



Compassion and respect at the end of life, waardig sterven

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Disclosure belangen spreker

Potentiele belangenverstrengeling	
Voor bijeenkomst mogelijk relevante relatie met bedrijven	geen
<ul style="list-style-type: none">• Sponsoring of onderzoeksgeld	geen
<ul style="list-style-type: none">• Honorarium of andere (financiële vergoeding)	geen
<ul style="list-style-type: none">• Aandeelhouder	geen
<ul style="list-style-type: none">• Andere relatie, namelijk...	geen



- Putting a plan in place: advance care planning and end-of-life discussions (S. Mcmillan)
- The use of financial incentive to increase the incidence of ACP discussions (D. Cromer)
- Providing exceptional care: research to end of life (M. Porinchak)





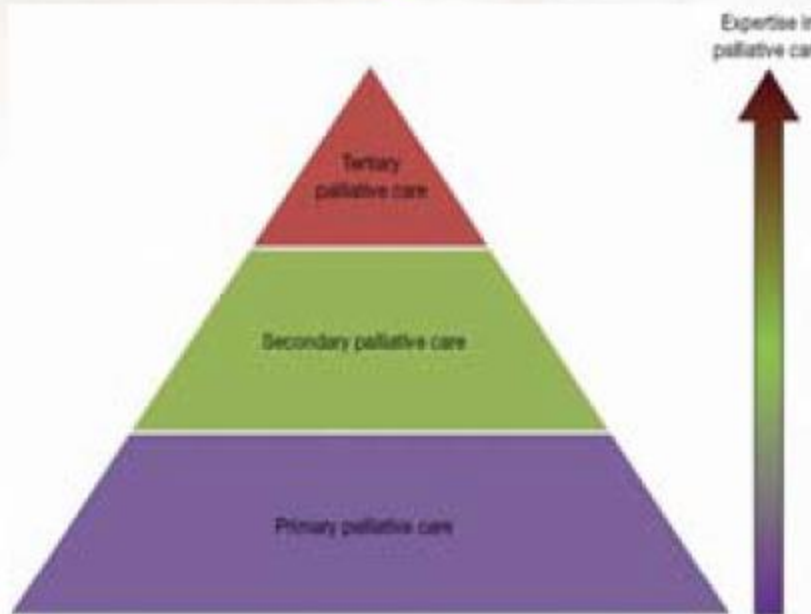


"Putting a Plan in Place: Advance Care and End-of-Life Discussions,"

Sincere McMillan, MS, ANP-BC, RN
Memorial Sloan Kettering Cancer Center
Geriatric Medicine Department



Background and Significance



- American Society of Clinical Oncology supports full integration of palliative care as a routine part of comprehensive cancer care in the United States by 2020
- Primary Palliative Care: recommended for all provider's practice

Hui, D. & Bruera, E. (2015). Annals of Palliative Medicine





What is Advance Care Planning (ACP)?



Common elements:

- Discussing patient's values and documenting plans for medical treatments
- ACP is a process over time
- Medicare Part B covers voluntary ACP





What is an Advance Directive (AD)?

- An AD is a written document stating how a patient wants medical decisions to be made if they lose the ability to make them



Benefits to ACP

Less likely to:

- Undergo CPR
- Be on ventilator support
- Have an ICU transfer

More likely to:

- Stop chemotherapy earlier
- Enter hospice earlier
- Increase provider understanding of patient wishes





Barriers to Quality End-of-Life (EOL) Care

- Regulatory Barriers
- Patient Barriers
- Provider Barriers
- Institutional Barriers



Gap in Practice

- AD completion rates in the U.S. among cancer patients is relatively low
- Oncology patients who died at our institution- the majority of DNR orders were signed on the day of the patients death
- More than 40% of oncologists admit to offering treatments that they believe are unlikely to work



Findings

- **56%** of participants believe ACP should be discussed with every patient
- **63%** of respondents disagree or strongly disagree with the statement “ACP discussion is the physician’s responsibility”
- **76%** of respondents agree or strongly agree believe it is their responsibility to discuss ACP with patients and families





Findings Continued

- Only **25.4%** of respondents routinely initiate ACP discussions
- Only **5.9%** of respondents stated oncologist always initiated the discussion of ACP
- Only **45%** felt they had sufficient knowledge about how to conduct ACP conversations





After engaging in ACP, there was no decline in hope or increase in hopelessness among advance cancer patients





The Use of a Financial Incentive to Increase the Incidence of ACP Discussions

Destiny Cromer MSN, RN, ANP-BC, AOCNP, CBCN
Nurse Practitioner; Texas Oncology

Patricia Carter, PhD, RN, CNS
Associate Professor; The University of Texas at Austin School of Nursing





Advance Care Planning (ACP)

- ❑ Less than half of patients with advanced cancer have discussed ACP with providers
- ❑ Patients want to have these discussions
- ❑ ACP discussions have correlated with better patient outcomes





ACP gives patients the information they need to make choices about the care they want to receive at the end-of-life



“
*If I had known that
would be my last
Nutcracker, I
would have gone*





Barriers to ACP



- ❑ Time constraints in the clinic
- ❑ Provider knowledge deficit
- ❑ Provider discomfort





Using Financial Incentive to Overcome Barriers



- ❑ A large community-based oncology practice offered a financial bonus to each of its 122 advanced practice providers (APP)
- ❑ To qualify, the APP had to be in the top 40% of APP statewide in completing ACP visits during the reporting period
- ❑ The reporting period was from October 1, 2016 through March 31, 2017
- ❑ Results were determined by applicable billing charges submitted by the APP





Statewide ACP Sessions

	2016	2017
January	64	318
February	80	335
March	96	401





“

*Advanced Practice
Providers are capable
of introducing and
completing ACP
discussions*

•◊•





Putting a Plan in Place: Advance Care and End-of-Life Discussions

Bringing Hospice to a Research Hospital:

Oncology Nurse Engagement

Dolores Elliott, MSN, APRN/PMH, PMHCNS-BC

Psychiatric/Mental Health Clinical Nurse Specialist

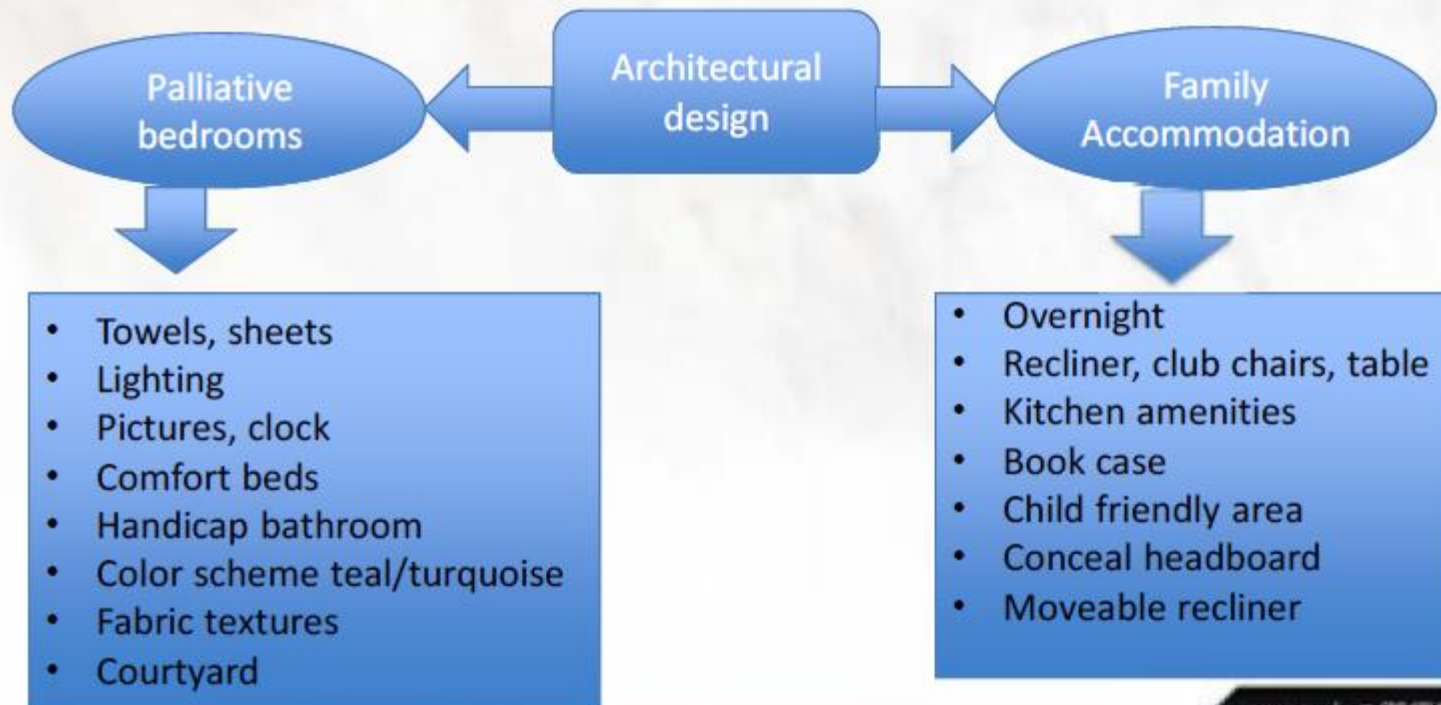
National Institutes of Health (NIH), Clinical Center Nursing
Department

Oncology/Critical Care Services



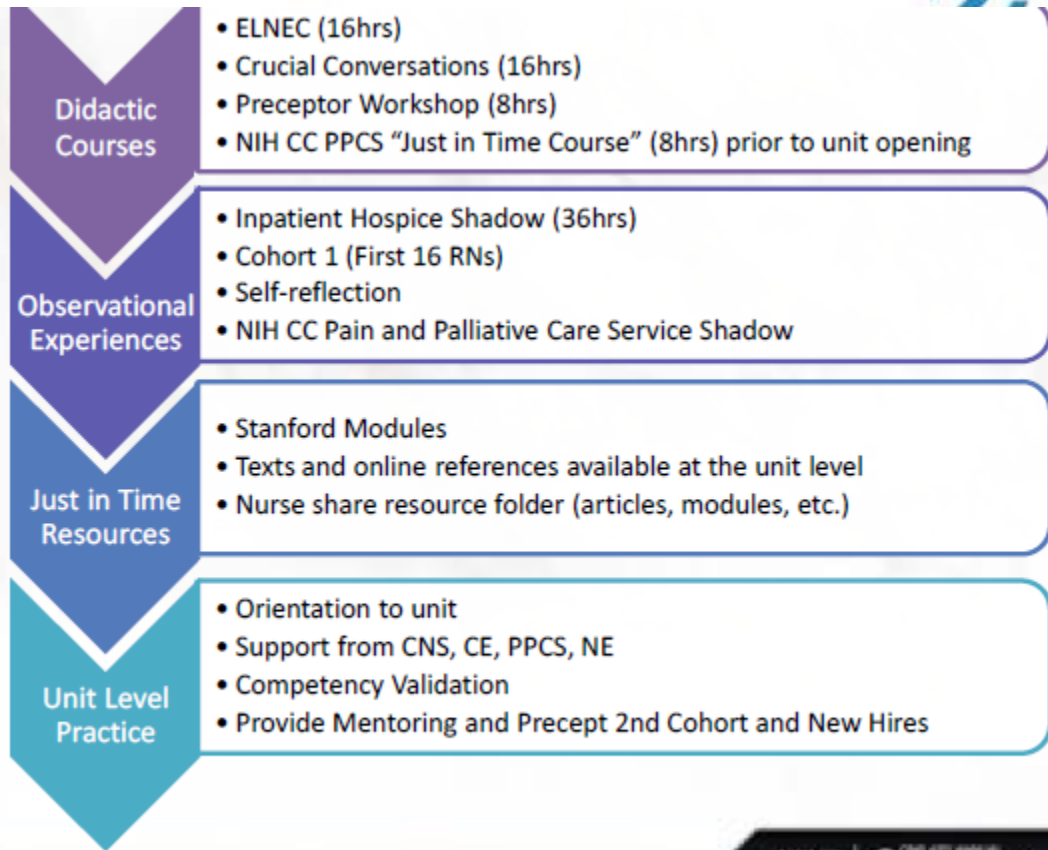


EVIDENCE-BASED ROOM DESIGNS





Education Plan





Take Aways

1. End of Life planning is important and can be difficult
2. Discussions regarding possibility of death is imperative in the research setting
3. Interdisciplinary collaboration and planned education ensures success of Hospice unit



