howard Mueller, PhD, Professor of Religious Studies, Emeritus, Community Member and liaison, Palliative Care and Ethics Committee; Brent Smith, DO, Vice President and Chief Medical Officer

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