Project Title

Implementing Patients' Preferred Plan of Care (PPOC) in a Private Hospital Institution

Project Lead and Members

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Project members: Joyce Cheah Lean Eng, Bong Yioe Ling, Xavier Chung, Rosalind Goh Sze Ling, Wong Chiew Tee, D/O Joginder Singh Gursharan Kaur, Wee Ai Hwa, Ramulu Bakkiyalakshmi, Aung Phyo Wai, Padmanabhan Kalpana, Durga Devi DO Nadarajan, Amalia Huab

Organisation(s) Involved

Mount Alvernia Hospital

Healthcare Family Group(s) Involved in this Project

Healthcare Administration, Allied Health

Applicable Specialty or Discipline

Healthcare Administrators, Palliative Medicine

Project Period

Start date: Aug 2022

Completed date: Aug 2023

Aims

The workgroup aimed to design a more structured process in facilitating the decision-making for identified groups of patients on their preferred plan of care during their admission to Mount Alvernia Hospital.

Background

In the past, there were fewer efforts to facilitate a discussion between a terminally ill patient and the NOK. The decision-making is solely given to the NOK, silencing the patient's voice over matters concerning his/her care plan. Patients who could be aware of their illness' high acuity under a very limited time may opt not to continue with their treatment. However, this difficult decision is often shifted to the NOK, causing a lot of trauma, dilemma, and prolonged grief from both parties. As a result, the patient is often subjected to aggressive medical interventions amidst a bleak chance for recovery from the illness, with the patient losing a chance to live a dignified life in his/her remaining days of earthly life.

Methods

See poster appended/below

Results

The POC engagement with the relevant parties evolved naturally with the identification of a patient that fits the criteria. The changes to the care practices for terminally ill patients are summarized as:

1. The care plan is no longer about providing a cure to the disease but focused on improving the patient's quality of life which is consistent with the patient's wishes and values.
2. Better communication and understanding of patient's needs, not just by the healthcare team but the NOK.
3. The NOK is less burdened with the responsibility of decision-making for the patient.
4. The multi-disciplinary approach was provided by the doctor, nurses and CPC counsellor, in engaging the patient and NOK to discuss the care plan.

We obtained an increased completion rates of 80% for Code Status especially for Cardiology patients.

Conclusion

The Preferred Plan of Care (PPOC) initiative at MAH aims to bolster patient autonomy and enhance healthcare decision-making. Inadequate PPOC occurrence leads to suboptimal end-of-life care due to limited awareness, communication barriers, and cultural influences. The intervention entails educational programs for patients, families, and healthcare providers promoting discussions on values, goals, and care preferences. Integrating PPOC discussions into routine care and electronic health record documentation will enhance accessibility and continuity. Expected outcomes encompass increased completion rates for Code Status, reduced end-of-life healthcare utilization, and improved alignment between patient wishes and actual care, ensuring more personalized and dignified end-of-life experiences.

Project Category

Care Continuum

End-of-life Care, Palliative Care, Quality of Life

Keywords

Terminally-ill Patient, Next of Kin, Mortality Report, Geriatric Medicine, Cardiology, Length of Stay, DNR, Modified Code

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Implementing Patients' Preferred Plan of Care (PPOC) in a Private Hospital Institution

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Ms. Padmanabhan Kalpana (ICU)
Ms. Wong Chiew Tee (ICU)
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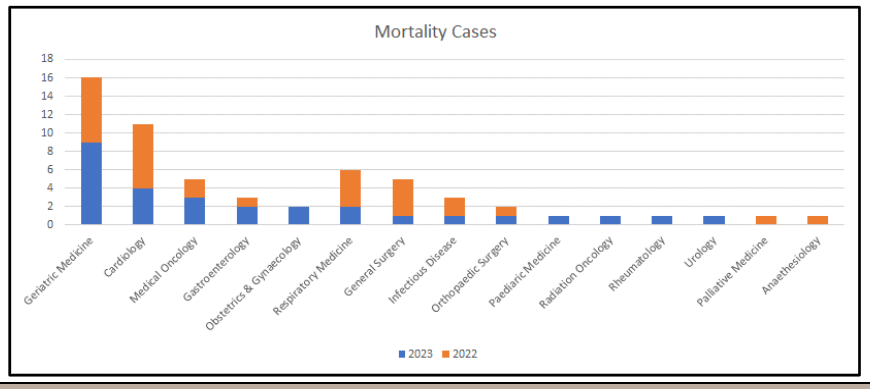
Evidence for a problem worth solving

We have reviewed our Mortality Report for the past 2 years (2022 to 2023), to profile the patients who perished under our care. We have reviewed the patients' profiles, and mostly were admitted by Doctors from the Geriatric Medicine and Cardiology. We also examined the patients' Length of Stay before their demise and introduced the DNR/Modified Code, especially for terminally ill patients in Cardiology with a prognosis of less than three months. We have chosen Cardiology as the launch discipline for the Preferred Plan of Care (PPOC) initiative, as our Cardiologists were the early adopters of this loving principle of considering the wishes and desires of terminally ill patients.

The Length of Stay (LOS) for Cardiology patients in ICU cum DNR execution was monitored to avoid unnecessary longer LOS if the patient's illness is terminal by getting the patient and NOK to consider signing a DNR / Modified Code. This strengthens the moral fabric of giving the patient the necessary care with a conscious effort to spare the family with preventable financial burden, in one way or another. At such a stage when patients are most vulnerable, we recognise the need to also provide emotional and spiritual support for our patients. Our Clinical Pastoral Care Unit lovingly provided this to our patients.



	# of Deceased Patients	Max LOS (Days)	Min LOS	Ave LOS	With DNR or Modified Code	% DNR
2022	30	223	1	20	20	67%
2023	20	45	1	12	10	50%

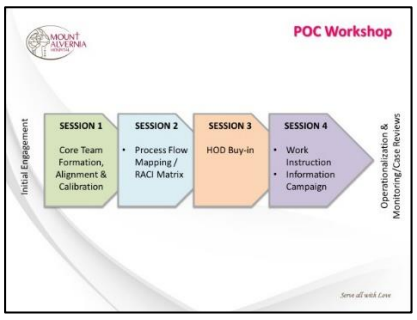
	# of Cardio Patients (deceased)	Max LOS (Days)	Min LOS	Ave LOS	With DNR	%
2022	7	35	1	11	5	71%
2023	4	45	1	12	2	50%

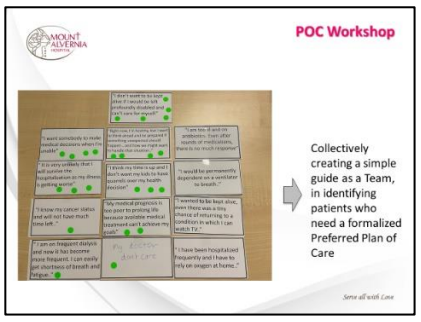
Workshops

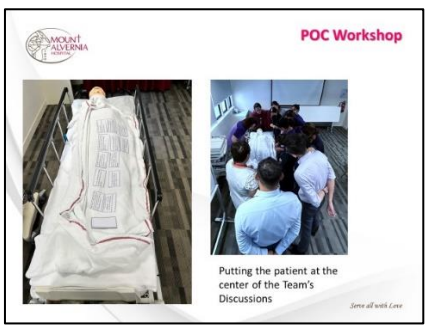
A workgroup was formed in August 2022 consisting of specialists across different clinical disciplines which include but are not limited to cardiologists, intensivists, geriatricians, renal physicians, general surgeons, haematologists, endocrinologists, and nurses. The workgroup aimed to design a more structured process in facilitating the decision-making for identified groups of patients on their preferred plan of care during their admission to Mount Alvernia Hospital.

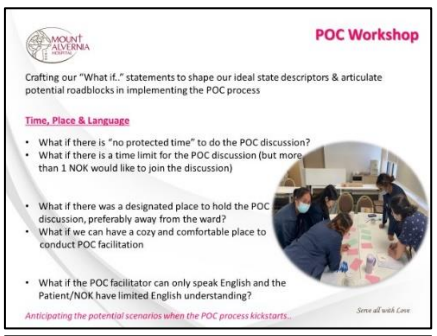
The primary targets are patients with a prognosis of less than three months and to ensure that identified patients have their Code Status documented in the hospital's electronic medical record system after the PPOC conversation takes place with their identified Next of Kin(s) / Nominated Healthcare Spokesperson. Having such discussion documented in the patient record was a key element for informed decisions conveyed to the healthcare team.

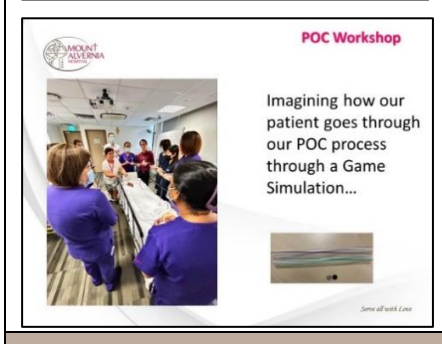
A series of workshops was held among representatives from ICU, CPC, General Ward, and Quality Resource Management (QRM) from July 2023 to August 2023, to discuss in granular detail the patient selection criteria, the process flow to trigger a PPOC discussion, the roles and responsibilities for each team member in the process. To date, five patients have been successfully engaged by the team to document their Preferred Plan of Care in the patient's electronic record.

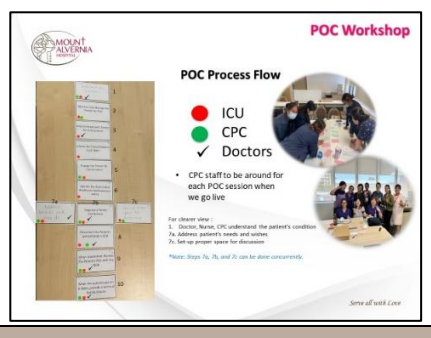


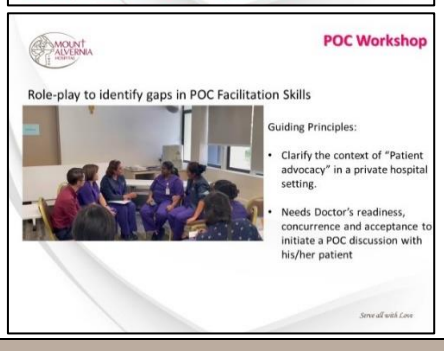












Results

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2022	30	223	1	20	20	67%
2023	20	45	1	12	10	50%
POC Cases	# of Cases	Max LOS (Days)	Min LOS	Ave LOS	With DNR or Modified Code	% DNR
2024	5	29	4	15	4	80%

Conclusion

The Preferred Plan of Care (PPOC) initiative at MAH aims to bolster patient autonomy and enhance healthcare decision-making. Inadequate PPOC occurrence leads to suboptimal end-of-life care due to limited awareness, communication barriers, and cultural influences. The intervention entails educational programs for patients, families, and healthcare providers promoting discussions on values, goals, and care preferences. Integrating PPOC discussions into routine care and electronic health record documentation will enhance accessibility and continuity. Expected outcomes encompass increased completion rates for Code Status, reduced end-of-life healthcare utilization, and improved alignment between patient wishes and actual care, ensuring more personalized and dignified end-of-life experiences.