TPOPP

Transportable Physician Orders for Patient Preferences

Long-Term Care (LTC) Implementation Overview

- **Identify Champions: Clinical and Administrative partners**
    - May be an Administrator, Director of Nursing, Medical Director or Social Service Director
    - Role is to shepherd TPOPP through the policy approval process, help organize LTC facility for education/training and administrative implementation.
    - LTC champion(s) submit initial Data Survey to alert TPOPP leadership of interest in exploring implementation.

- **Introduction and Approval**
    - Introduce TPOPP to appropriate LTC policy and governing committees.
    - Obtain approval for implementation at the facility or system level.

- **TPOPP Integration into LTC Facility Policy/Procedures**
    - LTC facility 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.
        - Policy can be included in the LTC facility's resuscitation status policy.
    - The LTC facility should implement appropriate policy and procedures specific to TPOPP.
    - Crosswalk TPOPP with policies on advance directives, end-of-life, resuscitation status, handling of OHDNR orders.
    - Crosswalk TPOPP with medical facility bylaws as appropriate to include notation regarding TPOPP where necessary.

- **Implementation: *Procedures***
    - Identify valid/complete TPOPP forms
        - At admission;
        - At Care Plan conferences.
    - How form is stored and verified as part of the record.
        - System insures that residents who have a TPOPP form can be identified.
        - System must handle the storage of a TPOPP form so that it is readily accessible so that the original form goes with the resident when discharged or transferred to other care setting (hospital home, hospice inpatient, rehabilitation).
        - System must address how to reconcile and store multiple forms.
        - System must address hot to identify a resident who had TPOPP form at discharge/transfer and who does not have a TPOPP form when returning to the facility.
    - How TPOPP orders are placed on the POS.

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- **Implementation: *The TPOPP Conversation***
    - Identify residents 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.”
    - Identify persons in the organization who would have the TPOPP conversation with residents/families and who might update the form.
        - Medical director
        - Attending physician
        - Nurse Practitioner
        - Physician Assistant
        - MDS nurse
        - Attending physicians
        - Nursing coordinators
        - Nursing team leaders
    - 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 resident/representative (signature on TPOPP form) prior to signing TPOPP form thereby creating a medical order.
    - How and where will healthcare team members access blank TPOPP forms to use during TPOPP conversations?

- **Implementation: *Community***
    - Identify community stakeholders
        - Residents
        - Families and recognized decision makers
        - Supporting organizations such as hospice, home health care or other referral sources

- **Implementation: *Data Collection***
    - Identify patients in their system who have TPOPP forms.
    - 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***
    - Facility identifies and engages the providers who need to be trained:
        - Those who will receive or discharge patients
            - Nursing staff
            - Social service staff
        - Those who will be responsible for maintaining the chart
            - Medical records
            - Nursing staff
    - Hospitals commit to semi-annual or annual education.