

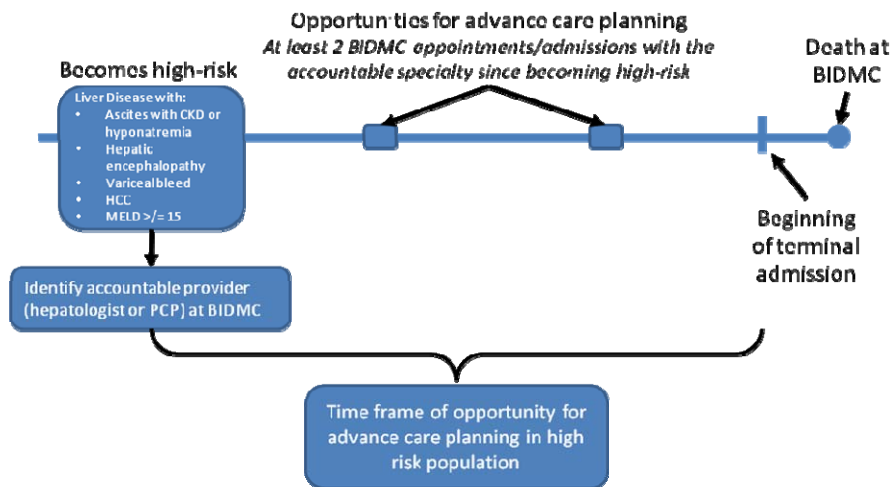
Advance Care Planning in Liver Disease: Understanding the Opportunities for Improvement

The Problem

The process of advance care planning is recommended for patients with serious illness as a way of improving the chances their end-of-life care preferences will be respected and reducing the burden on their loved ones. This recommendation is supported by the Conversation Ready initiative at BIDMC, new Department of Public Health regulations, and an expansion of BIDMC's Preventable Harm dashboard. However, a small sample chart review of 7 patients dying at BIDMC revealed that 29% of patients had no HCP and 57% had no evidence of additional advanced care planning prior to death. In order to better understand the state of advance care planning at BIDMC and identify opportunities for improving the process of advance care planning, we are investigating a group of patients with serious illness—advanced liver disease—who may benefit from advance care planning.

Aim/Goal

The goals of the project are to (1) identify the population of patients with advanced liver disease who died at BIDMC and were followed by at least one BIDMC clinician for at least 2 visits prior to death; (2) describe the serious clinical events and advance care planning that occurred after the diagnosis of advanced liver disease; (3) identify opportunities to improve the process of advance care planning for these patients.



The Team

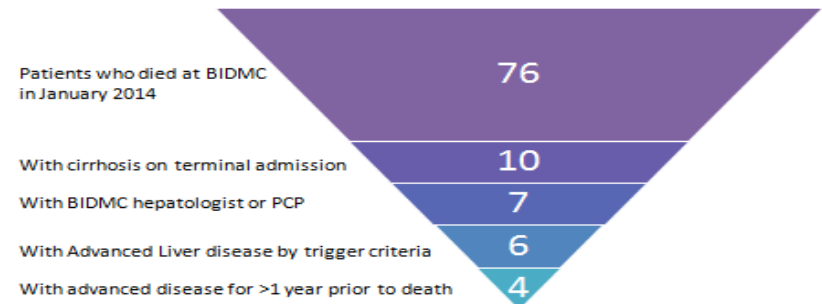
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- In collaboration with the Division of Hepatology in the Department of Medicine

The Interventions

- Pilot work to explore the framework, followed by collaborative project development with members of the Division of Hepatology
- Identification of criteria for advanced liver disease to identify triggers for initiation of advance care planning

Progress to Date

Pilot data for patients with liver disease who died at BIDMC in January 2014



Lessons Learned

- Pilot data showed that 10% of patients who die at BIDMC have cirrhosis on admission and a BIDMC hepatologist or PCP (i.e. potential for intervention)
- Majority of BIDMC patients with advanced cirrhosis on terminal admission experienced loss of capacity during terminal admission
- Chart review revealed significant variability in the quantity and extent of advance care planning amongst patients with advanced liver disease, with higher likelihood of goals of care discussion prior to terminal admission if prior involvement of social work or palliative care
- Improving advance care planning at BIDMC will likely require multidisciplinary team involvement for greatest effect

Next Steps

- Ongoing chart reviews of patients with advanced cirrhosis who die at BIDMC with focus on advance care planning and potential harm to dignity
- Analysis of data to describe patient experience following trigger for advanced liver disease, advance care planning process, and barriers to advance care planning
- Identification of opportunities for improvement in advance care planning with development of interventions to increase advance care planning in this population