

# Start2Talk

## **PLANNING AHEAD COMMUNITY AND HOME CARE TOOLKIT**

### **Advance care planning (ACP) continuous quality improvement guide**

Planning ahead includes planning across a range of financial, health and personal issues including preparation of wills, power of attorney (financial), nomination of substitute decision makers (SDM) for personal and health care , advance care planning (ACP) and lifestyle planning e.g. accommodation, support services, work and driving.

The following are key activities that will allow your organisation to implement and improve specifically the advance care planning component of planning ahead into service delivery. Utilising a structured continuous quality improvement model will assist in implementing sustainable systems for ACP within community and home care service. Continuous quality improvement involves a series of steps including; the project phase, to identify scope, a diagnosis phase where measurements are taken, an implementation phase where steps are taken to address an issue and a re-evaluation phase to determine effectiveness, Table A outlines the steps that may be take in implementing ACP within a home care and community setting.

It is important that staff also have the knowledge and are empowered to prompt and encourage their clients in in other areas of planning ahead or provide information and referral to other professionals who can assist them including but not limited to: GPs and GP practice nurses, accredited financial advisors or counsellors, social workers, lawyers, driving licence authorities and authoritative planning ahead websites.

Additional tools are available in the community and health professionals section of the Start2Talk website at [www.start2talk.org.au](http://www.start2talk.org.au)

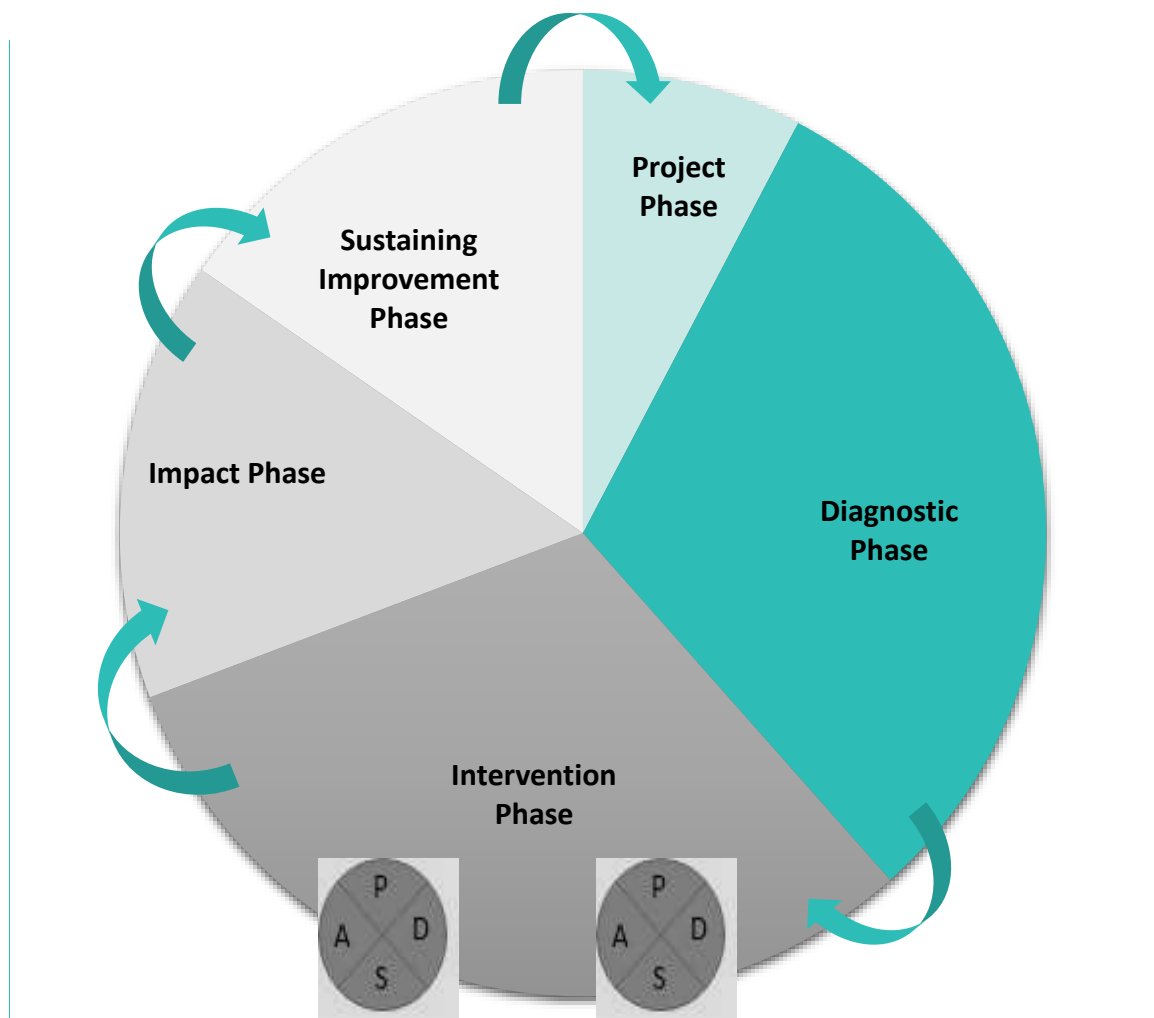
**Table 1. Continuous quality improvement model for implementing ACP**

	<b>Key steps</b>	<b>Project resources required</b>
<b>Project Phase</b>	Identify what want to accomplish and who should be involved	Project goal/aim statements Stakeholder engagement strategy
<b>Diagnostic phase</b>	Identify state of current ACP systems, what improvements can be made. Identify how to measure for improvement	Audit tools <ul style="list-style-type: none"> <li>• Staff knowledge of ACP</li> <li>• System readiness for change</li> <li>• Continuum of practice</li> </ul>
<b>Intervention phase</b>	Identify how change can be made within organisation using Plan do study Act cycle (PDSA). Make small changes then test	Protocol or Pathways for primary care, community aged care Educational resources ACP tools and templates
<b>Impact &amp; Implementation phase</b>	Measure impact of intervention Implement changes	Reassess using audit tools
<b>Sustaining Improvement phase</b>	Standardisation of procedures Document systems Measurement Training and education	Support development of localised procedures and documentation

# Plan-Do-Study-Act cycles (PDSA)

A series of PDSA cycles can be created to break a project into smaller tasks. The effectiveness of individual components can then be directly evaluated. For example if staff knowledge of ACP legislation is identified as an area of concern implementing a staff training program and then evaluating if knowledge levels have been increased. If effective in increasing knowledge the training program can then become part of the annual staff training program. Further PDSA cycles may introduce ACP discussion records and evaluate frequency of use and acceptability by staff, before they become part of the client record system.

Figure 1. Continuous quality improvement model<sup>1</sup>



## Engaging staff

To ensure changes are sustainable it is important that staff see the benefit in the change to themselves and their clients. John Kotter's eight change management steps<sup>2</sup> can be effective in increasing engagement in project planning and implementation.

1. Create a sense of urgency i.e. the reason for the action.
2. Create a group of people who are united in purpose and committed to action.
3. Develop a vision of what the organisation wants to achieve that staff can relate to.
4. Communicate the vision using a variety of formats for example small group and larger group presentations; emails; advertising/marketing via organisation: electronic newsletters or DVDs.
5. Empower staff who will take action by removing obstacles and providing them leadership and the required resources.
6. Create opportunities for small gains and then celebrate them! This provides the incentive for more change and bigger gains in the long term.
7. Build on each new gain so that the change process continues.
8. Embed the new approaches in the organisations culture so it becomes 'this is how we do things around here'.<sup>3</sup>

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## References

<sup>1</sup> Easy Guide to Clinical Practice Improvement – A guide of health care professionals; NSW Health Department, North Sydney, NSW: 2000.

<sup>2</sup> Kotter, John P. Leading Change. Why transformation efforts fail, Harvard Business Review, January; 2007, pp 92-107

<sup>3</sup> Beth Israel Deaconess Medical Center Conversation Ready: Champion Toolkit. Boston, Massachusetts, The Medical Center in association with the Institute of Healthcare Improvement; 2014.

# Sample continuous quality improvement plan

	Key steps	Resources developed/ sourced by ACP project staff	Actions by partner organisations to implement systematic ACP
<b>Project Phase</b>	Identify what want to accomplish and who should be involved	Project goal/aim statements Stakeholder engagement tools /checklist	Modify /develop a project aim statement indicating what they want to achieve and identify who needs to be involved
<b>Diagnostic phase</b>	Identify state of current ACP systems, what improvements can be made. Identify how to measure for improvement	Audit tools <ul style="list-style-type: none"> <li>Continuum of Practice</li> <li>Continuous Quality Improvement audit Tool</li> <li>Current ACP discussions or documents completed</li> <li>Staff knowledge of ACP</li> </ul>	Utilise audit tools to assess organisational status and current rates of ACP
<b>Intervention phase</b>	Identify how change can be made within organisation PDSA Cycle (Plan do study Act). Make small changes then test	Protocol or Pathways for primary care, community aged care Educational resources ACP tools and templates	Based on the outcomes of the diagnostic phase, interventions are planned which address key factors important for individuals with dementia. Interventions are developed to meet local requirements, then trialled and evaluated in PDSA cycle. Interventions may include; <ul style="list-style-type: none"> <li>Develop systems that promote the completion of values based ACP.</li> <li>Develop systems for the storage, regular update and easy retrieval of ACP documents</li> <li>Implement programs to provide information and resources for SDMs so they understand their responsibilities to represent the wishes of the person, with support and advocacy where needed</li> <li>Include SDMs in ACP conversations through scheduling appropriate appointments</li> <li>Amend policy and practice to recognise that a person with dementia should still be involved in any discussion that concerns them unless clear evidence for their exclusion exists</li> </ul>
<b>Impact &amp; Implementation phase</b>	Measure impact of intervention Implement changes	Reassess using audit tools	Revaluate to determine if interventions have been effective. Do not be afraid to make further changes and retest to ensure effectiveness
<b>Sustaining Improvement phase</b>	Standardisation of procedures Document systems Measurement Training and education	Support development of localised procedures. Ongoing training resources	Develop localised procedures and documentation to embed ACP practice into service delivery

Adapted from: Easy Guide to Clinical Practice Improvement – A guide of health care professionals; NSW Health Department, North Sydney, NSW: 2000.