

Advance Care Planning in Medical Spectrum Twente



Medisch Spectrum Twente
een santeon ziekenhuis

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Introduction

Within Medical Spectrum Twente, value-driven care is an important topic; directing care based on outcomes. This means providing maximum care for the patient and reduced healthcare costs. Within value-driven care, personalizing care including collaborative decision making and Advance Care Planning (ACP) are becoming increasingly important. ACP is defined as the ability for individuals to set personal goals and preferences for future medical treatment and care in their final stages of life, discuss them with loved ones and caregivers, and record and revise them when necessary (Rietjens et al. 2017).

The objective is to make ACP widely accessible and implemented for oncological patient in MST, where a value-driven care path is ongoing and to increase the percentage of appropriate care (shared decision-making and cost-effectiveness).

Methods

Baseline measurement

For the baseline measurement, patients with cancer (breast cancer, prostate cancer, lung cancer, colon/rectum cancer, renal cell cancer, pancreatic cancer, multiple myeloma) 1 year prior to death (between July, 2022 en July 1, 2023) and who lived in the adherence area of MST were selected.

Data collection

Information about the patients was obtained from the electronic patient file (EPD), to calculate indicators about hospital admission, emergency visits within 6 weeks prior to death and whether the patient died in hospital.

Implementation

A plan has been developed to provide a basis for a hospital-wide rollout of ACP in MST, starting first with the seven care paths included in the baseline measurement. In doing so, use the existing organizational structure and improvement team value-driven care in MST which involves a medical leader, other medical professionals (among others a nurse or an internist), a project leader and a data analyst. The plan consists of five steps:

1. Start meeting per care path.
2. Create an action plan for the ACP method per care path (in collaboration with the line organization). The surprise question, "Would I be surprised if this patients dies within 12 months", can be used as a marker.
3. Implementation, improvement, and learning through improvement meetings on value-driven care, including data analysis.
4. Feedback and monitoring of effects in the steering group, with adjustments to the action plan as necessary.
5. Yearly evaluation meetings.

Results

Baseline measurement

In total 416 patients were included, 236 men and 180 women. The number of patient per care path varied from 150 (lung cancer) to 15 (renal cell cancer) patients (see Figure 1). More than 50% of the patients had at least one hospital admission within 6 weeks prior to death (median length of stay of 4 nights). The percentage of patients who died in the hospital was approximately 20 (see Table 1).

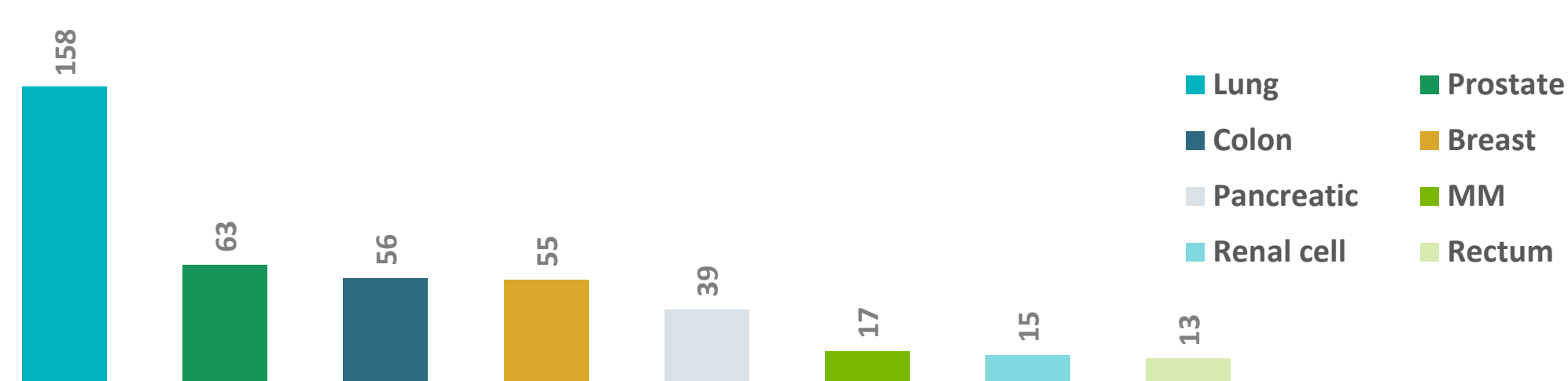


Figure 1. Baseline: inclusion numbers per care pathway

| Indicator | Percentage |
|---|------------|
| % patients receiving systemic therapy <6 weeks before death | 5.3 |
| % patients with >= 2 emergency care (ED) visits <6 weeks before death | 13.2 |
| % patients with hospitalization <6 weeks before death | 52.6 |
| % patients with >= 2 hospitalizations <6 weeks before death | 22.4 |
| % patients with >14 days hospitalization | 9.4 |
| % patients with intensive care (ICU) admission <6 weeks before death | 3.5 |
| % patients who died in hospital | 21.2 |

Table1. Baseline: indicators for the total group

Implementation

The implementation of ACP is started in August at MST. In total, 42 patients have had an ACP conversation, primarily patients with pancreatic or breast cancer.

First experiences:

- In a number of care pathways, it is difficult to determine the right moment at which the ACP call fits (e.g. breast cancer) into the care pathway and the moment is different for each care pathway.
- About 20% of patients died within six months of the ACP call. It would be desirable if ACP took place earlier in the care pathway.
- Patients' experiences are positive (see Figure 2.)



Figure 2. Implementation: Patients' experiences

Conclusions

Baseline measurement

In the six weeks prior to death, patients often enter the hospital for admission or emergency visits. However, this does not necessarily indicate that poor care has been provided. The key question is whether these figures will change after the implementation of ACP, utilizing the value-driven care improvement team.