Most renal patients have deteriorating health, despite dialysis, and often experience changes in their decision-making capacity. Thus, early planning is essential. Advance Care Planning (ACP) is a process whereby a capable adult talks over their beliefs, values and wishes for health care with their close family/friend(s) and health care providers in advance of when they may become incapable of such decisions.

Advance Care Planning may or may not include a(n):

- Advance Directive
- No CPR Physician Order
- Temporary Decision-Maker List
- Committee of Person or Representation Agreement

The BC Ministry of Health has produced My Voice handbooks which are Advance Care Planning Guides describing these components.

**BACKGROUND/CONTEXT**

A Quality Model for Improvement approach was used with detailed Plan – Do – Study – Act (PDSA) cycles. Standardized resources were developed:

1. PDSA Planning Forms/Worksheets
2. ACP Participant Flowsheet
3. IH Renal ACP Prognostic Model Tool
4. ACP patient information packages
5. GP/Primary Care Provider Letters
6. Clerical and SW Material Resource/Source List
7. Patient Participant Survey

In the Penticton Chronic Kidney Disease Clinic, clinicians collaboratively selected high-priority patients for a more thorough ACP, provided over three Social Worker sessions. The Nephrologist provided the patient with a prognostic discussion, for a more informed decision-making, prior to the completion of ACP documents.

**MEASUREMENT**

Typical patient progression through each clinic was analyzed with detailed PDSA cycles for key components: 1) Provision of ACP supplies, 2) Use of a Prognostic Model/Patient Selection Tool, 3) Use of mini-Green Sleeves, 4) Communication with Primary Care Providers, 5) Documentation. Each PDSA cycle then was revised when learning occurred, to become the next PDSA cycle on that particular component. An ACP Participant Flow Sheet allowed tracking and measurement of processes and data.

**CHALLENGES/LESSONS LEARNED**

Challenges included:

- coordinating screening time
- patient transportation difficulties
- on-going clerical requirements.

Lessons learned involved process improvements, related to:

- preparation of information packages
- clerical duties
- use of screening/selection tool
- staff knowledge of ACP
- determination of time required for ACP work

We also learned that in some cases, patients initially keen, may not be ready to document an AD; staff should be prepared to review again.

**RESULTS**

- Standardization of ACP processes and tools reduced clerical and Social Worker time, once processes became familiar
- Response to the project by physicians and patients was positive: At the Penticton site, 13/15 physicians requested clinic staff lead ACP discussions; 12/15 patients agreed to participate, although to different levels

A Quality Model for Improvement approach for ACP highlights areas to improve, promotes efficiencies and helps reinforce patient-centered care

**NEXT STEPS**

- Results/lessons learned can be incorporated into the future Phases of the ACP Pilot Project (Kelowna Peritoneal Dialysis Clinic, Rutland Hemodialysis Unit, Kootenays and Kamloops sites)
- Project needs support in terms of time requirements, clear staff roles, responsibilities and expectations
- Need to keep addressing sustainability; ACP work with patients is not “extra” - needs to continue post-project!
- Next sites to be determined, following site reviews and debriefing
- Full ACP roll-out throughout Renal Program planned for Summer 2015.