

**Bree Collaborative Implementation Survey Results | Medical Group
End-of-Life Care**

This report summarizes adoption of the Bree Collaborative End-of-Life Care Recommendations, completed by Washington State medical groups in 2016. We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical group.

Results: 10 Medical Groups Responding

0 -No action taken; **1** -Actively considering adoption; **2** -Some/similar adoption; **3** -Full adoption

	AVERAGE SCORE
Health care providers and staff are educated on:	
a) How to have empathetic, realistic, and patient- and family-centered (e.g., using lower literacy materials if appropriate) advance care planning conversations	1.60
b) How to be reimbursed for these conversations	1.50
c) The difference between an advance directive and Physician Orders for Life Sustaining Treatment (POLST), and patients for whom each would be acceptable	1.80
d) How to refer patients to community-based advance care planning resources if appropriate	1.80
All patients over the age of 18 are encouraged to consider having a conversation about advance care planning with the content of those conversations appropriate to the patient’s age, health status, literacy level, and readiness	1.10
Advance care planning tool(s) or program(s) are adopted and use is standardized across your clinic or health care system. Possible examples include Honoring Choices: Pacific Northwest or the Institute for Health Care Improvement’s Conversation Ready	2.10
Documentation is available in the medical record that the provider has used a standardized advance care planning tool	2.00
Documentation is made of the results of advance care planning discussions with easily understandable and culturally appropriate advance directives that include:	
a) A living will (also called a health care directive) that stipulates specific treatment preferences (if known and applicable to the situation)	1.90
b) A durable power of attorney for health care that names a surrogate and indicates the amount of leeway the surrogate should have in decision-making, a written personal statement that articulates the patient’s values and goals regarding end-of-life care	1.40
c) Physician Orders for Life Sustaining Treatment (POLST), if appropriate	2.20
Standardized protocols developed on how to transfer information contained in the advance directive or POLST to hospitals in your community such as through the advance directive/POLST registry, if in existence	1.40
Patients are supported as they navigate care between different health care facilities and systems, including facilitation of information sharing and patient and family outreach during times of crisis	1.80

Read the full report here: www.breecollaborative.org/wp-content/uploads/EOL-Care-Final-Report.pdf

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Hospice care is promoted and appropriate hospice referrals are encouraged	2.10
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Scale

We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical groups.

0 - No action taken	<ul style="list-style-type: none"> No leadership awareness of Bree Collaborative Topics No team formed
1 - Actively considering adoption	<ul style="list-style-type: none"> Bree topics, aims and components have been discussed Education, assessment, information gathering Changes planned but not tested Information gathering and baseline measurement begun
2 - Some/similar adoption	<ul style="list-style-type: none"> Initial test cycles completed for more than one element Quality metrics and data available demonstrating adoption/effectiveness Other similar (Bree-like) changes adopted for this topic
3 - Full adoption	<ul style="list-style-type: none"> Changes implemented in all areas All components integrated into care process (i.e. orders, etc.) Partial or complete closure of gap between baseline & target outcomes

Participating Medical Groups

Confluence Health	Providence: Pacific Medical Centers
The Everett Clinic	Providence Medical Group: SE Region
Evergreen Health Partners	Providence: Swedish Medical Group
Group Health Cooperative	Vancouver Clinic
Northwest Physicians Network	Virginia Mason
Polyclinic	MultiCare