

Abstract: Impact of Training Advance Practice Providers to Use the Serious Illness Conversation
Guide for Advance Care Planning Among Hospitalized Patients with Heart Failure

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Author Note:

“On my honor, I pledge that I have neither given nor received unauthorized assistance on
this paper.” -R. Klinedinst

Abstract

The trajectory of heart failure is unpredictable and often erratic, and accurate prognostication can be difficult. Early advance care planning (ACP) allows heart failure patients to identify preferences for medical interventions and to access supportive services prior to the end of life, yet many clinicians lack the skills and confidence to conduct ACP discussions. As a result, ACP conversations may occur too late in the heart failure trajectory or not at all. The purpose of this quality improvement project was to determine the impact of training Advance Practice Providers (APPs) to utilize the Serious Illness Conversation Guide (SICG) on advance care planning (ACP) conversations among hospitalized patients with heart failure. Seventeen members of an APP-led heart failure service at an academic medical center were trained to use the SICG to facilitate ACP conversations. The number of ACP notes documented in the electronic health record was tracked during a 12-week intervention period. In addition, APPs' confidence in conducting ACP conversations was measured with the Advance Care Planning Self Efficacy (ACP-SE) scale both before and after the 12-week intervention period. Documentation of ACP notes increased from a baseline of zero to 18 notes completed during the intervention period. Clinician self-efficacy improved during the intervention, with median summary scores on the ACP-SE increasing from 57 to 63 ($p=0.014$).