

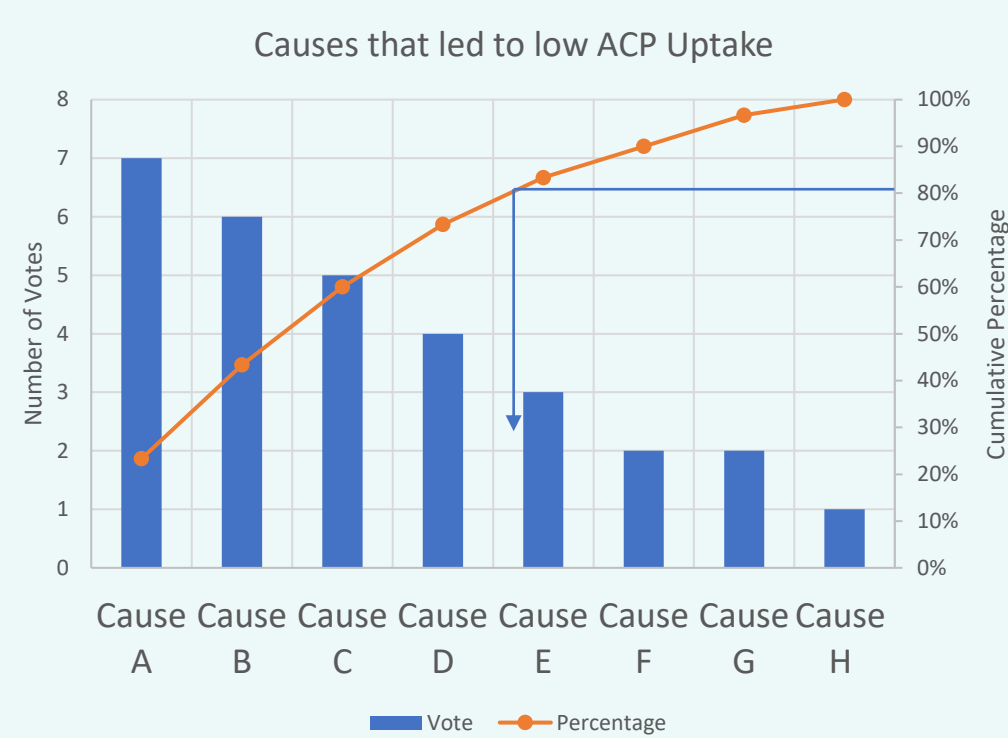
## Increasing the rates of Advance Care Planning in Patients with Decompensated Cirrhosis

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### Problem Statement

- Patients with **decompensated cirrhosis (DC)** have a **poor prognosis** (median survival ~2 years)
- Patients with refractory ascites have a **median survival of ~6 months**
- The completion of Advanced Care Planning (ACP) amongst patients with DC remains **low and variable**



<b>Cause A</b>	Inadequate knowledge on ACP (both patients and family members)
<b>Cause B</b>	Inadequate knowledge on own health condition (both patients and family members)
<b>Cause C</b>	Patient and family returns for additional OP visit for ACP (inconvenient)
<b>Cause D</b>	Inadequate staff knowledge on ACP

### Potential Solutions

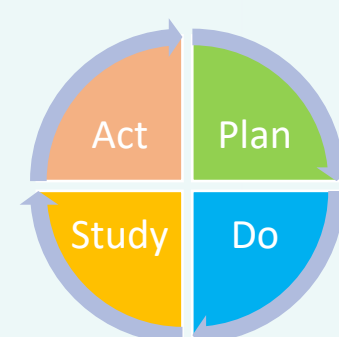
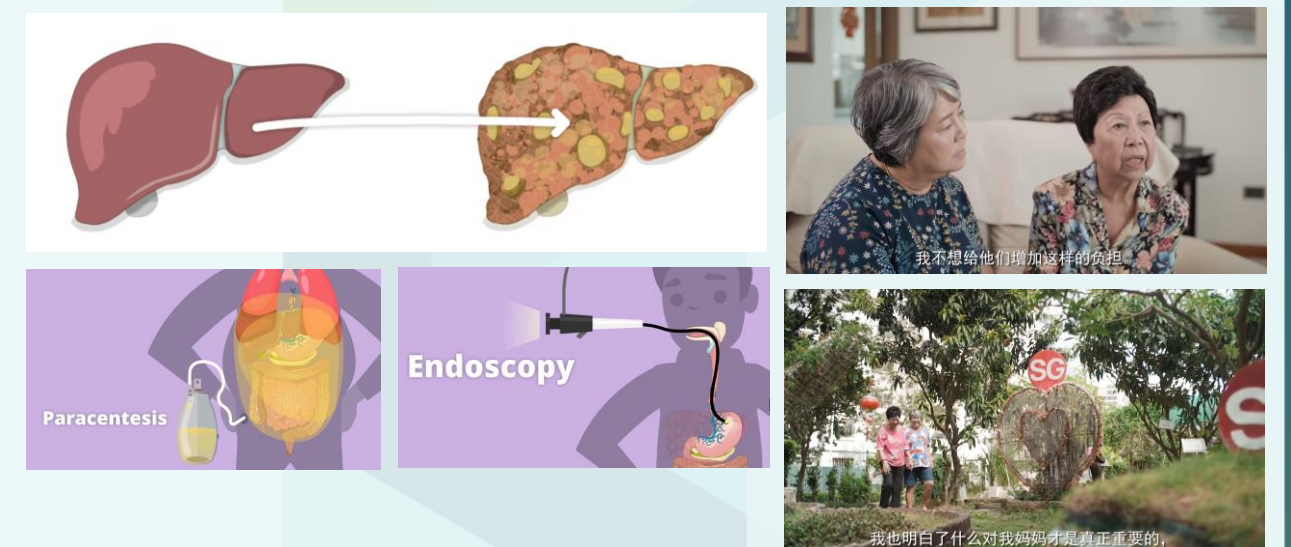
#### Intervention 1

Distribution of brochures containing information on ACP



#### Intervention 2

Nurse-led, bedside education on cirrhosis and ACP



Total of 5 Plan-Do-Study-Act (PDSA) cycles were conducted over 3 months to refine the interventions. Changes effected included:

- Obtaining ACP brochures in different languages
- Standardised script to explain what ACP is to patients
- Printing of pictorial aids for patient education
- Regular reminders to healthcare professionals involved

### Project Aim

To increase the uptake of **Advanced Care Planning** amongst patients with **Decompensated Cirrhosis** presenting to the **Medical Ambulatory Centre** from **17% to 50%** over 6 months

- Stretch goal: 70%
- Cohort: Patients with decompensated cirrhosis who are admitted to the Medical Ambulatory Centre (MAC) for abdominal paracentesis or IV albumin

### Lessons Learnt

#### Importance of frequent multidisciplinary discussions

- Varying perspectives from different healthcare professionals (HCPs)
- Team members had different schedules: difficulty in coordinating common meeting time
- *Get a committed team of HCPs with similar interests*

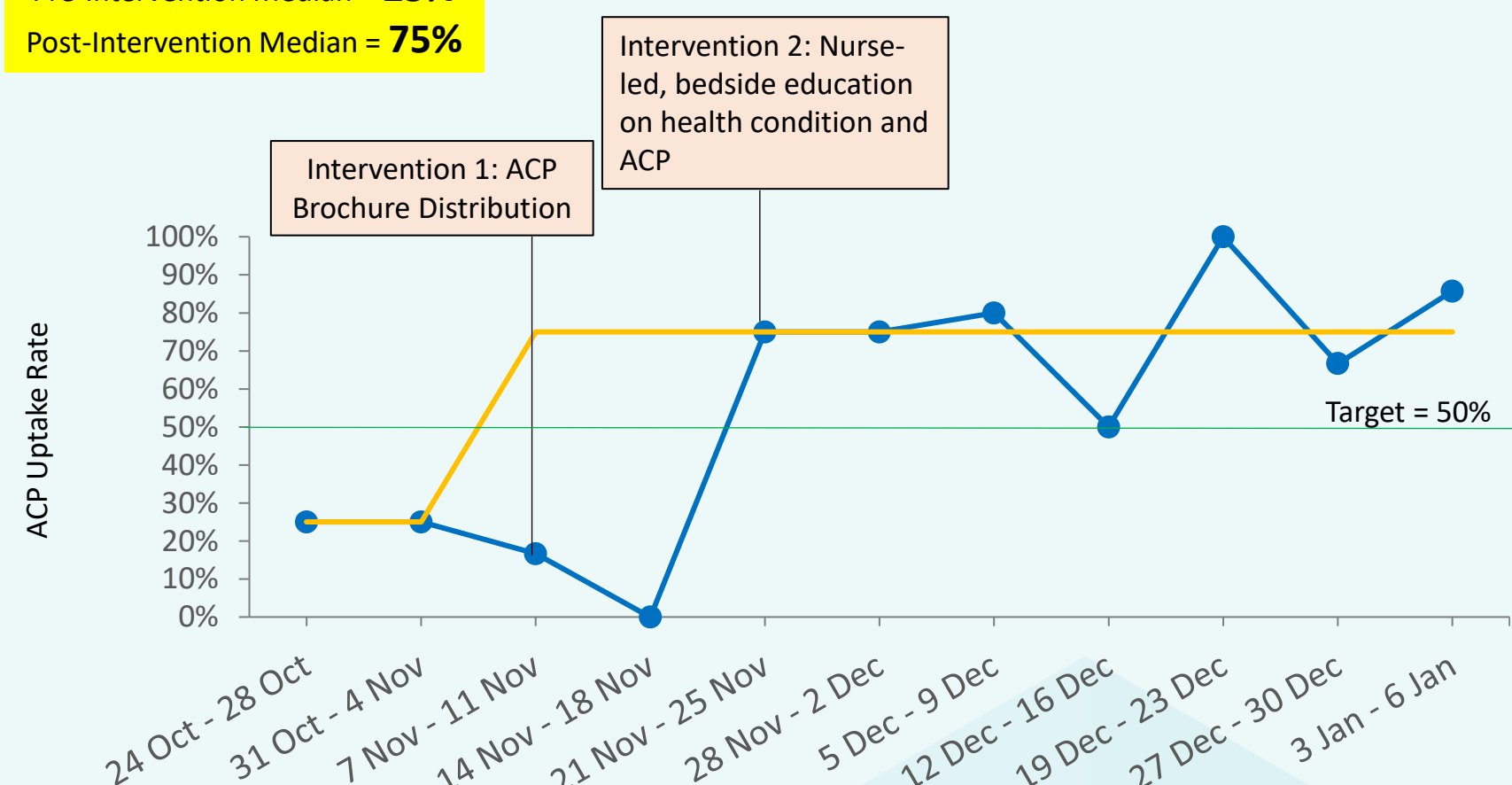
#### Systemic change can be challenging, especially if there are multiple stakeholders

- Difficult to effect intervention if many stakeholders (e.g. patient service associates, nurses and doctors in Intervention 1)
- *Frequent engagement with stakeholders to understand issues and challenges on the ground*

### Outcomes & Impacts

Uptake of Advanced Care Planning (ACP) for Patients with Decompensated Cirrhosis Presenting to MAC  
Period: 24 Oct 2022 to 6 Jan 2023

Pre-Intervention Median = 25%  
Post-Intervention Median = 75%



	24 Oct - 28 Oct	31 Oct - 4 Nov	7 Nov - 11 Nov	14 Nov - 18 Nov	21 Nov - 25 Nov	28 Nov - 2 Dec	5 Dec - 9 Dec	12 Dec - 16 Dec	19 Dec - 23 Dec	27 Dec - 30 Dec	3 Jan - 6 Jan
Agreeable pts	1	1	1	0	3	3	4	1	4	2	6
Eligible pts	4	4	6	1	4	4	5	2	4	3	7

Positive feedback from patients, particularly on Intervention 2

- "Diagrams and explanations were clear"
- "I now know what to expect in future"

As of Aug 23: **26 patients (out of 37)** in MAC have agreed to ACP

**Greater awareness:** more physicians are referring patients for ACP, with 20 patients referred from the non-MAC setting