Focused on 65+ and Palliative Care/Hospice Needs Using 5 Wishes Document 5 Wishes document kept at Munson Medical Center Provider education to improve introduction of ACP topics across atient given info to send 5 health/wellness and introduction of Wishes document to timeline expectations is available Document in standard Munson Medical Center method and fields so YES reports can be run No No Medicare Wellness Visit or s 5 Wishes documenton file Annual Physical 65+: at Munson? pre-identified during once wkly s patient willing huddle prep to pursue ACP Provider facilitation at this documents time? YES conversation TOC Visit: in EMR or pre-identified during once Chart No Does patient have wkly huddle prep YES completed 5 Wishes now? Provider Conversation Provider identified patient YES ls patient hospice Hospice Referral eligible/ready? Referral Fax Entered Generated and sent Hospice No Palliative Care Referral Entered YES Referral Fax ls patient palliative care Generated and eligible/ready? sent Palliative Care No Munson Palliative Care if pt/family needs complex Adaptive Counseling Munson ACP Referral Referral Fax Entered EHR: Generated and sent Note clinical details Adaptive Counseling Referral Entered EHR: Munson ACP Office Note clinical details Consultant Document given to Consultant updates Practice via faxed document Process: with status: ACP Appt attended and ACP Facilitation Provider to sign off Facilitation of ACP Completed ACP facilitation conceled due to lack of engagement Provider forwards document to Clinical Front Staff Referral FU: Staff Monthly report generation and outreach to Provider consultants after 2 month delay (to allow time for completion of ACP) closes/cancels Clinical Staff open referral in closes/cancels **EHR** open referral in Document available at **EHR** hospital if needed

ADVANCED CARE PLANNING PROCESS (ACP)