Canadian Association for Health Services & Policy Research Panel
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Advancing Palliative Care at the Institutional Level

Quality Dying Initiative

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- Improving the quality of a person's experience in the ***last year of life*** requires a strategy for **BOTH** time points
  - Final days and weeks of life
  - When a person's likely survival is in the order of one year

- This outlines high level strategy for the:

Quality Dying Initiative

Begin with the end and move forward

Landscape

- Overall, quality of the dying experience remains poor
  - HCP's skills to effectively educate i.e. illness understanding
    - Incurable **AND** Progressive
  - Dying is NOT considered a diagnosis
  - Goals of care = code status

How did the QDI begin?

The experience of one person, admitted to Sunnybrook, and his family members….

QDI: Background

- As a tertiary Academic Health Sciences Centre, ***death and dying*** are significant elements of our institution's overall patient and family care experience
- ***19 deaths per week*** occur in the ***acute care setting*** at Sunnybrook Health Sciences Centre
- ***How can improvements be made in the experience of patients in the final year of life and their family members?***

QDI: Patient Populations

A. Patients who are **actively dying** (hrs-days, days-wks) and **care goals** have been clarified to be **comfort**

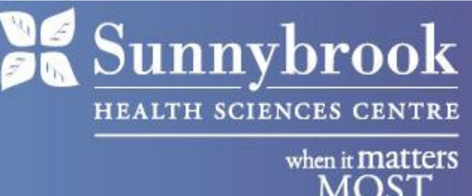
B. Among admitted, **“No”** response to **“Would you be surprised if this patient dies this admission?”**

C. Among patients being discharged, **“No”** response to **“Would you be surprised if this patient died within the next year?”**

QDI: Phase 1

Focus areas:

- Governance/Leadership
- Evidence: Lit Review & Best Practices
- Organizational Engagement & Communications
  - Gather Short Term Perspective: patients, family, staff & clinicians
  - Gather Long Term Perspective: data collection process



QDI: Phase 1

Evidence

- ***Objective:*** Outline the specific care domains **identified by dying patients and family members as being important elements of overall care**
- ***Product:***
  - Eight separate care domains identified as important
  - Basis for decision-making; how related projects & outcomes are defined, measured and improved

QDI: Phase 1

Engagement & Communications

- ***Objective:*** Initiate institution wide awareness through communications
- ***Product:*** Slogan, visual and overall strategy

QDI: Phase 1

Gather Short Term Perspective

- ***Objective*:** Gain appreciation of the experience of **family members** of patients who had died
- ***Product*:** Family Member Focus Group
  - March 28, 2012: 11 participants

"The dying experience forged a lifelong connection for me with Sunnybrook and when I got the letter I thought, 'You didn't forget about me'. Thank you"

QDI: Phase 1

Gather Short Term Perspective

- ***Objective***: Gain an understanding of the experience and perspective of **clinical staff** throughout the organization
- ***Product***: Institution wide **Clinical Staff Survey** and **Pilot Site IP Team Focus Groups**

"What supports, resources or training would enable you to deliver the best possible care to dying pts?"

- Education & training on:
  - Communication
  - Symptom management
  - Role of religious and cultural beliefs
  - Grief and bereavement
- Very limited ownership of a personal set of professional palliative care-related skills (i.e. referenced only as a location or as a unique team)
- **100's of pages of narrative (i.e. stories)**

QDI: Phase 1

Gather Long Term Perspective

- ***Objective***: Develop, pilot and implement a long term plan; prospectively measure care experience
- ***Product***: Family Member Survey
  - Formal literature review of existing tools; only two tools adequately reflected all 8 domains (Picker & CANHELP)
  - Decision made to partner with Picker as tool was modifiable and an data collection process in place

QDI: Phase 1

Family Member NRC Picker Survey

- Mailed ***4-6 weeks*** following the family members death
- 47 items and 1 open ended:

  "If you could change one thing about the care…?"
- Currently being validated against the CANHELP
- Administrated through NRC Picker - began Q4-2011
- Upon completion of validation process, NRC Picker will be made available to **ALL** Ontario hospitals

QDI: NRC Picker Survey

- Exclusions = ED, non-admitted; W&B; PCU; patient's without a complete address listed for contact
- Response Rates since implementation ~ 40%
- N = 40-50 per quarter (18 months baseline)
- Program level data
- Access, Time Spent, Listening/Communication, Information, Care Plans/Wishes, Care Received, Respect, Involvement of family members

QDI: NRC Picker Survey Data

Top Priority
(Low Positive Score, High Correlation)

High Priority
(High Positive Score, High Correlation)

Correlation Coefficient

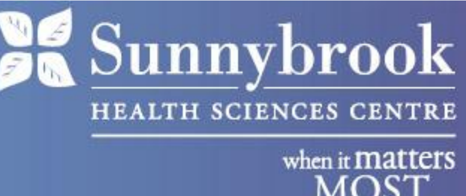
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00

0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0%

% Positive Score

Medium Priority
(Low Positive Score, Low Correlation)

Low Priority
(High Positive Score, Low Correlation)



QDI: Phase 2

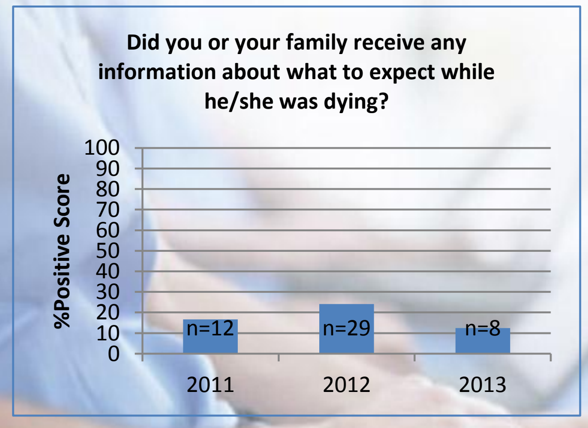
A. Patients who are **actively dying** (hrs-days, days-wks) and **care goals** have been clarified to be **comfort**
B. Among admitted, **"No"** response to **"Would you be surprised if this patient dies this admission?"**
C. Among patients being discharged, **"No"** response to **"Would you be surprised if this patient died within the next year?"**

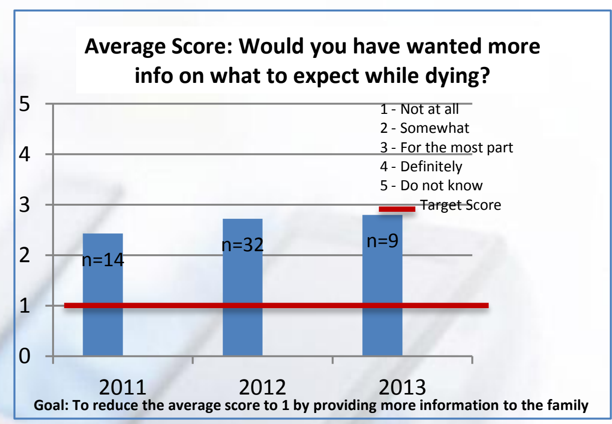
- **Specific interventions** addressing **measurable elements** of one or more "important domains" as per patients and families

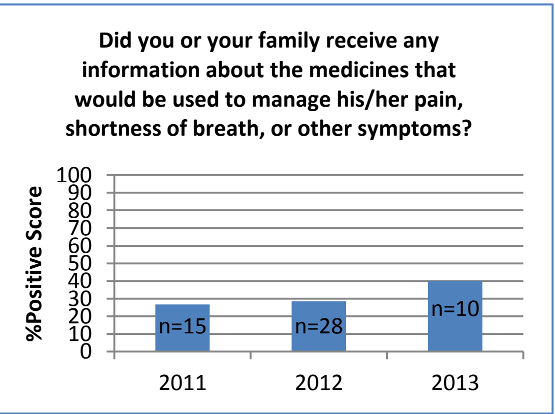
QDI Population A

<u>What's the solution?</u> = COMFORT STRATEGY

I. Comfort Measures Standard Orders
II. "No CPR" Standard Orders
III. Standard Comfort Assessment (CARES Model)
IV. Family Member Education Materials & Process
V. Palliative Care Team Coaching Consult
VI. Evaluation Plan - Process & Outcome Measures







Standard Orders

Sunnybrook
HEALTH SCIENCES CENTRE

PHYSICIAN'S ORDERS

Comfort Measures in Imminently Dying Patients

DATE: ___ YYYY / MM / DD ___ TIME (h): ___________

PATIENT IDENTIFICATION

☐ See Inpatient Allergy Record

☐ No Known Allergies

☐ Allergies: ______________________

COMPLETE ABOVE ALLERGY BOX AT TIME OF INITIAL ORDERS

SIGNATURE OF NURSE

YES	NO		Physician Must Check Off Appropriate Orders	
✓		1	Ensure *"No Cardiopulmonary Resuscitation Order Set PR 14167"* is complete.	
			Patient and Family Education	
✓		2	Provide patient and family with information and support resources: • "Last Days and Hours of Life"	
			Investigations	
✓		3	Discontinue all lab work	
✓		4	Discontinue all imaging	
			Monitoring	
✓		5	Discontinue vital signs	
✓		6	Discontinue O_2 saturation monitoring	
✓		7	Comfort assessment q2h and prn (see back of order sheet)	
		8	Does patient have an internal cardiac defibrillator (ICD device)? ☐ Yes ☐ No If yes, ICD 'shock' therapy to be disabled Call Pacemaker Clinic (ext. 1555) Mon - Fri between 0900 - 1700 hrs. *After hours – see back of order sheet for instructions	
			Interprofessional Referrals *(please indicate reason for referral)*	
✓		9	Spiritual care	
✓		10	Palliative care consult team	
		11	☐ Nutrition for .... ☐ Social work for .... ☐ Clinical ethics for .... ☐ Other:	

Physician's Signature: **PRINT NAME:** **Pager:**

QDI Population A

COMFORT STRATEGY: New and Innovative Practices and Processes

- **Standard Comfort Assessment**

  CARES Model: Piloting/integrating a **standardized** interprofessional (IP) patient/family member **end of life care assessment** designed for the acute care setting; collaboration with City of Hope, CA

- **Family Member Education & Palliative Care Team Coaching Consult**

  Focus on Professional Development:
  - IP team members: **effectively educating family** using the Family Member Education Materials and Process
  - MDs: Evidence base informing both Comfort Measures & No CPR Order Sets

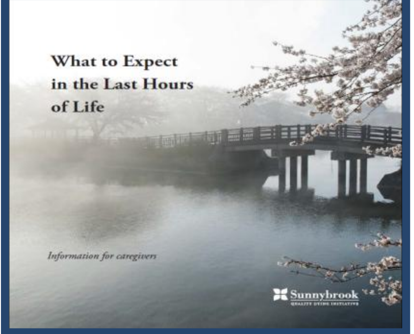
QDI Population A

COMFORT STRATEGY: Helping Families know what to expect

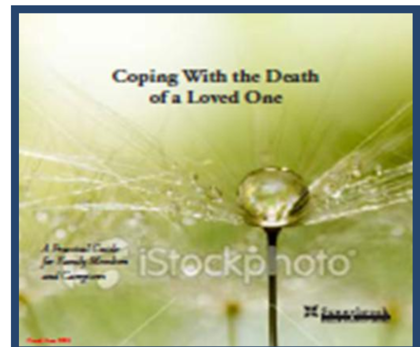
How do we effectively educate clinicians to effectively educate patients and family members?

YES	NO		Physician Must Check Off Appropriate Orders
✓		1	Ensure *"No Cardiopulmonary Resuscitation Order Set PR 14187"* is complete, including both 'Parts A' and 'Part B'
			Patient and Family Education
✓		2	Provide patient and family with information and support resources: • "Last Days and Hours of Life"
			Investigations
✓		3	Discontinue all lab work
✓		4	Discontinue all imaging
			Monitoring
✓		5	Discontinue vital signs
✓		6	Discontinue O_2 saturation monitoring
✓		7	Comfort assessment q2h and prn (see back of order sheet)
		8	Does patient have an internal cardiac defibrillator (ICD device)? ☐ Yes ☐ No **If yes, ICD 'shock' therapy to be disabled** Call Pacemaker Clinic (ext. 1555) Mon - Fri between 0900 - 1700 hrs. *After hours – see back of order sheet for instructions

Last Days And Hours



Coping With The Death of A Loved One



QDI: Populations B & C

B. Among admitted, **"No"** response to **"Would you be surprised if this patient dies this admission?"**

C. Among patients being discharged, **"No"** response to **"Would you be surprised if this patient died within the next year?"**

Population B: "No" - This Admission

- Feb 22, 2014 point prevalence of "No" response among admitted GIM pts: **30%**

Population C: "No" - One Year

- Feb 22, 2014 point prevalence of "No" response among admitted GIM pts: **61%**

QDI: Populations B & C

B. Among admitted, **"No"** response to **"Would you be surprised if this patient dies this admission?"**

C. Among patients being discharged, **"No"** response to **"Would you be surprised if this patient died within the next year?"**

Proposed Solutions:

Population B: Standard Goals of Care Discussions + POST

Population C: Standard Advance Care Planning + POST

QDI: Populations B & C

- Interventions with an **outcome of improved ILLNESS UNDERSTANDING & incorporate an individual's GOALS OF CARE into decision-making processes around treatment and care**
- In general, **lack of perceived skill gap** re: GoC Discussions among MD's
- Implementation and use of a **Standard Physician Ordered Scope of Treatment (POST)** would be a helpful step away from code status being used as a proxy for Goals of Care
- **A patient's goals of care may not include the goals clinicians consider e.g. resuscitation interventions**
- POST: Designed for patients who are likely to die within the next year
- Evidence recently building re: effectiveness and utility across care settings

POST = Physician Ordered Scope of Treatment Form (E.g. from Hamilton Health Sciences; in place is a parallel policy on outlining EOL Protocol)

METRIC for both Population B and C could be: “% of eligible patients with a completed POST”

Hamilton Health Sciences

ADDRESSOGRAPH

Patient's Name:

Physician Ordered Scope of Treatment (POST)

*** This POST replaces any previous POST***

*****Our goal for all patients, regardless of resuscitation status, is to ensure their dignity and comfort. *****

Patient capable of participating in care planning: ☐ Yes ☐ No

Name of Substitute Decision Maker (SDM) if applicable: ____________ Relationship: ____________

Patient has written Advance Directive: ☐ Yes ☐ No Reviewed by MRP/delegate and SDM ☐ Yes ☐ No

1. Summary of goals of care (e.g. focus on comfort, focus on prolonging life, etc.)

Discussed with ☐ Patient ☐ SDM ☐ Both

____

____

____

2. Code status in the event of respiratory or cardiac arrest (please check one then complete Section 3):

☐ **Provide cardiopulmonary resuscitation (CPR) as clinically indicated**

☐ **Allow Natural Death (AND). Do not attempt cardiopulmonary resuscitation (no CPR)**

Specific resuscitation details: ____

____

3. Scope of treatment:

☐ **Active treatment including critical care. Intubation** ☐ Yes ☐ No

☐ **Active treatment excluding critical care**

☐ **Treatment to focus on palliation**

4. Summary of plan: ☐ **I have reviewed and discontinued previous POST**

____

____

____

____

____

This POST must remain in a Greensleeve at the front of the Patient Chart

Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page

Signature: ____________ Pager # ____________ Date ____________ Time ____________

Co-Signature: ____________ Pager # ____________ Date ____________ Time ____________

Transcribed By: ____________ Date ____________ Time ____________

Checked By: ____________ Date ____________ Time ____________

☐ Copy Made For Pharmacy

End of Life Care/MD/02-11/V4

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QDI

Three Target Patient Populations

A. **Actively dying patients** (hrs-days or days to wks) **and care goals clarified to be comfort**

METRIC: Family member adequately informed on "What to expect"

B. **Among admitted, "No" response to "Would you be surprised if this patient dies this admission?"**

METRIC: % of patients with standardized documentation of GoC & POST

C. **Among pts being discharged, "No" response to "Would you be surprised if this patient died within the next year?"**

METRIC: % of patients with documentation of standardized ACP & POST

Quality Dying Initiative

- Institution-level commitment to change
- Implementation of standardized care processes and associated best practices with ongoing QI
- Effective pt/family member & staff/clinician education
- NO difficulty finding people; give time and resources
- System-level improvements might be difficult to demonstrate through measurement but we MUST start somewhere
- Thank You!! jeff.myers@sunnybrook.ca