



# Topics

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# What is Advance Care Planning?

*“Advance care planning (ACP) is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care” \**

- The goal of ACP is to help ensure that people receive medical care that is consistent with their values, goals, and preferences
- Resuscitation preferences are only part of the conversation

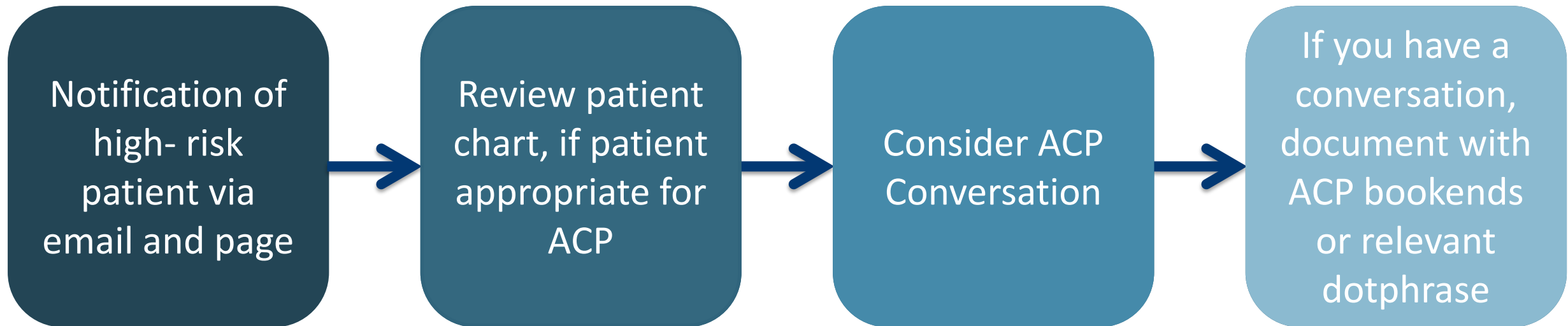


# Advance Care Planning (ACP) Project

- **Purpose:**
  - Utilize a machine-learning model to identify high-risk patients for Advance Care Planning
- **Who is notified:**
  - Treatment Team
  - Case Management
  - Pharmacy clinical staff
  - Coding Documentation Integrity (CDI) team



## What are the next steps after a notification?





# How to Document ACP Conversations

- Use **ACP bookends** or **dotphrase**
  - **.acpbegin** and **.acpend** bookends store the conversation's documentation in the ACP banner on EPIC
  - **dotphrase** (with built in bookends in template)
    - Hospital Medicine: .gmacp dotphrase
  - Avoid documenting ACP conversations in attending attestations because the note cannot be captured in Epic or stored in the ACP banner
  - Allows note to be visible in ACP banner for future providers in the same or different encounters



# ACP Bookends: Embed ACP in any Note

If not using .gmacp dotphrase consider use of bookends to store conversation in ACP tab

The screenshot shows a table of ACP Bookends. A green arrow labeled '1' points to the .ACPBEGIN row, and a red arrow labeled '2' points to the .ACPEND row. A text box explains that these two bookends are used to create a uniquely filed ACP note within an existing Progress Note.

Abbrev	Expansion
★ ACPBEGIN	Progress Note Sectioning Bookmark - ACP Be...
★ ACPEND	Progress Note Sectioning Bookmark - ACP End
☆ ACPBILLINGBASICS	Advance Care Planning Note- Basics for Billing
☆ ACPBLANKNOTE	Advance Care Planning Notes - documentation
☆ ACPDISCUSSION	Advanced Care Planning Discussion
☆ ACPDISCUSSIONCOMPLETE	Advance Care Planning Discussion ...
☆ ACPHASE	Pattern consistent with acute phase reaction.

Refresh (Ctrl+F11)      Close (Esc)

.acp

**1**

**2**

To create a uniquely filed ACP note from within an existing Progress Note, use the ACP "Bookend" smart-phrases and everything sandwiched between (1) .ACPBEGIN and (2) .ACPEND will be filed as a unique ACP note visible to all end-users in the ACP activity.

\*\*\* Bookends can be used to document ACP conversations in any note type: H&Ps, daily progress notes, or discharge summaries.



# Advance Care Planning (ACP) Banner

## Maestro Care Advance Care Planning Banner

- Hover report
- Banner flips to 'Yes' with any ACP Notes/ Documents

Code: Not on File  
Advance Care Planning: Yes  
HCA: Active

Search

COVID-19: Unknown  
No assigned nurse  
First Call: Inpatient, Attending P

ALLERGIES  
Not on File

ADMITTED: 10/8/2020 (14 D)  
Patient Class: Inpatient  
No active principal problem

Height: —  
Last Wt: —  
BMI: —

NO NEW RESULTS, LAST 36H

Vital Signs / Click Report for complete

### Advance Care Planning Notes

Date of Service	Author	Author Type
10/21/20 2047	Addend Inpatient, Attending Physician 2, MD	Physician
10/21/20 2046	Addend Inpatient, Attending Physician 2, MD	Physician
10/21/20 2046	Addend Inpatient, Attending Physician 2, MD	Physician

### Advance Care Planning Documents

Document Type	Status	Effective Date
Healthcare Power of Attorney	Received	
Medical Orders for Scope of Treatment (MOST)	Received	
Advance Directives and Living Will	Received	10/21/20

Patient Care Coordination Note  
Inpatient, Attending Physician 2, MD 10/21/2020 9:00 PM  
This patient has complex needs.

Code: FULL CODE  
Advance Care Planning: None

Search

Patient does not have Advance Care Planning documentation



# Advance Care Planning Banner or Tab

The screenshot displays a medical software interface with a sidebar on the left containing navigation options like 'Chart Review', 'Communicati...', 'Flowsheets', 'Review Flows...', 'Growth Chart', 'Immunizations', 'Medications', 'Opioid Manag...', 'Demographics', 'Care Everywh...', 'MyChart Admin...', 'Visit Navigator', and 'Advance Care...'. The main content area is titled 'Advance Care Planning' and shows a table of ACP notes with columns for date, time, code, and full code. Below the table are sections for 'ACP New Notes', 'ACP Filed Notes', and 'ACP Resources'. A 'Report Viewer' window is overlaid on the right, displaying a progress note by Ockerman, Elizabeth Ashton, MD, dated 3/21/2019 at 10:20 AM. The note text states: 'Patient expressed wishes that she would like to be DNAR, that she would not like to have chest compressions or intubation performed.' A text box with a black border and white background is positioned in the lower right, containing the following text:

**How to visualize a new ACP Note in the ACP Activity , after generating in a Progress Note by using ACP Bookend Smart-links**

1. Click on ACP Filed Notes
2. Search for date of Progress Note where bookend smart-links were used
3. Clicking on the date will open a new window to view the ACP note.

Red arrows point from the text box to the 'ACP Filed Notes' section in the sidebar (labeled '1'), the date '03/21/19 1020' in the ACP Filed Notes list (labeled '2'), and the 'Report Viewer' window (labeled '3').





# ACP Conversation Tips: REMAP

REMAP	ADDRESSING GOALS OF CARE
<b>R</b> EFRAME why the status quo isn't working	<i>(You may need to discuss serious news such as a scan first.)</i> "Given this news, it seems like a good time to talk about what to do now. We're in a different place."
<b>E</b> XPECT emotion -respond with empathy	"It's hard to deal with all this." "I can see you are really concerned about [x]." "Tell me more about that—what are you worried about?" "Is it ok for us to talk about what this means?"
<b>M</b> AP out what's important	"Given this situation, what's most important for you?" "When you think about the future, are there things you want to do?" "As you look toward the future, what concerns you?"
<b>A</b> LIGN with the patient's values	"As I listen to you, it sounds the most important things are [x-y-z]."
<b>P</b> LAN to match values	"Here's what I can do now that will help you do those important things." "What do you think about it?"



# ACP Conversation Tips: SPIKES

<b>SPIKES</b>	<b>Delivering Serious News</b>
<b>S</b> ETTING Determine the setting	<i>Find a quiet location; private if possible. Invite the important people to be present. Have tissues and enough chairs. Turn off the ringer on your phone/pager.</i>
<b>P</b> ERCEPTION Determine what the patient knows already	<i>"Tell me what you understand about your illness." "What have the other doctors told you about your illness?" Look for knowledge and emotional information as the patient responds</i>
<b>I</b> NVITATION Clarify information preferences	<i>"Would it be okay for me to discuss the results of your tests with you now?" "How do you prefer to discuss medical information in your family?" "Some people prefer a global picture of what is happening and others like all the details, what do you prefer?"</i>
<b>K</b> NOWLEDGE Give the information	<i>Give a warning... "I have something serious we need to discuss" Avoid medical jargon. Say it simply and stop. (e.g. "Your cancer has spread to your liver. It is getting worse despite our treatments.")</i>
<b>E</b> MPATHY Respond to emotion	<i>Wait quietly for the patient. "I know this is not what you expected to hear today." "This is very difficult news."</i>
<b>S</b> UMMARY Next steps and followup plan	<i>"We've talked about a lot of things today, can you please tell me what you understand." "Let's set up a follow-up appointment."</i>



# Duke CARES (Conversations Anchored in Respect, Evidence, and Shared decision-making)

- Videos on ACP
  - Topics include:
    - Documenting in Epic
    - Family Meeting Pearls
    - Miracles
    - Prognostication
    - Sharing Serious News
    - When Surrogates Disagree
    - Hospice Myths

## Own Your Health And Plan For Care In Advance

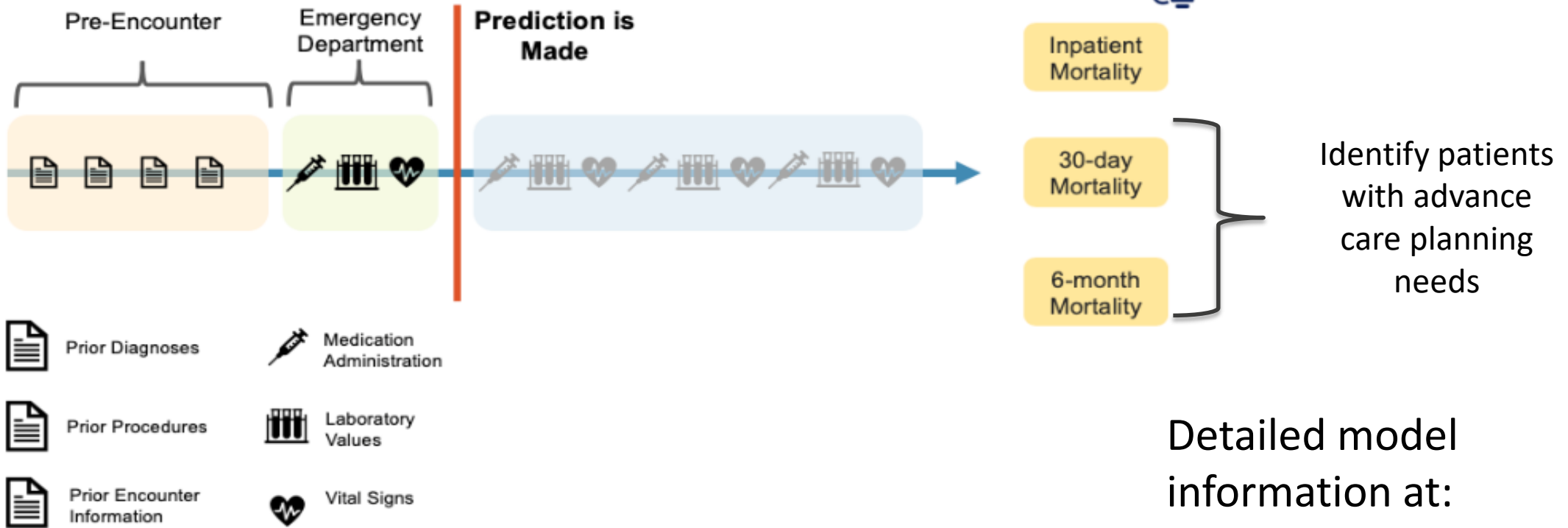
April 14, 2021



- <https://sites.duke.edu/dukepalliativecaredtaskforce/>



# Appendix: Mortality Prediction Model



The mortality models use the information described in order to predict a patient's risk of dying within the hospital stay (inpatient mortality), within 30 days of admission, or within 6 months of admission.

Detailed model information at: [http://www.dihi.org/mortality\\_evaluation](http://www.dihi.org/mortality_evaluation)