Palliative and End of Life Care

CONVERSATIONS MATTER

Evaluating Uptake of a System-wide Program of Advance Care Planning and Goals of Care Designations

September 8, 2017

Alberta Health Services

Presenters

Palliative and End of Life Care

CONVERSATIONS MATTER

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- No conflicts of interest,
- No relationships with commercial interests, and
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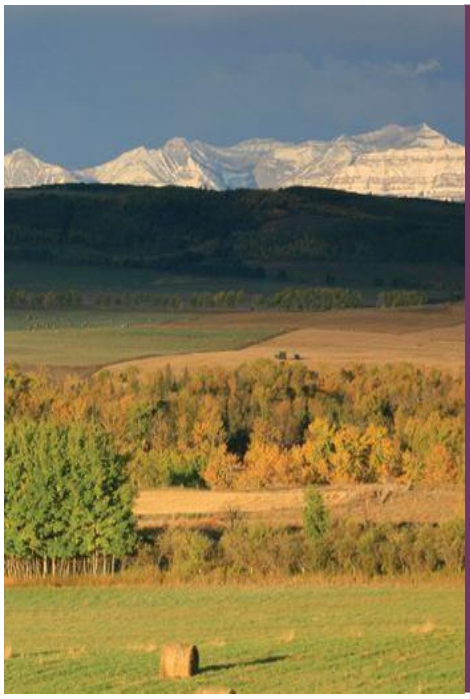
Presentation Objectives

- Highlight provincial program evaluation methods and results
- Propose areas for program improvement arising from these results



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Policy and Framework

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Background

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- An Advance Care Planning/Goals of Care Designation (ACP/GCD) program launched in one of five geographic zones in the province of Alberta (Canada) in 2008, across all sectors of care, supported by official policy.
- A provincial policy ensued in 2014 applying to all populations, care sectors and programs for an integrated publicly funded health system serving four million people.

Resources

Website: www.conversationsmatter.ca

GCD Orders

GCDs in Alberta are medical orders that:

- Describe positive medical actions as well as actions to be avoided,
- Guide locations of care for all patients, and
- Harmonize patient wishes with appropriate actions in service of those preferences.

ACP conversations inform those decisions.

GCD Orders vs. Do Not Resuscitate (DNR)

GCDs are an improvement over DNR/ Code Levels/ Levels of Care:

- Focus on what the system can do to help patients meet their health goals, which changes the conversation
- Offers more nuanced options considering the complexity of modern health care, and especially chronic disease

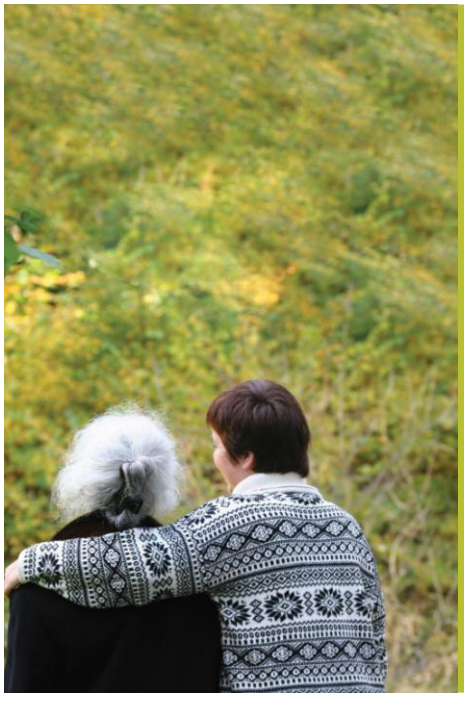
GCD Order Architecture

Designation architecture meant to be non-hierarchical:

- Medical care choices and choice of living location - within a home/congregated living setting or a hospital – and without desiring Cardio Pulmonary Resuscitation (CPR) or Intensive Care Unit (ICU) care
- Palliative and end-of-life focus of care, differentiating care during time of foreseeable death from focus of actions when death is imminent
- Variations of life saving and life-sustaining interventions that are possible, followed by care within an ICU setting

GCD Order Scope and Purpose

- Pediatric and adult environments
- GCD Order is a Medical Order that communicates focus of current and potential future care to all team members



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Provincial 2015/16 Evaluation

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Methods (2015/16)

1) Chart Audits (current and deceased patient charts)

- Best available data re: actual practice
- Requires significant investment of time and resources
- Availability and completeness of charts on-site
- Types of charts reviewed vs. documentation practice
- Reflect clinician documentation, not necessarily practice

Methods (2015/16) (continued)

2) Health care provider survey

- Important to include their perspective
- Lower investment of time and resources
- Challenging to get high response rate
- Results may not be representative of all groups with small sample sizes for some groups
- Clear definition of terms is important
- Potential for self-selection and self-report biases

Methods (2015/16) (continued)

3) Reporting and Learning System reports

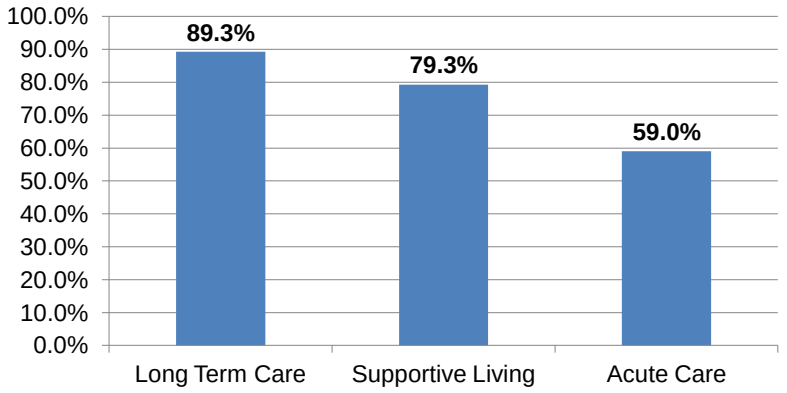
- Low cost and quick/ easy to access
- Data mining and analysis are challenging
- Optional system reflects reporting, not prevalence
- Small sample size – results should not be interpreted independently of other findings
- Very helpful at team/ site level and for quality assurance reviews

Methods (2015/16) (continued)

4) Patient and family telephone surveys

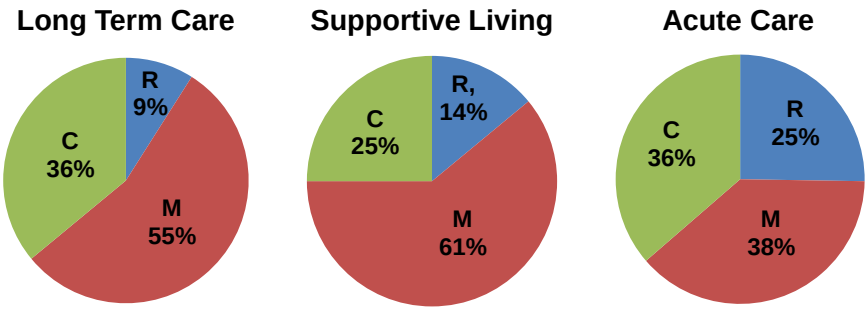
- Important to include their perspective
- Time and resource intensive
- Availability, willingness, cognitive status and language of survey participants
- Ability to recall events months prior
- Small sample size limits generalizability

GCD Order Prevalence (2015/16)



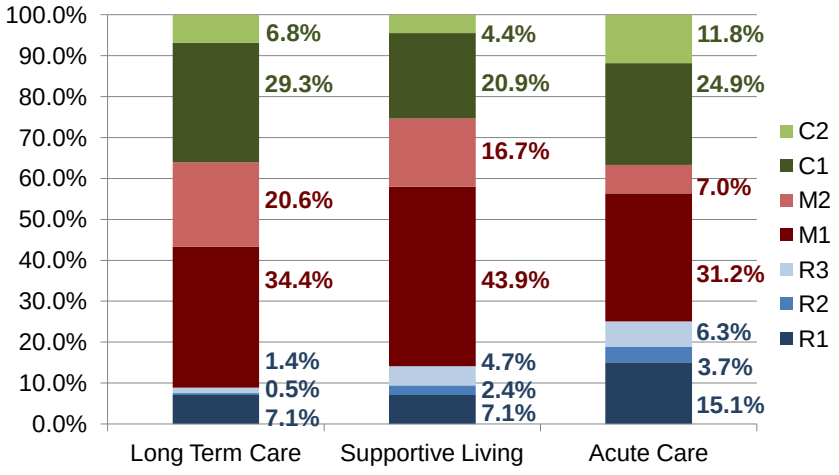
- Prevalence varied by zone, care setting and site
- Overall zone prevalence (across all care settings) ranged from 66.2% to 99.4%
- Overall, zones with dedicated ACP GCD resources had higher GCD prevalence
- Prevalence seems to be increasing or remaining consistent across zones

High Level GCD Differentiation (2015/16)

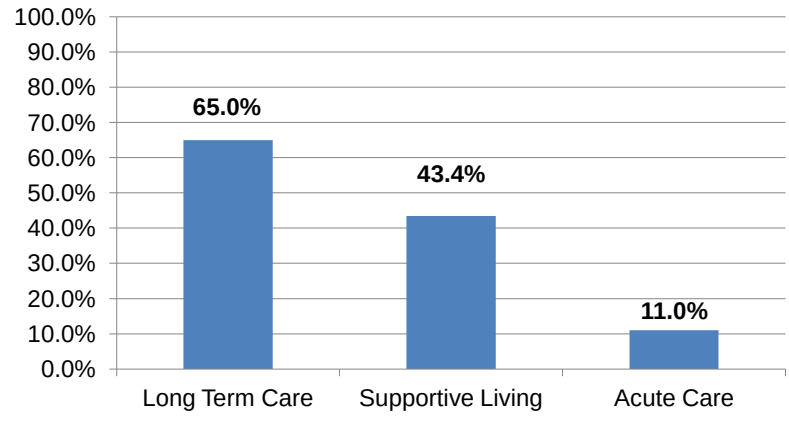


- GCD Order differentiation varies appropriately by care setting
- Shows the power of the GCD architecture that was developed

GCD Differentiation (2015/16)

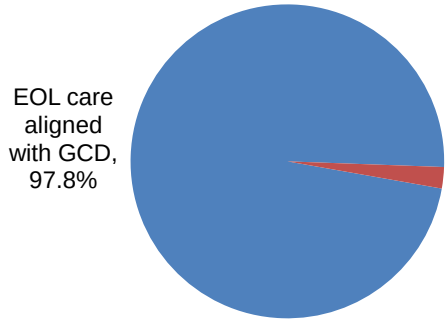


ACP Tracking Record Completion (2015/16)



- Performance varied by zone, care setting and site
- Overall zone completion (across all care settings) ranged from 17% to 35%
- Overall, zones with dedicated ACP GCD resources had higher completion rates

End-of-Life (EOL) Care and GCDs (2015/16)



- Almost all end-of-life medical care aligned with patients' GCD Orders
- Dependent on chart documentation frequency and quality
- Sometimes difficult to determine why care did not align with GCDs

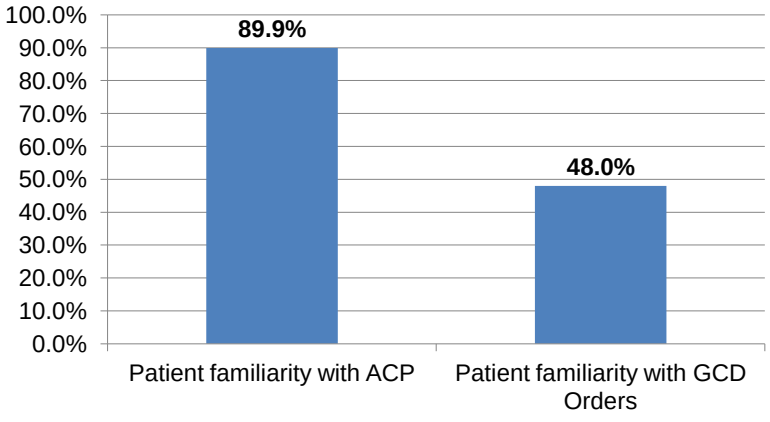
Enabling Factors for ACP Conversations (2015/16)

- Supportive environments for conversations
- Patient and family readiness
- Incorporation of ACP conversations into existing processes

Barriers to ACP Conversations (2015/16)

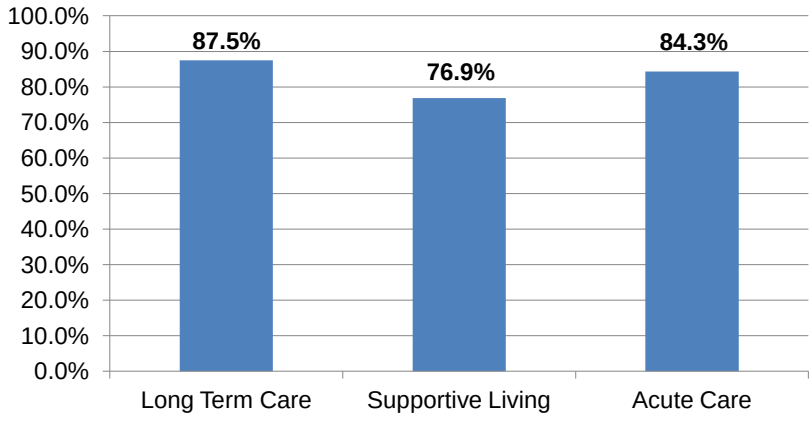
- Logistical challenges
- Lack of physician support
- Insufficient health care provider (HCP) education about the processes
- Role clarity
- Patient/family unwillingness

Patient Familiarity with ACP and GCDs (2015/16)



- Patients report greater familiarity with ACP than with GCD Orders

Satisfaction with ACP Conversations (2015/16)



- Overall, patients report satisfaction with ACP conversations

Satisfaction with ACP Conversations (2015/16)

Patients report feeling satisfied with ACP discussions when:

- Key HCPs, such as physicians, are involved in ACP discussions;
- They feel as though their input is valued and their opinions are heard;
- They are offered clear explanations and sufficient information; and,
- HCPs are knowledgeable on the subject of ACP/GCD.

Dissatisfaction with ACP Conversations (2015/16)

Patients report feeling dissatisfied with ACP conversations when:

- Physicians are inaccessible to answer questions or don't have time for meaningful conversations
- Insufficient information is provided about GCDs

Discussion and Conclusions

Recommended Strategies

- Invest in public awareness, socialize the concepts
- Empower conversations to be both initiated by clinicians as well as initiated by patients
- Build patient/ family readiness
- Improve education for HCPs
- Culture and leadership expectations – standard of care
- Improve the use and transfer of paper forms while awaiting reliable cross-sectoral electronic systems

Recommended Strategies

- Continuously cultivate HCP (especially physician) buy-in for both hospital and community sectors. Include utilization of Primary Care Networks
- Develop guidelines and quality improvement opportunities for the integration of ACP/ GCD into existing sector- or program-specific routines

Learnings and Gaps

Learnings

- Need dedicated resources for evaluation
- Maintain consistency across annual evaluations
- Need individuals who are accountable for implementing recommendations in each zone

Gaps in research

- Explore appropriateness of GCDs at an aggregate level
- Review cases where EOL care did not align with GCD and determine contributing factors, and if care was appropriate

Questions, Comments, Feedback

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