Sample PROJECT CHARTER

Improving Advance Care Planning and Goals of Care Designation Practices Focusing on Team Process

Authorization to Proceed

Submitted By:
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ACP and GCD Team Process Improvement

A. Define Opportunity

ACP GCD conversations and documentation, among interdisciplinary team members and patients, improves patient safety and satisfaction. This project seeks to improve the team processes that yield those important conversations and documentation.

Background

Alberta Health Services has a Provincial Level One Advance Care Planning (ACP) and Goals of Care Designation (GCD) policy that was implemented across all Health Sectors in Alberta in 2014. This policy provides the direction for having conversations with patients regarding their values and wishes for health care and determining associated goals of care according to their health circumstances. Patient and health care provider (HCP) resources have been developed to inform conversations and practices. These conversations can then in turn be documented and inform the GCD order that is intended to inform all health care determinations across health sectors. The policy, and associated infrastructure, has been well established and provides the opportunity to now assess and measure compliance with clinical and business processes. There are known, measurable patient quality and safety outcomes of ACP and GCD policy and procedure, these include:

1. Patients should be informed about their GCD order and understand how this aligns with their values, wishes and health circumstances.
2. Patients should have a green sleeve that travels with them across health sectors and contains their GCD order, Tracking Record with documented HCP conversations and a copy of their Personal Directive (if they have one).
3. All patient-HCP ACP and GCD conversations should be documented in the Tracking Record.

To date however, only 30% of patients with a GCD know that they have a GCD,[1] concordance between patients' preferences and GCD order is low (approximately 30%)[2] and the tracking record that would enhance communication of patient values across sectors is not being used (<10% in acute care).[3] A survey of over 500 Alberta healthcare providers[4] (HCP) found that four out of the five most frequently perceived barriers for engaging in ACP GCD activities are in team process domains:

1. Competing priorities and time constraints
2. Role confusion as to which HCP is responsible for different aspects of the process
3. Feeling unsupported by managers and leaders to engage in ACP GCD activities
4. Feeling that the people they work with are not routinely incorporating ACP GCD into their practice.
5. HCP confusion about which patients should be engaged in ACP GCD and have green sleeves.

Current poor application of the AHS Advance Care Planning (ACP)* and Goals of Care Designation (GCD)† policy and procedure is impacting patient safety and quality of care.

As a result, patients are at risk of receiving care that they do not value, particularly when critically unwell and lacking capacity to communicate their wishes. HCP can suffer moral distress when a patient's goals are uncertain. There are also resulting health economic consequences: it has been reported that when goals-of-care-type medical orders match patient preferences it may yield as much as $94022 in mean cost savings per patient in the terminal hospitalization.[5]

To address these issues AHS Calgary Zone ACP GCD team are proposing a demonstration team process improvement project in partnership with clinical teams in four healthcare sectors that care for patients with heart failure, AHS Improvement Way (AIW) and the Provincial Simulation Program (E-Sim). Additional partnership with researchers from the AIHS funded, "ACP CRIO" research program will allow collection of data on key outcome measures before and after the process improvement intervention.

Together we will seek to understand and enhance the processes that create high quality ACP GCD conversations and documentation among interdisciplinary team members and patients.

B. Goal Statement

By the end of 12 weeks of process improvement projects in the four clinical care sectors, and compared to baseline measures, there will be:

- 30% of patient charts will have a conversation documented on the ACP tracking record (if baseline measures are >30%, then a 10% absolute increase will be achieved).
- 10% absolute change of patients' knowledge of having a GCD.
- 10% reduction in the number of HCP perceiving that competing priorities/time and role confusion are barriers in engaging in ACP and GCD activities.
- Demonstrate a statistically significant improvement in team effectiveness behaviors (MHPTS) when compared to prospectively collected baseline measures during Simulation.
    - A.) Pre-Post self-assessment of HCPs team effectiveness behaviors using the MHPTS
    - B.) Pre-Post observational data collected from facilitator's assessment of team effectiveness behaviors using the MHPTS.

* ACP is a process of communicating wishes and values for health care, choosing an alternate decision maker and documentation for use on the loss of capacity for medical decision-making. Engagement in ACP prepares for "in-the-moment decision-making", can bring peace of mind, improved quality of care before death, better outcomes in bereavement, increased concordance between personal preferences and healthcare received and efficient use of health service resources.

† GCDs provide a framework for the efficient communication on the general intent of a person's care (resuscitative, medical or comfort care) and provide direction on specific interventions and locations of care

- Demonstrate a statistically significant improvement in team behavior attitudes (T-TAQ) compared to prospectively collected baseline measures.

Goal details may be tailored to the specific clinical context.

C. Project Outline

The framework of the project is the AIW process: Define Opportunity, Build Understanding, Act to Improve, Sustain Results.
A key to success of this initiative is that we are using collaboration between existing AHS teams and resources in the co-creation and implementation of the project. This will enable AHS to spread ACP GCD process improvement across the HF context and into other clinical areas provincially. Colleagues in Edmonton Zone are already planning the same ACP GCD team process improvement project in the Cross Cancer Institute.

D. Project Scope

To conduct the project with four health care sectors, which have in common that they serve patients with heart failure (In-patient cardiac unit, Out-patient heart function clinic, Primary Care clinic and Heart failure home care service). The process improvements may also be applied to other patient groups, as relevant to the clinical context.

E. Out of Scope Activities

Changes to exisiting AHS policy or procedure for ACP and GCD.
Changes to AHS electronic health record processes (netcare, SCM)

F. Project Constraints

Use of existing ACP GCD, AIW, eSIM and clinical unit resources only.

G. Assumptions

During this project the provincial policy and process on ACP GCD will remain consistent (new policy changes, due in 2016, may clarify but will not fundamentally change the policy). The ACP GCD, AIW, eSim teams will all be operating over timeframe of the project.

H. Project Risks

Risk	Probability	Mitigation strategy
Pre data collection delayed	Medium	Can increase frequency of data collection time points in interrupted time series to limit weeks needed for pre data collection

Clinical teams only able to participate at different times of the year	Low	Teams can go through AIW in series or parallel, shared learning can happen iteratively. Intervention start date flexible.
Change in project members	High	Allows project to demonstrate process improvement is not person dependent
Project scope creep	Low	Adequate project planning with stakeholders and clear project charter.
Project deliverable does not meet stakeholders needs	Low	Regular contact and review of work with project stakeholders and sponsors
Inadequate time to complete project	Medium	Project scope defined with recognition of time constraint.
Clinician engagement low	Medium	Communication about "why", in-person engagement with project team members

I. Project Team and Sponsors

Appendix 1 – See Project Team Bios

J. Review and Reporting Frequency and Special Authority Limits

Requirements	Audience	Frequency
Define Opportunity Review (update Charter)	Sponsors	One-time only
Charter sign off	Sponsors	One-time only
Build Understanding review (sign off)	Sponsors	One-time only
Act to improve review (sign off)	Sponsors	One-time only
Sustain Results Review (close out document)	Sponsors	One-time only
Report	Clinical teams	1-2 times
Report	Stakeholders	1-2 times
One year health resource utilization outcome report	Stakeholders and Sponsors	One-time only about 18 months post project completion.

(Gate review for each step of the project)

H. Stakeholders

Stakeholder	How will they be impacted?
Patients/Family/Alternate decision makers	Increased awareness/empowerment
Nurses/Care Manager	New roles e.g. explaining green sleeve
Physicians in clinical area	Fulfilling roles e.g. GCD order, Tracking record
Physicians in external areas e.g. Emerg, FP	Benefit from prior discussions/GCD

Transition Services	Increased successful transfer of green sleeve
Unit Clerks	Fulfilling role e.g. print tracking record
Social Workers	Fulfilling role e.g. Document on tracking record
Managers	Auditing/act to improve/sustaining change
Allied health/Respiratory/dietician/pharmacy	Increased process familiarity
Porters	Fulfilling role – leave unit with green sleeve
EMS	Increased availability of green sleeve/GCD in home
Spiritual Care	Increased frequency of ACP conversations
RAAPID	Increased access to Green sleeve/GCD
ICU outreach (code 66)/Code blue	Meet more patients with GCD in-place

For all stakeholders increased frequency of GCD order and documentation may aid in the moment clinical decision-making on which treatments to use/withhold.

L. References

1. ACP/GCD Telephone Survey Report (AHS, 2014)
2. Heyland, Daren K., et al. "Failure to engage hospitalized elderly patients and their families in advance care planning." *JAMA internal medicine* 173.9 (2013): 778-787.
3. ACP/GCD Chart Audit Report (AHS, 2014)
4. ACP CRIO HCP survey (see www.acpcrio.org)
5. Chiu & Fassbender "The Economics of Advance Care Planning: a systematic review" (ACP CRIO, manuscript in preparation)