| **Organization** | |  | | | | | **Date** |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Target Patient Population** | | | | | | | | | |
|  | Note: A targeted patient population could be the patients of a certain provider, the patients of a specific clinic/care setting, patients of a certain age or patients experiencing the end-stages of their disease. Consider a combination of any or all the above. | | | | | | | | | |
|  | **Our target patient population:** | | | | | | | | | |
|  | | | | | | | | | |
| **2.** | **Number of Patients in Our Targeted Population** | | | | | | | | **a.** |  |
|  | **Advance Care Planning (ACP) Goal** | | | | | | | | | |
|  | % of patients in targeted population with documented HCD\* | | | | | | | | **b.** |  |
|  | **# of patients in targeted population with documented HCD** | | | | | | | | **c.** |  |
|  | **Target date** | | **# of months** |  | **# of years** |  | | | **d.** |  |
|  | **Current ACP Status** | | | | | | | | | |
|  | # of patients in targeted population who currently have HCD | | | | | | | | **e.** |  |
|  | **# of patients in targeted population who will need facilitated ACP ( c-e)** | | | | | | | | **f.** |  |
|  | **ACP Facilitator Need Determination—**Indicate monthly or yearly calculation | | | | | | | | | |
|  | # of ACP conversations needed: \_\_\_\_\_ per month \_\_\_\_\_ per year | | | | | | | | **g.** |  |
|  | # of ACP hours needed: \_\_\_\_ per month \_\_\_\_ per year (g x 2) to achieve goal | | | | | | | | **h.** |  |
|  | Note: Plan 1 ½- 2 hours for each facilitated ACP conversation or 2 conversations in 4 hours. | | | | | | | | | |
|  | **FTEs needed for ACP facilitated conversations** (h/2080) | | | | | | | |  |  |
|  | # of ACP facilitators needed | | | | | | | | **j.** |  |
| **Notes:** | | | | | | | | | | |
|  | | | | | | | | | | |

\*HCD – health care directive