My first conversation went very well. It really made me realize the importance of having these discussions. It sparked thought and conversation, and wasn’t just about the document.

—Chaplain and facilitator

Finding eligible witnesses to sign the document has been our biggest problem. We’re trying out some different possible solutions in our trial implementation.

—Team leader

I think it’s really important to have your wishes in writing because in a moment of crisis it can be a touchstone, something that’s solid for people...to see with clarity what I, the patient, wish for myself.

—Patient

With the support of Honoring Choices Wisconsin, we now have the tools to break through barriers and initiate and encourage these conversations.

—Team leader

The name “Honoring Choices Wisconsin” is used under license from East Metro Medical Society Foundation.
Dear friends,

Honoring Choices Wisconsin is just a couple years old, but we’re already accomplishing amazing things together.

Twenty-one health care organizations are now participating. Two hundred facilitators have conducted over 3000 conversations with patients, their agents and families. We’ve developed streamlined workflows, new recruiting strategies, better documentation and more consistent storage. Individuals and communities are learning to have the conversation, too. Advance care planning is on its way to becoming a standard and routine part of care across Wisconsin.

At this year’s Sharing the Experience Conference we have much to be proud of, but our work is just beginning—there are still millions of Wisconsinites who need to have the conversation. So we’ll continue to improve, expand our learning community and share our successes until everyone has that opportunity.

Today you’ll see the first of several planned videos produced in collaboration with Wisconsin Public Television. In the coming year HCW also expects to expand our faith ambassador programs, develop new educational and professional modules for advance care planning teams and individuals, revise our patient education materials to make them accessible to more people, and add even more organizations to the initiative.

Advance care planning is improving the lives of patients, families and health care teams one conversation at a time. Each one of you deserves credit for our progress so far. Thank you for your dedication to this movement.

Sincerely,

Richard A. Dart, MD
President, Wisconsin Medical Society
The mission of Honoring Choices Wisconsin is to promote the benefits of and improve processes for advance care planning across the state, in health care settings and in the community.

Honoring Choices Wisconsin will accomplish this by:

- Advocating for advance care planning as a process of planning and communication, with conversation at its core.
- Making facilitated advance care planning conversations a routine part of health care for all capable adults.
- Working with people of all backgrounds, faiths, cultures and identities to create an environment in which the conversation is normalized and thrives.
- Ensuring that advance care planning documents are properly stored and retrievable in the medical record across health care settings.
- Sharing successes, challenges and lessons learned with others.

For more information about Honoring Choices Wisconsin, and to subscribe to our e-newsletter, visit www.honoringchoiceswi.org.

Today’s objectives:

- Describe the mission and vision of Honoring Choices Wisconsin.
- Share successes, challenges and lessons learned in implementing an advance care planning system.
- Identify faith and cultural considerations relevant to advance care planning.
- Describe special considerations for engaging veterans in advance care planning.
- Develop professional relationships.
AGENDA

AM

8:15    Continental Breakfast

8:30    Welcome
        John Maycroft & Rick Abrams, JD

8:40    The Experiences of the Western Cohort
        Kimberly Anderson & Julie Holle; Alison Page; James Deming, MD & Mark
        Deyo-Svendsen, MD

9:50    Honoring Choices Wisconsin: Moving Forward
        John Maycroft

10:10   Experiences in the Community
        Erin Aagesen

10:30   Break

10:45   The Experiences of the Faith Ambassadors
        The Rev. Charles A. Orme-Rogers

11:00   Faith and Cultural Perspectives Panel
        Lynn Breedlove; Alia Dayne; The Rev. Charles A. Orme-Rogers

PM

12:00   One Family’s Story
        Susan Kufahl

12:15   Lunch

1:00    The Experiences of the Southern Cohort
        Jennifer Tiedemann; Margie Hackbarth; Fabian Johnston, MD, MHS & Wendy
        Peltier, MD; Mary Voght; Marcie Peirick & Mike Strasser

2:30    Break

2:45    Experiences with Expansion Panel
        Kay Edlebeck & Jennifer Kowalski; Mia Morrisette; Lori Partoll; Lisa Sherven;
        Joan Ullrich; Kathleen Ziemba

3:30    Advance Care Planning with Veterans: The Madison VA Experience
        Kayla Kastenmeier & Lindsay Secard

4:00    Closing
        Richard A. Dart, MD
Erin Aagesen, MS, MPH
Honoring Choices Wisconsin Community Outreach and Evaluation Specialist, Wisconsin Medical Society

Rick Abrams, JD
Chief Executive Officer, Wisconsin Medical Society

Kimberly Anderson
Director of Marketing and Development, Adoray Home Health and Hospice

Lynn Breedlove, MBA
Former Executive Director, Disability Rights Wisconsin (1980-2011)

Richard A. Dart, MD
President, Wisconsin Medical Society

Alia Dayne
Diversity Coordinator, Agrace Hospice & Palliative Care

Mark Deyo-Svendsen, MD
Family Physician, Mayo Clinic Health System

James Deming, MD
Palliative care Physician, Mayo Clinic Health System

Kay Edlebeck, CSW
Family Care Manager, Community Care, Inc.

Margie Hackbarth, MBA
Senior Health Service Line Administrator, Aspirus Wausau Hospital

Julie Holle, RN
Palliative Care, Adoray Home Health and Hospice

Fabian Johnston, MD, MHS
Assistant Professor of Surgery, Division of Surgical Oncology, Medical College of Wisconsin

Toni C. Kesler, MSN, RN, FNP, ACHPN
Palliative Care/Ethics Manager, Community Care, Inc.

Jennifer Kowalski, CSW
Care Manager, Community Care, Inc.

Kayla Lalande, MSW, CAPSW
Advance Care Planning Facilitator, William S. Middleton Memorial Veterans Hospital
John Maycroft, MPP
Director of Policy, Development & Strategic Initiatives, Wisconsin Medical Society

Mia Morissette, BSW, MBA
Advance Care Planning Coordinator, UW Health

The Rev. Charles A. Orme-Rogers
CPE Supervisor, Senior Staff Chaplain, Meriter-UnityPoint Health

Alison Page, MSN, MHA, FACHE
Chief Executive Officer, Baldwin Area Medical Center

Lori Partoll, MSW
Medical Social Worker, Fort HealthCare

Marcie Peirick, BBA
Clinic Coordinator, UWHP- Watertown Regional Medical Center

Wendy Peltier, MD
Director, Palliative Care Center; Associate Professor of Medicine and Neurology, Medical College of Wisconsin

Lindsay Secard, MSN, RN, CHPN
Advance Care Planning Facilitator, William S. Middleton Memorial Veterans Hospital

Lisa Sherven, RN, BSN
Quality Services Manager, Group Health Cooperative of South Central Wisconsin

Joyce Smerick, BS
Honoring Choices Wisconsin Program Coordinator, Wisconsin Medical Society

Mike Strasser, MPA
Health Systems Engineer, UWHP-Watertown Regional Medical Center

Jennifer Tiedemann
Outreach Liaison, Agrace Palliative and Hospice Care

Joan Ullrich, RN, BSN, MBA
Manager Community Outreach, Palliative Care and Senior Health Center, ProHealth Care

Mary Voght, MSW
Manager, Care Management and Co-Chair, Ethics Committee, ThedaCare

Kathleen Ziemba, MSW, LCSW
Care Coordination Social Work and Palliative Care Manager, Meriter-UnityPoint Health
OUR 2014 PARTICIPANTS

Each of the 2014 Honoring Choices Wisconsin participating organizations provided the following information about their six-month trial implementation.

PLEASE DESCRIBE YOUR TRIAL IMPLEMENTATION.

❖ ADORAY HOME HEALTH AND HOSPICE
Adoray Home Health & Hospice is an independent not-for-profit corporation located in Baldwin, WI, about 45 minutes from the Twin Cities. We serve patients in St. Croix, Pierce, Polk and western Dunn Counties. As our pilot target, we chose to offer facilitated advance care planning services to our staff of approximately 80 employees. Since our staff frequently sees the consequences of patients that do NOT have an advance directive in place, we felt it was important to demonstrate that we “walk the talk.” Several staff have been in the uncomfortable position of being asked if they have completed their own advance directive when promoting it to patients. Not all could answer “yes.” We made a brief presentation describing the Honoring Choices Wisconsin (HCW) initiative at an all-staff meeting and invited our employees and their spouses to sign up for a facilitation, presenting the ACP facilitation as an employee benefit. Fifty-five employees indicated an interest in scheduling an appointment. We provided each with an information packet containing the materials provided by HCW to preview and discuss with family members and their health care agent prior to the facilitation. We provided four dates on which participants could schedule evening appointments with any of our four trained facilitators. We also provided two onsite location dates and two remote location dates for those living in our northern service area. We offered refreshments and used our most comfortable rooms to hold these conversations. Those that could not make these dates were scheduled in our office or at their homes at a mutually agreeable date and time. Ten of the 55 who initially indicated an interest were never able to (or willing to) find time to participate.

Adoray’s plans for expansion include training an additional four to six facilitators, train a trainer (or two), offering the facilitated ACP service to our 300-plus volunteers and significant others, as well as to continue to offer the service as an employee benefit to current and incoming staff.

❖ AGRACE HOSPICE AND PALLIATIVE CARE
Our population evolved to include three groups:

1) Agrace’s Palliative Care patients. Nurse practitioners discuss advance care planning as a normal part of their palliative care visits. Offering patients a facilitated conversation to help them better define their wishes was a natural fit.

2) Employee Trust Fund (ETF) employees. We worked with the ETF Wellness Committee and arranged to present HCW in a group setting, followed by individual meetings with a facilitator. This was a one-time opportunity, but the approach we used fed the most successful part of our pilot, Community Advance Care Planning sessions.
Community Advance Care Planning meetings. Agrace regularly gives advance care planning presentations to various community groups – churches, employer groups, senior centers, etc. We conducted the initial scripted conversation in a group setting and offered people the opportunity to sign up for individual sessions to develop their personal advance care plan.

**ASPIRUS**

Aspirus conducted trials at two implementation sites, targeting two separate groups:
- Patients at the Aspirus Stevens Point Clinic
- Employees of the Aspirus VNA at seven Wisconsin office locations

At the Stevens Point Clinic we targeted patients with appointments scheduled with Dr. John Paulson, Internal Medicine and Geriatric Specialist, and Dr. Jeffrey Jones, Internal Medicine Specialist. Among the patients we initially approached were those with diabetes and those age 55 or older. Letters were typically handed to patients at the time of their visit. The two physicians and their medical assistants were asked to help introduce the program to patients. Our plans for expansion include targeting all patients, regardless of provider, who are age 55 and older at the time of their annual physical. We are also improving automated systems to mail informational letters to patients prior to their visit. At the Aspirus VNA we targeted all employees who attended specific staff meetings at all but two of our locations. During the meetings a trained facilitator gave a short presentation about Honoring Choices Wisconsin and encouraged employees to sign up for a facilitated conversation.

**BALDWIN AREA MEDICAL CENTER**

Our trial was conducted within our Rural Health Clinic. We received the support and approval of four providers to approach their patients and schedule facilitated conversations. Initially our target population was patients age 55 and older scheduling an annual exam visit. During our trial we found it necessary to decrease our target to age 18 and older to increase our exposure. We also included patients who were identified by their provider or by self-referral. We are planning to expand our services to all providers in the rural health clinic and implement a referral process. We will send an additional 6 to 7 staff members through training to become facilitators so that we can expand services into our inpatient and outpatient services. It is also our 2015 goal to be able to partner with local churches, nursing homes and attorneys.

**FROEDTERT HOSPITAL/MEDICAL COLLEGE OF WISCONSIN**

Froedtert Hospital is the only academic medical center in eastern Wisconsin, made up of Froedtert Hospital Milwaukee, Community Memorial Hospital Menomonee Falls and St Joseph’s Hospital West Bend. We are present in more than 30 primary and specialty care health centers and clinics. Our trial implementation occurred in a busy surgical oncology practice involving four physicians. The goal was to target every patient that was seen as an outpatient over the past 5.5 months. Additionally, our reach extended into the inpatient arena, as needed, for this patient population. Although this goal was lofty, we managed to touch 64% of our target. Our facilitation team consisted of eight professionals, including: registered nurses, a nurse practitioner, a clinical nurse specialist, chaplains and social workers. Given our environment, we were afforded the resources needed to reach such a diverse group of patients in both settings.
MAYO CLINIC HEALTH SYSTEM
We launched three pilots in three individual physician practices:

- Dr. Mark Deyo-Svendsen, family physician in Menomonie
- Dr. Mark Attermeyer, family physician in Eau Claire, Clairemont campus
- Dr. Mark Edstrom, internist in Eau Claire, Luther campus

At each site, the physicians offered an advance care planning conversation to adults over 55 years who were fairly healthy and had no advance directive or who felt that they would benefit from an extended advance care planning conversation. Facilitators from spiritual care, social services, or hospice met with those who were interested. The physician kept track of who was offered and who accepted the invitation on a tracking sheet.

MERITER-UNITYPOINT HEALTH FAITH AMBASSADOR PROGRAM
The Faith Ambassador Program is sponsored by Meriter’s Association of Spiritual Caregivers (ASC) and has become part of the initiative of Honoring Choices Wisconsin. During each event we presented videos, educational materials, engaged in conversations and collected survey and response information related to Advance Care Planning (ACP). Each participant was provided with tools and possible conversation starters with family and friends in order to help ensure that their health care wishes will be honored. Each participant was also provided the opportunity to request a facilitated conversation with an Honoring Choices facilitator. Our target population was members of a variety of faith groups. We also made presentations at a majority of the Madison Public Library locations. Our participants were mainly older adults (70+ years) and children of older adults in the faith-based presentations. In the library system, there were also younger participants. Our pilot project ran from March through September 2014. Prior to our pilot project, we did a Beta test of the presentations and materials with six faith groups in order to refine our processes and materials.

THEDACARE
Initial Implementation Locations:
- ThedaCare Heritage Independent and Assisted Living residents and employees
- Valley VNA Independent and Assisted Living residents and leadership employees

Expansion:
At this time, ThedaCare does not have plans for expansion. We are considering conducting a trial of the process with one primary care physician at ThedaCare Physician North office. We have not determined the target population.

UWHP-WATERTOWN
Our trial implementation took place from March 1 – August 31, 2014. We trained six facilitators (two volunteers, four working associates).

Trial implementation location:
- Lake Mills/ Johnson Creek Clinics – 1 physician and 3 physician assistants

Target population:
• Patients 50 and over with a scheduled office visit in Lake Mills or Jefferson County clinics. This population included about 337 eligible patients per month.

Plans for expansion:
• Expand to all of primary care clinics: Waterloo, Ixonia, Juneau, Doctors Court Clinic and Hospital Drive Clinics in Watertown
• Also – potentially, host group education events

PLEASE DESCRIBE A SIGNIFICANT SUCCESS.

❖ ADORAY HOME HEALTH AND HOSPICE
The facilitated advance care planning conversation was well-received by Adoray staff and family members. Even those that didn’t participate in the pilot were very supportive and appreciative of the “benefit.” For those that did participate, going through the facilitated conversation and completing the advance directive proved to be hands-on education. They now have a better appreciation of the process and can empathize with our patients when we have to complete an advance directive. We also created a customized physician/healthcare provider letter that accompanied each participant’s executed advance directive when submitted to medical records. Our hope was to help create awareness of the Honoring Choices Wisconsin initiative and that of the facilitating agency (in our case, Adoray Home Health & Hospice), to promote earlier ACP conversations. Physicians are a potentially huge driver of the HCW initiative. The more of these executed advance directives that come across their desks, the more comfortable they may become talking about end-of-life choices with their patients well in advance of the crisis model.

❖ AGRACE HOSPICE AND PALLIATIVE CARE
When we started our pilot we were offering the opportunity to our palliative care patients. We quickly discovered that most already had the document and were happy with it. So we decided to invite people in the community to participate. As we started inviting couples to participate, we thought how valuable it would be if their children or extended family could also attend the conversations. We facilitated many conversations with husbands, wives, sons, daughters, sons-in-law and daughters-in-law. When families get together and talk about death it unites them in a special way. The multi-generational conversations of sharing life experiences and listening to one another really can strengthen a relationship. As facilitators we were honored to be a part of these family conversations.

❖ ASPIRUS
Some successes:
• Thirteen staff and volunteers completed the First Steps facilitator training. Four supported the Stevens Point Clinic, eight supported the Aspirus VNA project, and one floater supported either project.
• We implemented an Aspirus Advance Care Planning WARM LINE, a single phone number for people to call with questions about completing an advance directive. We have a core group of staff who respond to inquiries on a rotating basis, and we can include one phone number on our print materials, regardless of location.
• At Stevens Point we invited 105 patients to participate in a facilitated conversation. This includes both written invitation letters and in-person introductions by physicians or medical assistants. Additionally, two volunteers made follow-up phone calls to 82 patients to encourage participation. Ultimately, four patients participated in a facilitated conversation and 19 new advance directives were added to our files. In some cases patients completed the forms without assistance, and in other cases patients already had copies at home and delivered them to the clinic for scanning.

• At the Aspirus VNA, 91 employees were invited to participate in a facilitated conversation during five group presentations. Ultimately, three employees participated in facilitated conversations.

❖ BALDWIN AREA MEDICAL CENTER
During the trial implementation our group was asked to expand services into the Cardiac Rehabilitation department to be part of their educational sessions. We also introduced the Honoring Choices Wisconsin advance directive in our inpatient setting.

During our annual open house we had an Honoring Choices Wisconsin display that created a lot of interest, and we had 39 individuals sign up for an initial facilitation.

One hundred and sixty-two individuals were invited to participate in an initial facilitation. Seventy facilitations were completed. Seven written plans were completed and filed in the chart.

❖ FROEDTERT HOSPITAL/MEDICAL COLLEGE OF WISCONSIN
Participating in the Honoring Choices Pilot has been a success as far as grabbing the attention of key administrative stakeholders. In our system, our current workflow concentrates on the completion of the document. Participation in this pilot helped us illustrate the value of having a more robust, facilitated conversation centered around personal values, beliefs and experiences in regard to advance care planning. With the attention the pilot has received, approvals to restructure our current EMR has been a huge success, as well as changing how operationally we approach advance care planning. This is part of Froedtert Health’s strategic initiatives, and we recognize it will take time to implement this change across our healthcare system.

❖ MAYO CLINIC HEALTH SYSTEM
We completed more than 100 conversations, processes for the visits were mapped and fine-tuned, including ordering and documenting in the EMR.

❖ MERITER-UNITYPOINT HEALTH FAITH AMBASSADOR PROGRAM
Within faith-based settings, an average of 33% of attendees requested ACP facilitation right after the presentation. When including public library systems, the overall average was 31%. Sixty percent said that they would talk to their family and friends and request a future conversation. Our interpretation of the feedback was that faith-based presentations were targeting motivated older adults who trusted the faith community that they participated in. Trust and motivation were the primary factors that contributed to an individual’s willingness to complete the advance care planning process.
THEDACARE
Our most significant success was the use of a group presentation for the “initial conversation.” We were able to utilize a PowerPoint and group facilitation process that mirrors an individual conversation. This offered a big gain in resource utilization. One facilitator could conduct the group presentation with up to 30 resident/employees, with successful group interaction, individual sharing and understanding of next steps.

UWHP-WATERTOWN
One significant success was utilizing volunteers as facilitators. They provided the kind of flexible scheduling that was really helpful in the model we designed.

PLEASE DESCRIBE A SIGNIFICANT CHALLENGE AND YOUR STRATEGY FOR RESOLVING OR OVERCOMING IT.

ADORAY HOME HEALTH AND HOSPICE
Our staff receives their medical care at a variety of medical facilities, so we had no way to ensure that the completed document ended up in their medical record. Our HCW team decided that once the advance directive document was completed, we would make three additional copies for the employees to provide to their healthcare agent(s) and for medical records. The employee addressed a mailing label to their personal physician, from which we personalized a cover letter on Adoray letterhead explaining the HCW initiative and the facilitation that had taken place with his/her patient. The employee signed and dated the cover letter. We then placed the cover letter and a copy of the executed advance directive in a manila envelope with the label they provided and gave it back to the employee ready to be hand delivered or mailed.

Another challenge was getting those that indicated interest in completing a facilitation to make an appointment. We are a busy agency and our field staff make home calls within our four county service area. Also, the summer months were filled with vacations and summer activities. Facilitators tried to be as flexible as possible to accommodate our staff’s schedules, but there ended up being some participants that simply couldn’t arrange the time to complete the process during the pilot timetable.

AGRACE HOSPICE AND PALLIATIVE CARE
Our pilot included two populations, palliative care patients and community groups. We had challenges with both. For palliative care, we quickly learned that most patients either have an advance directive or had an activated advance directive. We also kept the initial focus limited to one nurse practitioner offering sessions. In May we expanded it to all four NPs, and that made a difference in the number of palliative care patients we were able to reach. In our community group sessions, we saw an opportunity to adapt the approach we used for Employee Trust Fund employees and applied it in our normal Community Advance Care Planning presentations. That generated the most touches, conversations, and signed advance directives.
ASPIRUS
While there were many challenges, our most significant challenge in both projects was staffing. During our test period, one physician left the Stevens Point Clinic and while this was not a provider involved with the trial implementation, it meant those who were involved had to take on more responsibilities. There was also turnover in medical assistants who were helping introduce advance care planning to patients. Similarly at the Aspirus VNA two group meetings were canceled due to staffing challenges. While we have not overcome the staffing challenges, we are committed to continuing our work at the Stevens Point Clinic and with Aspirus VNA employees.

BALDWIN AREA MEDICAL CENTER
Our initial plan was to have six facilitators go through the trial implementation. Unfortunately we ended up with only three facilitators. This made it very difficult to schedule initial facilitations due to limited staff and availability. We resolved this issue by assigning one individual to focus on scheduling for facilitations and documenting. The other two facilitators were available one day a week for facilitations. In addition to limited facilitators, we also lost two main Trial Implementation Committee members due to turnover. We worked well as a team, and we continued to move forward with the trial.

FROEDTERT HOSPITAL/MEDICAL COLLEGE OF WISCONSIN
The most significant challenge we found was with our chosen population. Normalizing these conversations in this targeted group proved to be difficult. Often these patients were receiving bad news regarding diagnosis and/or prognosis, accompanied by information overload. At times, these patients were in postoperative pain (not to mention the overwhelming process of navigating the healthcare system). Furthermore, our patients often travel from a distance and many did not return because they were seeking a only second opinion.

Recognizing the challenges of this population was not optional. Securing the workflow that consisted of two nurse coordinators was essential to the success of this pilot (though this is not a sustainable model). The nature of this busy surgical oncology practice did not lend itself to adequate time to explore patients’ values and beliefs when considering future health care decisions. Moving forward, partnering with our palliative care colleagues would help compliment these surgeons in this process.

We started off by offering physicians script cards to introduce the topic of advance care planning to their patients. This worked well, if time permitted. Unfortunately, we identified that physician time was limited. Although they were very supportive of the pilot and expressed their desire for every patient to be touched, this time barrier needed to be addressed. Moving forward, we changed the script card to a patient survey that could be filled out while waiting for the physician to enter the room. The nurse is readily available to answer any questions the patient may have about the pilot. Additionally, a letter introducing the pilot was formed and mailed to all patients prior to their appointment time. Workflow barriers were identified as the nurse did not always reach every patient that was scheduled. In summary, change in workflow would need to be completed to reach 100 percent of the patients. One approach might include offering the patients a survey as soon as they check in for their appointment or having the rooming technician offer the survey to the patient.
As we look beyond the pilot for these clinics, the proposal of offering a similar survey to each patient might help to identify those who desire an appointment with a social worker in order to complete an advance directive. Although this will not be completed in an Honoring Choices Wisconsin format at this time, plans to change the way we view this process are being evaluated system-wide. A steering committee is being formed to look at how we can incorporate advance care planning workflows in every department and service line. Additionally, we have been given approval to improve the current charting process in our EMR. This process will include building an advance care navigator in EPIC that houses all notes, documents, conversations and DNR orders.

**MAYO CLINIC HEALTH SYSTEM**

Our early work resembled a Laurel and Hardy movie: patients showing up at the wrong place, misunderstood expectations, or physician office staff scrambling to find a meeting space for the facilitator to meet with the patient and agent. Our original system utilized receptionists from one of the clinic specialties but we eventually settled on entering the request through the EMR using the social services staff.

**MERITER-UNITYPOINT HEALTH FAITH AMBASSADOR PROGRAM**

All of our Faith Ambassadors and Faith Ambassador Facilitators are volunteers. Over time, it became apparent that our efforts at getting people interested in having a facilitated conversation was very successful, but our ability to schedule and carry-out those facilitations was very challenging. Keeping a schedule for volunteers from the community was not an easy task and it involved attempts at computer scheduling and many phone calls. The scheduling and carrying out of facilitations became our biggest hurdle. With the assistance of Honoring Choices Wisconsin staff and cooperation from Respecting Choices®, a group facilitation process was developed which allows us to combine the educative Faith Ambassador presentation with a First Steps – 1st Meeting process. This provides us with an opportunity for attendees to leave the presentation with an advance directive in hand and the conversation already started. This reduces the process from three to two steps.

**THEDACARE**

Employee engagement was our biggest challenge. We began by offering individual and group sessions by invitation. The participation was limited. To improve, we scheduled the presentations as part of their department meetings. We did not offer any incentives to participate. The employees who scheduled follow-up facilitated “second conversations” were all over 50 years old.

**UWHP-WATERTOWN**

Challenge: How to notify facilitators that an order was entered into the system for ACP to occur.

Solution: When ACP orders are entered, it triggers a printed order to occur in office of the lead facilitator. The order contained all needed demographic information so the patient could be contacted for scheduling a conversation.
PLEASE PROVIDE 2-3 KEY POINTS THAT YOU HAVE LEARNED IN THE LAST YEAR THAT WILL BE OF HELP TO YOU IN YOUR FURTHER EXPANSION, OR OF HELP TO OUR NEW ORGANIZATIONS.

**ADORAY HOME HEALTH AND HOSPICE**

- Communication is key (and so is tenacity . . . you have to keep on people until they follow through)!
- Providing the APC material packet in advance of the scheduled facilitation was helpful, because participants came better prepared for the conversation, had good questions and they tended to complete the facilitation in a shorter time period.
- Providing additional copies of the executed document, along with an addressed envelope and physician letter helped move the process along for the participant.
- The physician/health provider cover letter was beneficial in promoting the HCW initiative and hopefully encouraging physicians to join in these conversations with their patients (quell the fear of a taboo subject).
- Our participants loved the treats we provided!
- Adoray’s HCW Pilot Team felt gratified to have participated in this important initiative. We are excited to bring these facilitated conversation to the communities within our service area (which now also includes Burnett and Barron counties).

**AGRACE HOSPICE AND PALLIATIVE CARE**

- Having the initial conversation in a group session was a safe way to introduce the topic to diverse audiences (young and old, healthy and with health issues). It seemed to make taking the next step a little less daunting and perhaps allowed us to reach more people than we otherwise would have.
- We distributed leadership, scheduling, logging and tracking/reporting across multiple people thinking if each person had less extra work we’d more easily manage the increased work. We also relied on meetings to keep everyone caught up on what was happening. That approach actually created another layer of effort to communicate, track, and keep current with what we were doing. Recommend letting facilitators facilitate, and centralizing the other functions.

**ASPIRUS**

Key lessons learned:

- *Incentives matter.* For the home health employees, we encouraged employees to sign up for a facilitated conversation during work time. We thought this paid opportunity would be an incentive, but it was not. Moving forward, we are exploring an incentive of wellness points in our new Popspring Wellness rewards system.
• *Manual tracking and letter printing is too labor-intensive.* If we want to be successful with future clinic roll-outs, we need to find better ways to automate the reporting and letters to patients. We worked with Epic report writers to create a pre-visit report that identifies which patients are coming in for an annual physical and who does/does not have an advance directive on file. We created a monthly outcomes report which shows which patients have completed an advance directive. We are working on automating the letters.

• *Communicate. Communicate. Communicate.* With the Aspirus VNA employees, we are limited in our communications channels. We can reach employees during meetings, but many do not use email for work, and the leaders were not receptive to mailing letters to employees at home. With future employee campaigns we will look for multiple communications methods.

† **BALDWIN AREA MEDICAL CENTER**
  • It is helpful for one individual to handle scheduling for all facilitators.
  • Facilitators need to have dedicated time for facilitations.
  • Communication is important inside and outside of the implementation team.

† **FROEDTERT HOSPITAL/MEDICAL COLLEGE OF WISCONSIN**
  One of the key points we have learned from this past year is the importance of preplanning and having a full understanding of the scope, time and resources available to commit to the success of this initiative. It is imperative to examine current practice and design, and to implement a sustainable model, one that is inclusive of strong key stakeholders such as IT (EMR experts), Health Information Management (Medical Records), and Case Management. We recognize this process will look different in multiple settings.

Through this pilot, we have raised several questions moving forward, such as, who operationally owns this initiative to enhance advance care planning across our healthcare system? The work of this year’s pilot has started many conversations with other service lines that include both inpatient and outpatient settings. With an organization this size, it is imperative that transparency and good communication exists in order to marry our efforts. While administrators, providers and staff see the value for our patients, the operational components need to be chartered strategically to improve advance care planning.

† **MAYO CLINIC HEALTH SYSTEM**
  • Regular meetings were important to identify glitches and develop solutions.
  • We should have identified an administrative assistant earlier in our project.
  • Setting up three pilots was perhaps overly ambitious but now places us in a good position to expand throughout their departments.
  • Our initial rollout looked chaotic. In retrospect, it would have been good to inform all the key stakeholders about the project in more detail before launching.
MERITER-UNITYPOINT HEALTH FAITH AMBASSADOR PROGRAM

- The group facilitation process can be more time-effective in combining education and facilitation.
- Standard materials can work across most faith groups inasmuch as ACP goals are congruent within most faith perspectives.
- It is necessary to check one’s own personal bias about what a “good” advance directive is at the door.

THEDACARE

- ThedaCare sponsors a “Community Plunge” to engage community leaders in key issues and action plans. This year, ThedaCare chose “End of Life Care” as the focus of the Plunge work. Subsequently, our Honoring Choices Wisconsin pilot work matched with the Community Plunge and we now have, not just a ThedaCare effort, but a community effort to improve advance care planning. We anticipate working closely with the community-led work.
- The residents at both pilot sites were very engaged in the presentations, sought additional information and were supportive of having their wishes communicated with their designated agent. Their health status and age created an urgency to have a document, update old documents and understand how to make sure their wishes were followed – by communicating with their agent.
- Because so many residents already had an advance directive, and few employees requested completing an advance directive, only four of the facilitators met the preferred number of facilitations.

UWHP-WATERTOWN

- Schedule the ACP conversation before the patient leaves the clinic. We believe this will substantially increase the likelihood of participation.
- Keep your facilitators engaged as a group. Create a team atmosphere with them. The camaraderie is important for support and learning.
- If you are leading this process, establish relationships with each facilitator so you can have honest discussions about how it is going. Is the commitment too much? Is this process ok? Are you comfortable doing this?
- Patients are generally confused about advance directives. Do I have one? Is it complete? Is it for healthcare or just my finances? What is the role of DNR? This is complex stuff that is routinely not understood.
ACCOMPLISHMENTS

- Successful ACP workflows at all six Round 1 organizations
- Ongoing expansion at all six Round 1 organizations
- 3000+ ACP conversations facilitated
- Nine new organizations conducting trial implementations at 14 sites
- Electronic medical records storage standardized
- Advance directive improved and standardized across Wisconsin
- Four faculty certified to train statewide
- 200 facilitators certified
- 15 facilitator instructors certified
- Inquiries from 15 states
- Faith Ambassador program created and expanding
- Preparation of a large print advance directive for the visually impaired
- One community engagement video created with Wisconsin Public Television
- Recipient of Wisconsin Cancer Council 2014 Community Service Award
- One statewide learning community sharing successes, challenges and lessons

MOVING FORWARD

- Add new organizations to the Honoring Choices Wisconsin model
- Facilitate 2000+ conversations
- Continue work with Wisconsin Public Television to produce video education and outreach tools
- Create toolkit for sharing ACP information in communities
- Generate community engagement strategies among clinical participants
- Establish Ambassador programs in new Wisconsin communities
- Develop continuing medical education activities, including Performance Improvement CME, on advance care planning
- Expand grant writing capacity to reduce financial dependence on participants
- Convert educational materials to lower reading levels and new languages
- Provide facilitators, instructors, physicians and other health care team members with formal continuing professional development
The Mission of the Honoring Choices Wisconsin (HCW) Statewide Steering Committee is to promote the benefits of and provide the systems for effective advance care planning across the state of Wisconsin.

Committee members advise the Wisconsin Medical Society on how best to pursue Honoring Choices Wisconsin’s mission, advocate in public for HCW and its activities and represent all HCW stakeholders to the project’s leadership.

Steering Committee Members:

- Ben Adams, JD, Adams & Woodrow SC
- John Barkmeier, MD
- Richard Dart, MD, President, Wisconsin Medical Society
- Jim Deming, MD, Mayo Clinic Health System
- Gina Dennik-Champion, MSN, RN, MSHA, Wisconsin Nurses Association
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Mercy Health System
Meriter Foundation
Meriter-UnityPoint Health
Midwest Home Care
Milwaukee End of Life Coalition
ProHealth Care
Rainbow HospiceCare
Reedsburg Area Medical Center
St. Croix Regional Medical Center
ThedaCare
Unity Health Insurance
United HealthCare
UW Health Partners Watertown Regional Medical Center
UW Health
Vitas Innovative Hospice Care
WEA Trust
Westfields Hospital
WPS Health Insurance