

Advance Care Planning in Ballina's Renal Service

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Advanced Care Planning: The Challenges

- ❑ Patient empowerment, partnership and leadership in utilization of ACDs
- ❑ Nurses professional ownership of process
- ❑ Sustainability and cost effective patient centred care

What Triggered the Process

- Root cause analysis (RCA)
- Communication Inequity
- Nurse patient advocacy

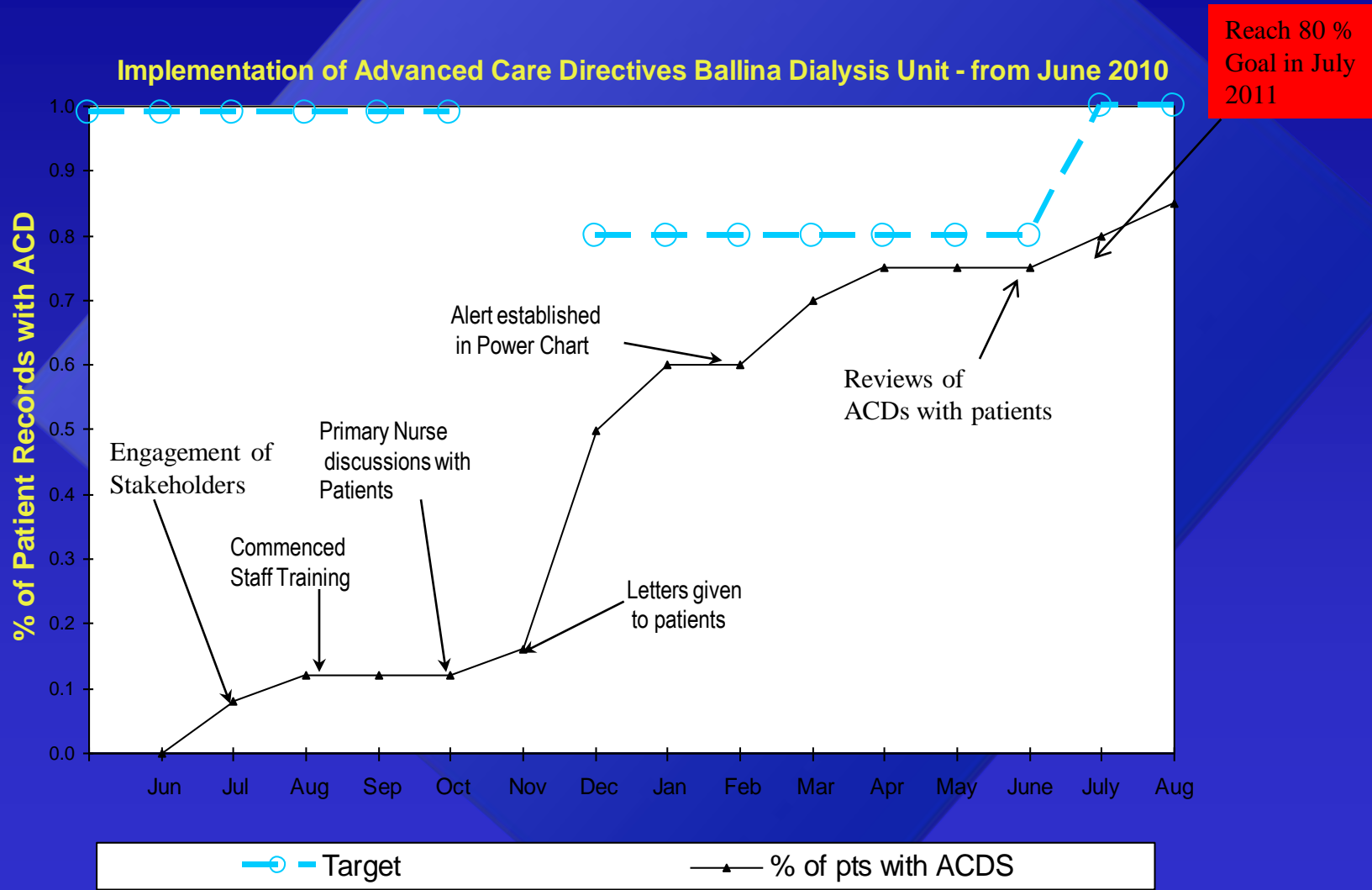
What Did We Do Differently

- ❖ The process was led by the patient in partnership
- ❖ User friendly documentation
- ❖ Re-focused education of primary nurses
- ❖ Dynamic respectful interactive exchange of ideas with patients

Plan of Action

- Planning
- Education
- Implementation Stage 1
- Implementation Stage 2

Results from Interventions



What has changed:



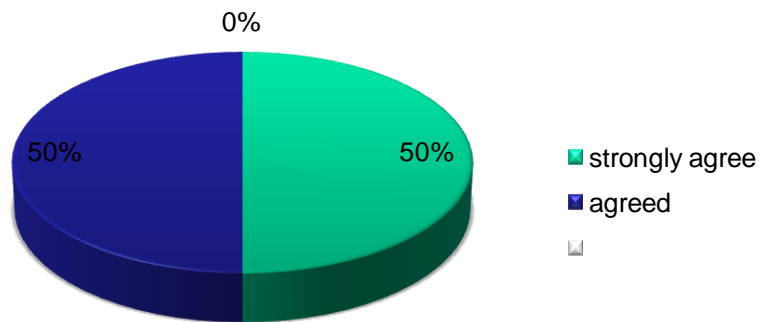
- From less than 2% to 85% patient compliance
- 100% nurse participation
- “ALERT” accessible electronically in eMR
- Routine ACP – a change in culture
- ACD available on emergency presentation.

Key learning and Advice: Sustainability

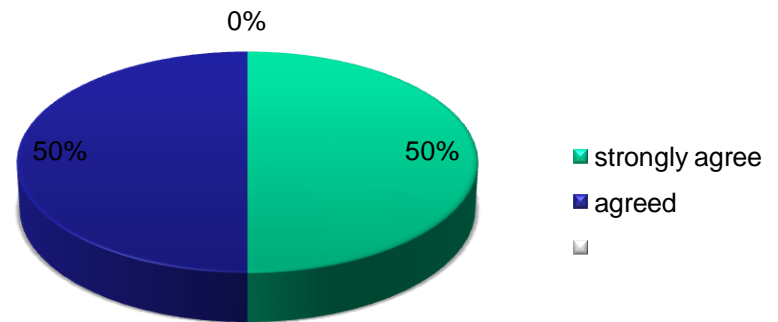
- ❖ Patient led
- ❖ Unit nurses have ownership of project
- ❖ Standardised Admission routine
- ❖ Structured education program
- ❖ Ongoing reviews, evaluation and flexibility

Nurse Evaluation

**Nurse Education Program
Relevant to the Delivery of
Quality Patient Care 2012**

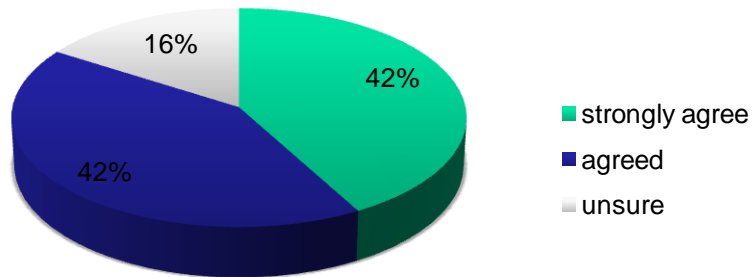


**Nurse Education Program
Relevant to Professional
Practice 2012**

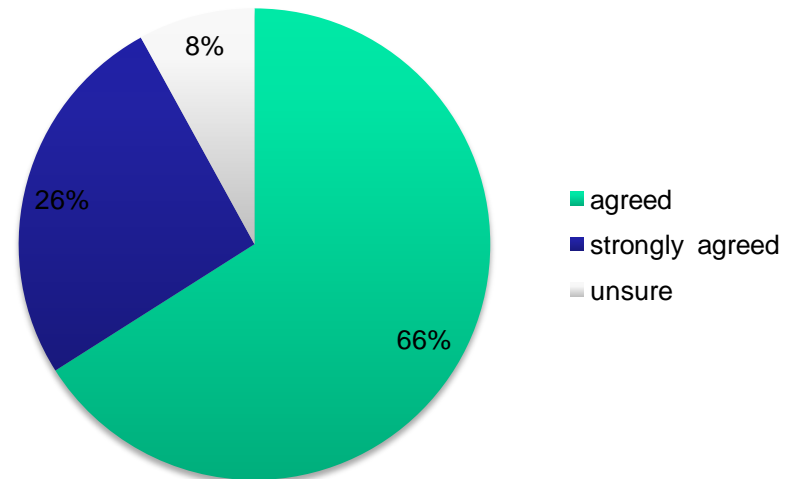


Patient Evaluation

ACD Contributing to Patients Treatment Satisfaction 2013

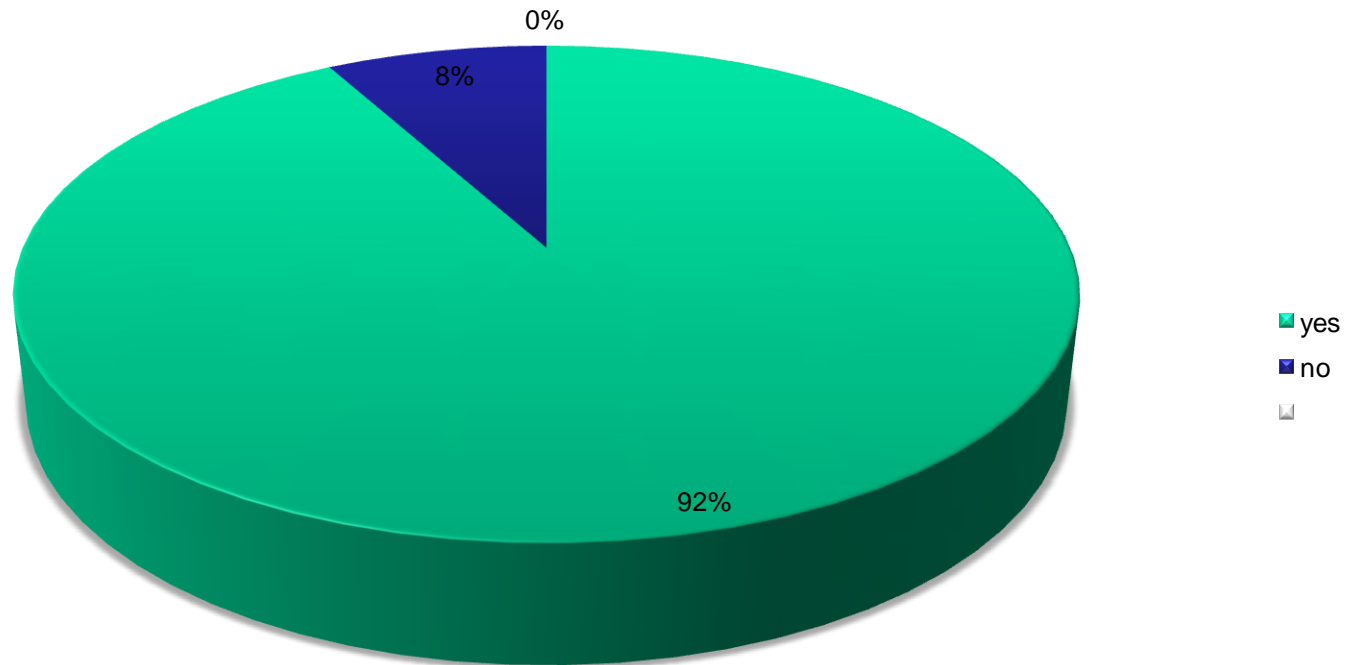


Relevance of Information Provided by Nurses 2013



Patient Evaluation

% of Patients that used ACD Forms to Initiate EOL Discussions with Family 2013



LOOKING TO THE FUTURE

- Program adaptation reflective of ongoing evaluation
- Introduction Pre-dialysis
- Culturally safe ACP focus ATSI

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- Northern NSW Local Health District
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