| # | **Principles** | **Promising Change Concepts** | | **Date Completed** |
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| **Getting Started** | | | | |
|  | **Collect** baseline data |  | % of individuals with accessible healthcare directive or documented healthcare agent |  |
|  | **Understand** current process |  | Conduct chart review of the last patient deaths in facility |  |
|  | **Set** an aim |  | “How good by when” |  |
|  | **Identify** a subpopulation |  | Consider age, e.g., 65 years or older, or health characteristic, e.g., end-stage disease |  |
| **A Framework for Improving End-of-life Care** | | | | |
| 5. | **Engage** with patients and families to understand what matters most to them at the end of life | a. | Develop standardized advance care planning materials for conducting and documenting advance care planning conversations |  |
| b. | Train advance care planning facilitators |  |
| c. | Community involvement |  |
| 2. | **Steward** information about each patient’s end-of-life care wishes as reliably as we do allergy information | a. | Understand the current fields in your EHR to identify opportunities to capture and store end-of-life care information in the system |  |
| b. | Create the architecture for the EHR that accounts for entry, storage, and retrieval of end-of-care wishes; consider how allergies are documented and retrieved |  |
| 3. | **Respect** people’s wishes for care at the end-of-life by partnering to develop a patient-centered plan of care | a. | Create workflows to support entry and retrieval of end-of-life care information |  |
| b. | Identify patients needing end-of-life care |  |
| c. | Assess and affirm known end-of-life care wishes |  |
| d. | Maintain an end-of-life care plan across organizational boundaries |  |
| 4. | **Exemplify** the work in our own lives so that we fully understand the benefits and challenges | a. | Prioritize and segment staff for engagement through their own advance care planning |  |
| b. | Provide the right tools at the right time |  |
| 5. | **Connect** in a manner that is culturally and individually respectful of each other | a. | Recognize the effects of different cultural influences and connect with communities and leaders to help smooth the path |  |

Reference: McCutcheon Adams K, Kabcenell A, Little K, Sokol-Hessner L. “Conversation Ready”: A Framework for Improving End-of-Life Care. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2015. (Available at [www.ihi.org](http://www.ihi.org).)