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ACTO 3. PLANIFICACIÓN ANTICIPADA DE LA ASISTENCIA SANITARIA

LA EXPERIENCIA DE "RESPECTING CHOICES" (LA CROSSE, WI, EE.UU.)

ADP SALUD
Asesoría y Desarrollo de Proyectos

Javier Júdez

(con agradecimiento a A. Novoa y P. Simón)

Respecting Choices®
Planificando lo inevitable

La Experiencia de la comunidad de LaCrosse, Wisconsin, EE.UU.

Gundersen Lutheran℠
MEDICAL FOUNDATION

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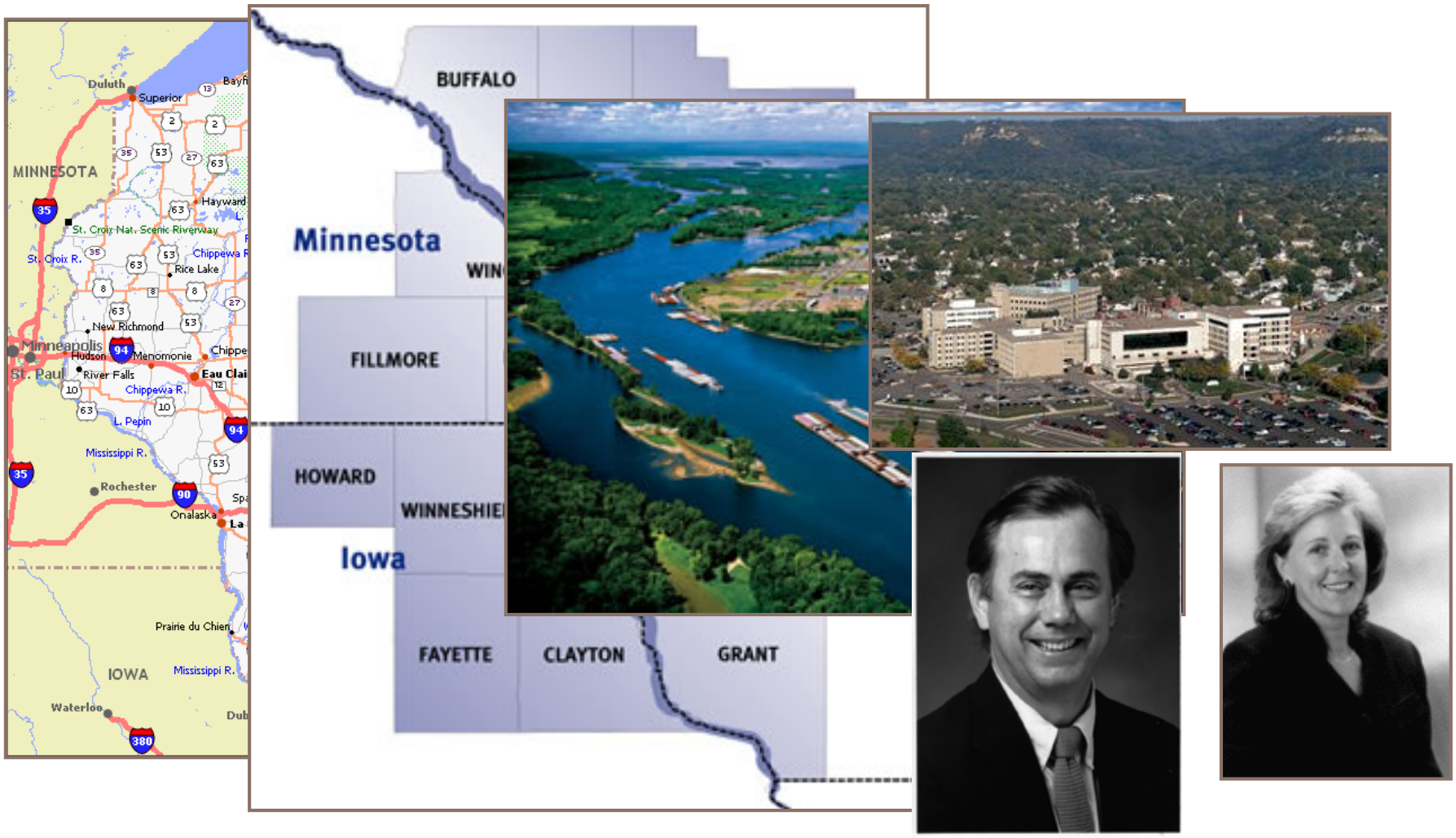
LaCrosse, Wisconsin



Cinco promesas que pueden hacer nuestros sistemas. Nosotros...

- Iniciaremos conversaciones con adultos en relación a su visión y sus opiniones sobre la atención médica futura
- Asistiremos a los individuos a la hora de realizar una planificación anticipada
- Nos aseguraremos de que los planes elaborados serán claros
- Aseguraremos que los planes resultantes estarán disponibles
- Seguiremos apropiadamente los planes

Hammes BJ, Rooney BL. Death and end-of-life planning in one midwestern community. *Arch Intern Med.* 1998;158:383-390

El éxito de LaCrosse sugiere que es posible:

- Los pacientes puede ser rutinariamente involucrados y asistidos en un proceso de PAAS
- Al morir, 8 de cada 10 adultos tenían planes escritos en su historia clínica
- En el 98% de los casos las instrucciones y las decisiones tomadas fueron consistentes

El éxito de LaCrosse sugiere que es posible:

- Los adultos con planes escritos morían menos en el hospital de modo significativo
- Los adultos con planes escritos eran admitidos en planes de cuidados paliativos con mayor probabilidad.
- Cuando los planes no se siguen, se buscan mejoras para remediarlo.

Lo que mostró esta investigación…

Personas que fallecen con IPs:

- Mueren en el hospital con una probabilidad significativamente menor (31% vs 69%, p=0.001)
- Tienen aproximadamente $2.000 dólares menos de media en la facturación de servicios médicos y del hospital en los últimos 6 meses de vida
- Más probabilidad de ser admitidos en el "hospice" (p=0.001)

Hammes BJ, Rooney BL. Death and end-of-life planning in one midwestern community. *Arch Intern Med*. 1998;158:383-390.

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Lo que sigue ratificando esta experiencia…

A Comparative, Retrospective, Observational Study of the Prevalence, Availability, and Specificity of Advance Care Plans in a County that Implemented an Advance Care Planning Microsystem

Bernard J. Hammes, PhD, Brenda L. Rooney, PhD, MPH,† and Jacob D. Gundrum, MS**

OBJECTIVES: To determine whether outcomes have changed over time for a managed, systematic approach to advance care planning (ACP).

DESIGN: Retrospective comparison of medical record and death certificate data of adults who died over a 7-month period in 2007/08 with those of adults who died over an 11-month period in 1995/96.

SETTING: All healthcare organizations in La Crosse County, Wisconsin.

PARTICIPANTS: Five hundred forty adults who died in 1995/96 and 400 adults who died in 2007/08.

INTERVENTION: A systematic ACP approach, Respecting Choices, collaboratively implemented in 1993 and continuously improved in subsequent years.

MEASUREMENTS: Demographic and cause-of-death data were collected from death certificates. Type and content of any advance directive (AD), existence and content of Physician Orders for Life-Sustaining Treatment, and medical treatment provided at the location of death in the last 30 days of life were abstracted from the medical record.

RESULTS: The recent data show a significantly greater prevalence of ADs (90% vs 85%, $P = .02$) and of availability of these directives in the medical record at the time of death (99.4% vs 95.2%, $P < .001$) than the data collected over 10 years ago. The new data suggest that quality efforts have improved the prevalence, clarity, and specificity of ADs.

CONCLUSION: A system for ACP can be managed in a geographic region so that, at the time of death, almost all adults have an advance care plan that is specific and available and treatment is consistent with their plan. **J Am Geriatr Soc 58:1249–1255, 2010.**

Key words: advance care planning; advance directive; end of life; ethics

In 2008, the Department of Health and Human Services (HHS) issued a report to the U.S. Congress called *Advance Directives and Advance Care Planning*.[1] This report concluded that the use of advance directives (ADs) and the attempts to promote advance care planning (ACP) have largely failed. A number of other articles have supported this conclusion.[2,3] Mere completion of legal documents, such as a living will or even a power of attorney for health care (POAHC), and most efforts to promote them are not associated with markedly better care at the end of life.

This report to Congress also identified two approaches that have demonstrated success: Respecting Choices (RC) and the Physician Orders for Life-Sustaining Treatment (POLST) paradigm. Data about RC's success were first reported in 1998 as the first La Crosse Advance Directive Study (LADS I).[4] LADS I was a retrospective study that reviewed medical records and death certificates of 540 adult decedents in La Crosse County, Wisconsin, from March 1995 to April 1996. LADS I found that, at the time of death, 85% of all adult decedents had an AD, 95% of these ADs were in the patient's medical record at the healthcare organization providing care at the time of death, and in 98% of the cases, the instructions regarding cardiopulmonary resuscitation (CPR) and hospitalization in the AD were consistent with the treatments provided near the time of

Elementos de éxito

- PAAS facilitada
- IPs "aplicables" *(actionable)* : disponibles a todo lo largo del sistema sanitario
- Conversaciones proactivas, adecuadamente programadas en el tiempo
- Estandarización de las prácticas a lo largo del sistema sanitario para asegurar que los planes son respetados

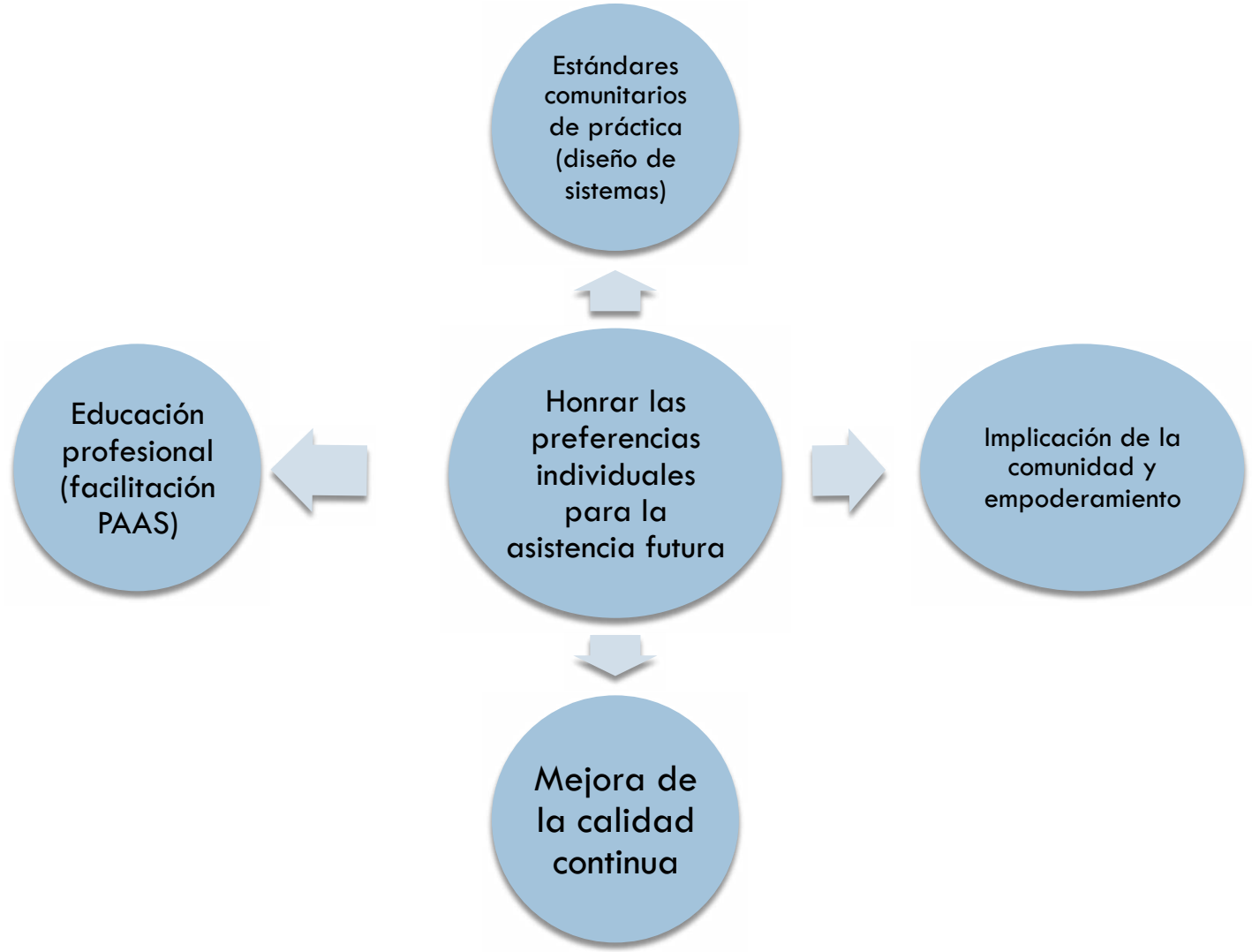
Hastings Center Report. Nov/Dec 2005.pp. S26-30

Respecting Choices® Un enfoque de "sistemas".

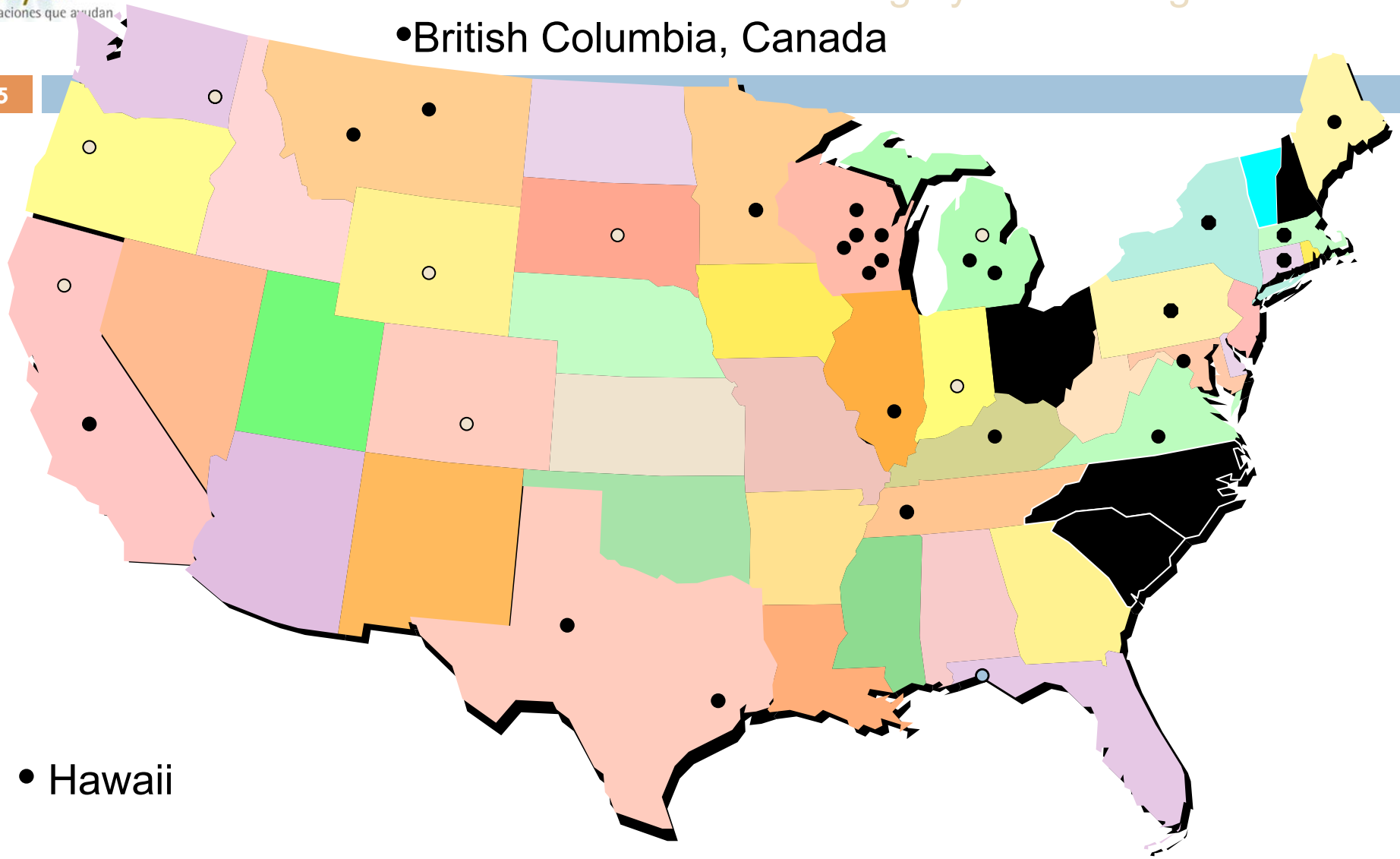
Marco conceptual

- Filosofía centrada en el paciente (autonomía y consentimiento informado)
- Compromiso con el aprendizaje de adultos (empoderar)
- Enfoque narrativo
- Ética de las relaciones de cuidado

Respecting Choices®
Un enfoque de "sistemas".



- Victoria, Australia
- Calgary Health Region
- British Columbia, Canada



- Hawaii

Equipos de Implementación de Respecting Choices® activos, hasta Mar, 2006
Todo negro: Iniciativas estatales