Organ Transplant Program
Advance Directive (End-of-Life Care)
Quality Improvement Initiative

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Intensive Caring at the End of Life

Technology and clinical expertise of critical care practice can support patients through life-threatening illnesses

- Most patients recover
- Some patients die quickly
- Other patients linger, neither improving nor acutely dying, alive but with progressively diminishing capacity to recover from their injury or illness

Management of these patients is often overshadowed by a critical question.

Is it appropriate to continue life-sustaining therapy???

- Sadly, patients rarely participate in these pivotal discussions because they are too sick or heavily sedated.
- These discussions often fall to the family or a surrogate decision maker in consultation with the Medical / Surgical Team.

Intensive Caring at the End of Life

- End of Life issues are emotionally stressful and often a source of disagreement.

- Failure to resolve such disagreements
  - Compromises patient care
  - Engenders guilt among family members
  - Creates dissatisfaction for health care professionals

End of life conflicts and stressful issues can be ameliorated if clinicians provide:

- Support for the patient and family with aggressive symptom control
- A comfortable setting
- Ongoing intensive family psychosocial support (the LIFE Support concept)

Intensive Caring at the End of Life

- Effective patient and family emotional support includes sharing the burden of decision making with family members.
- High quality *End of Life Care* requires an institutional culture shift from single-minded focus on high-tech medical interventions to a patient-focused consensus.
- Expert family emotional support enables the family to understand and accept that intensive caring may involve letting go of futile life-sustaining interventions.
The Continuous Quality Improvement Process for End of Life Care

Deming Cycle

Pre-Liver Transplant Advance Directive & Power of Attorney Initiative

“Standardization” (Establish New Baseline)
Liver Transplant Advance Directive
Process Improvement Initiative

Aim Statement

Implement a process by December 1st, 2010 whereby 100% of patients being listed for Liver Transplant will have a signed Advance Directive and Power of Attorney documented and available in the Sunrise Electronic Medical Record.
Pre-Liver Transplant
Advance Directive / Power of Attorney
Quality Improvement Initiative

Personnel
- Team Leader
- Pre-Liver Coordinators

Systemic
- EMR inertia
- Individual MD By-in
- Medical – Legal Issues
- Pts with existing AD?
- Medical Records Personnel
- What if Pt changes AD?

Method
- Which AD Format?
- Coordinator 1 on 1
- Groups of Patients
- Already Listed Pts
- Issue

Technology

Communication

Other

Pre-OLT
AD / Power of Attorney Document in Sunrise
Process Map

Obtaining Advance Directive – Power of Attorney on all Pre-Liver Transplant Patients

Patient Referred for Pre-Liver Transplant Evaluation

TXN Coordinator Initial Patient Phone Contact Inquire about Existing AD

Existing AD?

Yes

Patient signs AD – Power of Attorney before Transplant Clinic Notary

Signed – Notarized AD / Power of Attorney sent to UHS Medical Records Department

No

Initial Clinic Visit – Coordinator Educates Patient / Family about Resources for completing AD (TexasLivingWill.org)

LMSW Social Worker Evaluation and Education Visit

AD Completed?

Yes

LMSW Worker Assists Patient with Completion of AD – Power of Attorney

No

LMSW Worker Assists Patient with Completion of AD – Power of Attorney before Transplant Clinic Notary

AD / Power of Attorney available in Sunrise EMR as On-Base Document under “Legal Document” Identifier

Med Records Personnel Scan Documents into “On-Base” Component Of Sunrise EMR
Pre-Liver Transplant Advance Directive – Power of Attorney

Statistical Process Control Chart

AD QI Initiative

# Pts Listed
# Pts with AD

- # Pts Listed
- # Pts with AD

- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec
- Jan
The Continuous Quality Improvement Process for End of Life Care

Deming Cycle

1. Pre-Liver Transplant Advance Directive & Power of Attorney Initiative
2. Plan Act Do
3. Study
4. Act Plan Do
5. Study
6. Plan Act Do

Lung TXN, Kidney TXN
Hepatobiliary Surgery Advanced Directive & Power of Attorney Initiatives

Time Line
The Continuous Quality Improvement Process for End of Life Care

Deming Cycle

1. Pre-Liver Transplant Advance Directive & Power of Attorney Initiative
3. "Standardization" (Establish New Baseline)
4. Organ-Specific Advanced Directive Initiatives
5. Cancer Care Plan
6. Do

Time Line

Q U A L I T Y

Q U A L I T Y
The Continuous Quality Improvement Process for End of Life Care

Deming Cycle

1. Pre-Liver Transplant Advance Directive & Power of Attorney Initiative
3. Organ-Specific Advanced Directive Initiatives
5. Patient Education in Organ Transplant Pre-Op Classes
6. "Standardization" (Establish New Baseline)

Time Line
The Continuous Quality Improvement Process for End of Life Care

Deming Cycle

1. Pre-Liver Transplant Advance Directive & Power of Attorney Initiative
2. Study
3. Advance Directive Initiatives
4. Organ-Specific Advanced Directive Initiatives
6. Implementation of Organ Transplant LIFE Support Team

“Standardization” (Establish New Baseline)
The Continuous Quality Improvement Process for End of Life Care

Deming Cycle

Pre-Liver Transplant Advance Directive & Power of Attorney Initiative

Lung TXN, Kidney TXN Hepatobiliary Surgery Advanced Directive & Power of Attorney Initiatives

Organ-Specific Advanced Directive Initiatives

Implementation of Advanced Directive LIFE Support Team Patient Education in Organ Transplant Pre-Op Classes

Implementation of Organ Transplant LIFE Support Team

Implementation of Grassroots Palliative Care LIFE Support Teams in other UHS Units