

TPOPP

Transportable Physician Orders for Patient Preferences



Hospital Implementation Overview

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

- **Introduction and Approval**
 - 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.
 - Medical Executive Committee (MEC) approval imperative prior to policy integration or coordination of training schedule.

- **TPOPP Integration into Hospital Policy/Procedures**
 - 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.
 - Crosswalk TPOPP with policies on advance directives, end-of-life, resuscitation status, handling of OHDNR orders.
 - Crosswalk TPOPP with medical staff bylaws to include notation regarding TPOPP where necessary.

- **Implementation: *Procedures***
 - 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?
 - Patient with TPOPP form admitted
 - How will form be copied and returned to patient or representative?
 - How will multiple forms be reconciled?
 - 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?

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- **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.