Hospital Implementation Overview

• Identify Champions: Physician and Administrative partners
  o Role is to shepherd TPOPP through the policy approval process, help organize hospital for education/training and administrative implementation.
  o Hospital champion(s) submit initial Institutional Profile to alert TPOPP leadership of interest in exploring implementation.

• Introduction and Approval
  o Introduce TPOPP hospital committees, i.e. ethics, code blue/rapid response, critical care, emergency services, transitions of care, end-of-life committee, performance improvement, etc.
    ▪ Chief of Staff may identify specific committees to receive initial introductory education.
  o Medical Executive Committee (MEC) approval imperative prior to policy integration or coordination of training schedule.

- TPOPP Integration into Hospital Policy/Procedures
  o Hospital policy must recognize TPOPP as an out of hospital order set for code status and level of intervention orders to be honored at the point of care.
    ▪ Consider inclusion of common law and constitutional law principles that require health care providers to respect a patient’s known wishes.
    ▪ Such as statement may be included in the hospital’s Resuscitation status policy.
  o Crosswalk TPOPP with policies on advance directives, end-of-life, resuscitation status, handling of OHDNR orders.
  o Crosswalk TPOPP with medical staff bylaws to include notation regarding TPOPP where necessary.

- Implementation: Procedures
  o Patient with TPOPP form at arrival
    ▪ How will emergency department/floor team (if direct admit) handle the TPOPP form on patient arrival?
    ▪ How will TPOPP orders be translated into inpatient hospital orders?
    ▪ How will form will be scanned into record or verified as part of record?
  o Patient with TPOPP form admitted
    ▪ How will form be copied and returned to patient or representative?
    ▪ How will multiple forms be reconciled?
  o Patient with TPOPP form at discharge
    ▪ How will “goals reconciliation” occur?
    ▪ Did patient preferences change during admission; was a new TPOPP form executed?
      ▪ How was new TPOPP order translated into inpatient hospital order?
      ▪ How was new TPOPP order scanned into record or verified as part of record?
    ▪ Does the patient have the most current TPOPP form at discharge?
• **Implementation:** *The TPOPP Conversation*
  - Identify patients who can benefit from a TPOPP discussion.
    - Anyone with a limitation in code status;
    - Anyone where provider would not be surprised by death within 1 year;
    - Anyone who is in a “high risk for readmission based on diagnosis.”
  - Providers who may be a part of the TPOPP conversation.
    - Primary care physicians
    - Nurses
    - Social workers
    - Chaplains
    - Residents/fellow
    - Attending physicians
    - Palliative care team members
  - The TPOPP conversation is not a “one and done” event but may require several distinct conversations and include several care team members.
  - Physician must be an integral part of the conversation team and verify with patient/representative (signature on TPOPP form) prior to signing TPOPP form thereby creating a medical order. If another health care team member introduces the concepts and discusses values related to decision-making, the physician should review this with patient and family, taking into account the medical information, prior to signing the form.
  - How and where will healthcare team members access blank TPOPP forms to use during TPOPP conversations?

• **Implementation:** *Community*
  - Hospitals identify their skilled and residential facility community partners with whom they regularly work and provided information to TPOPP managing director.
  - Hospitals identify EMS partners and provide information to TPOPP managing director.

• **Implementation:** *Data Collection*
  - Hospitals will need to be able to identify patients in their system who have TPOPP forms.
  - Hospitals commit to respond to survey requests at set intervals to gather data to be aggregated via REDCap for research and quality control purposes.

• **Implementation:** *Education*
  - Hospitals identify and engage the providers who need to be trained:
    - Those who will identify patients and have TPOPP conversations
    - Those who will receive the orders with patient on admit
    - Those who will do goals reconciliation on admit and in discharge planning workflows.
  - Hospitals commit to semi-annual or annual education.