



ACP CRIO Seminar

**HCP perspectives on
barriers and facilitators for ACP GCD
uptake in Alberta
- Results of Theoretical Domains Survey**

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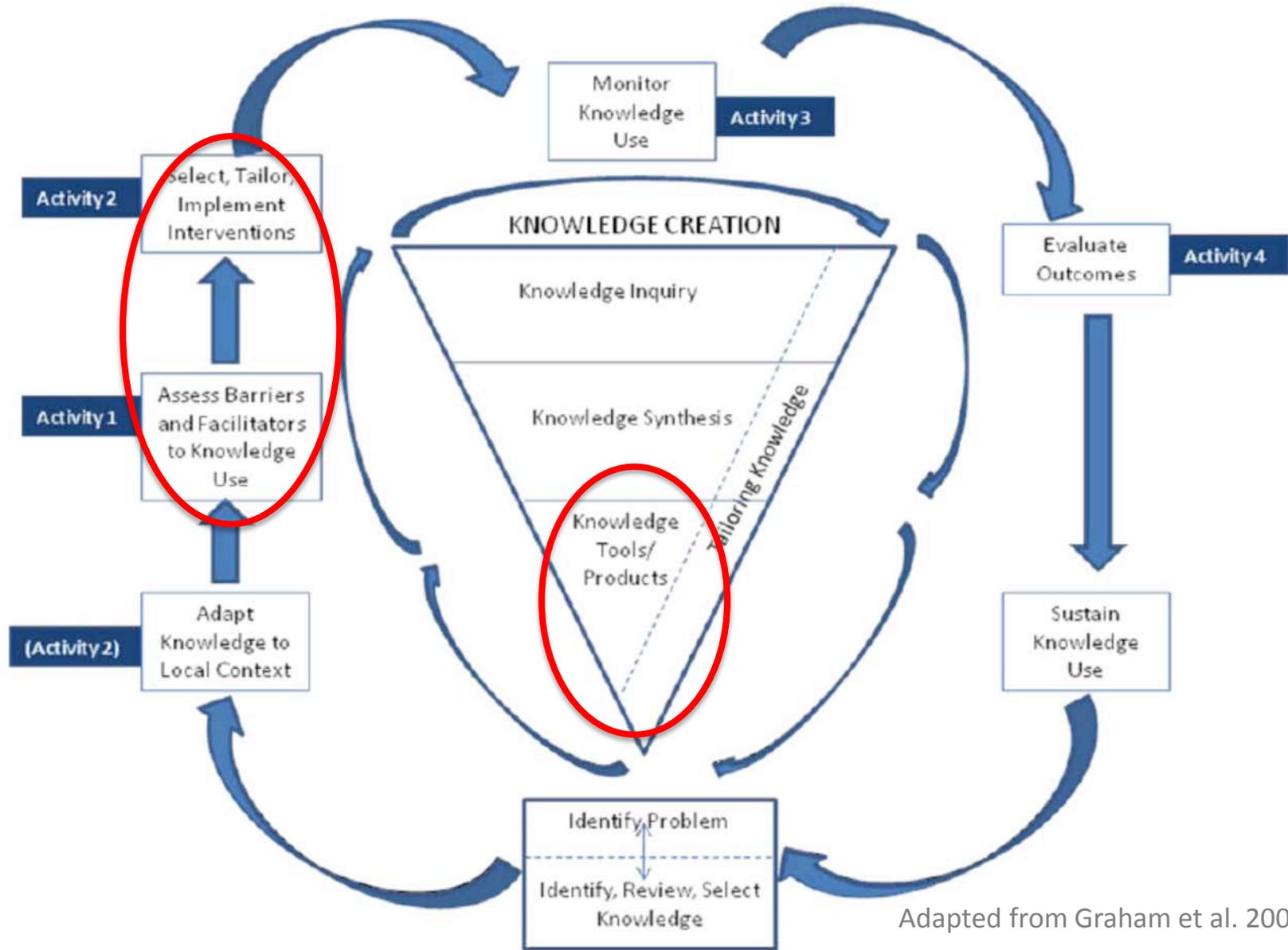


Dr. Jonathan Howlett



Dr. Eric Wasylenko

- Activity 1.3 a
 1. Survey 500 HCP across 3 contexts
 2. Identify barriers/facilitators ACP GCD policy & process
 3. Recommendations to improve uptake



Adapted from Graham et al. 2006

DECIDE survey You et al JAMA Int Med 2015

- IM: MD, resident, nurses
22 GoC barriers (7pt likert), 4 willingness,
4x7 acceptability of prof roles, 15 demographics

We needed ACP, GCD and other contexts

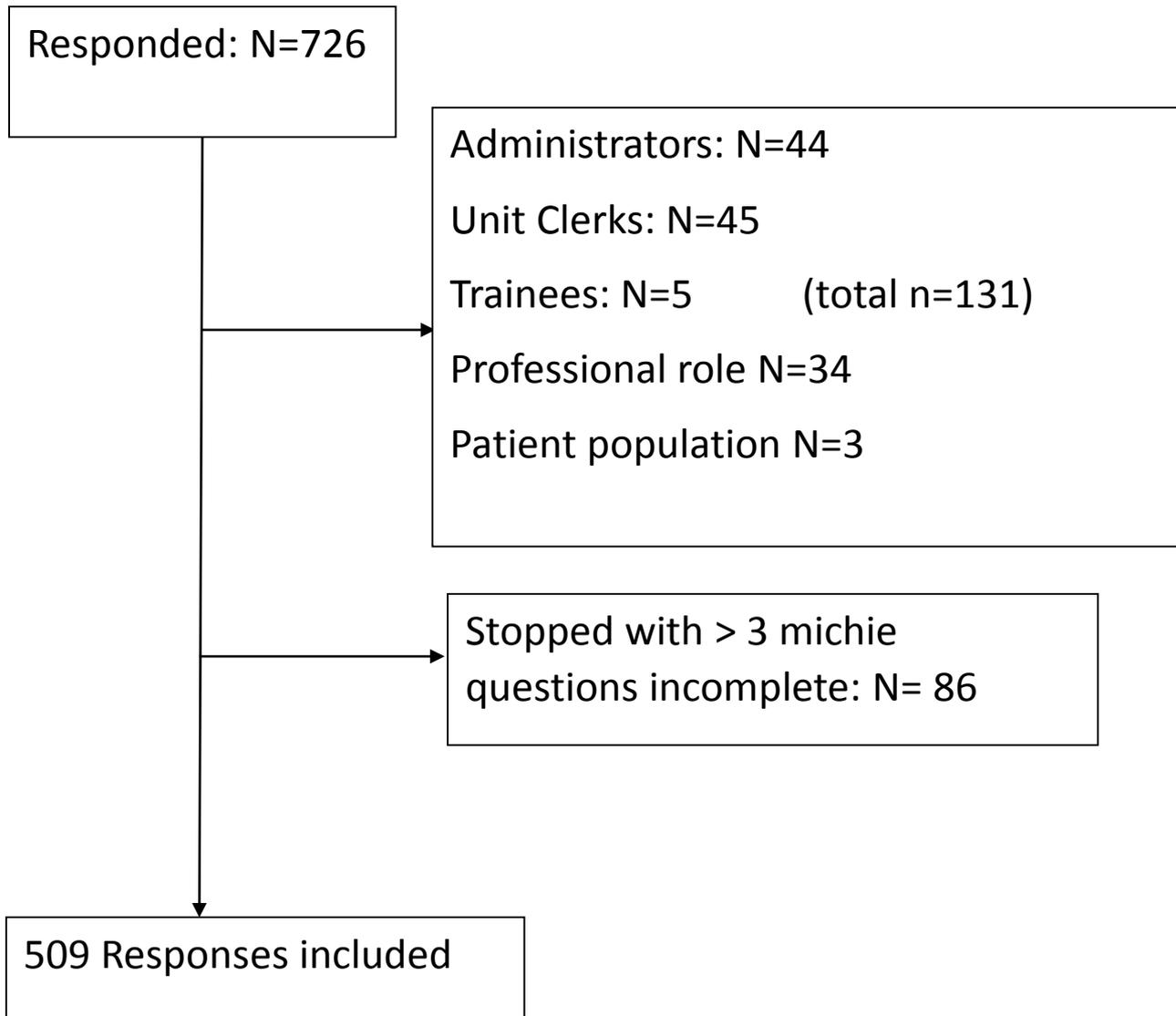
- Mapped to Michie 14 domains; additional “AHS” questions
- Piloted x2 (Prov. steering committee & 10 HCP)
- Refined (dropped 2 domains, overlap 2 domains)

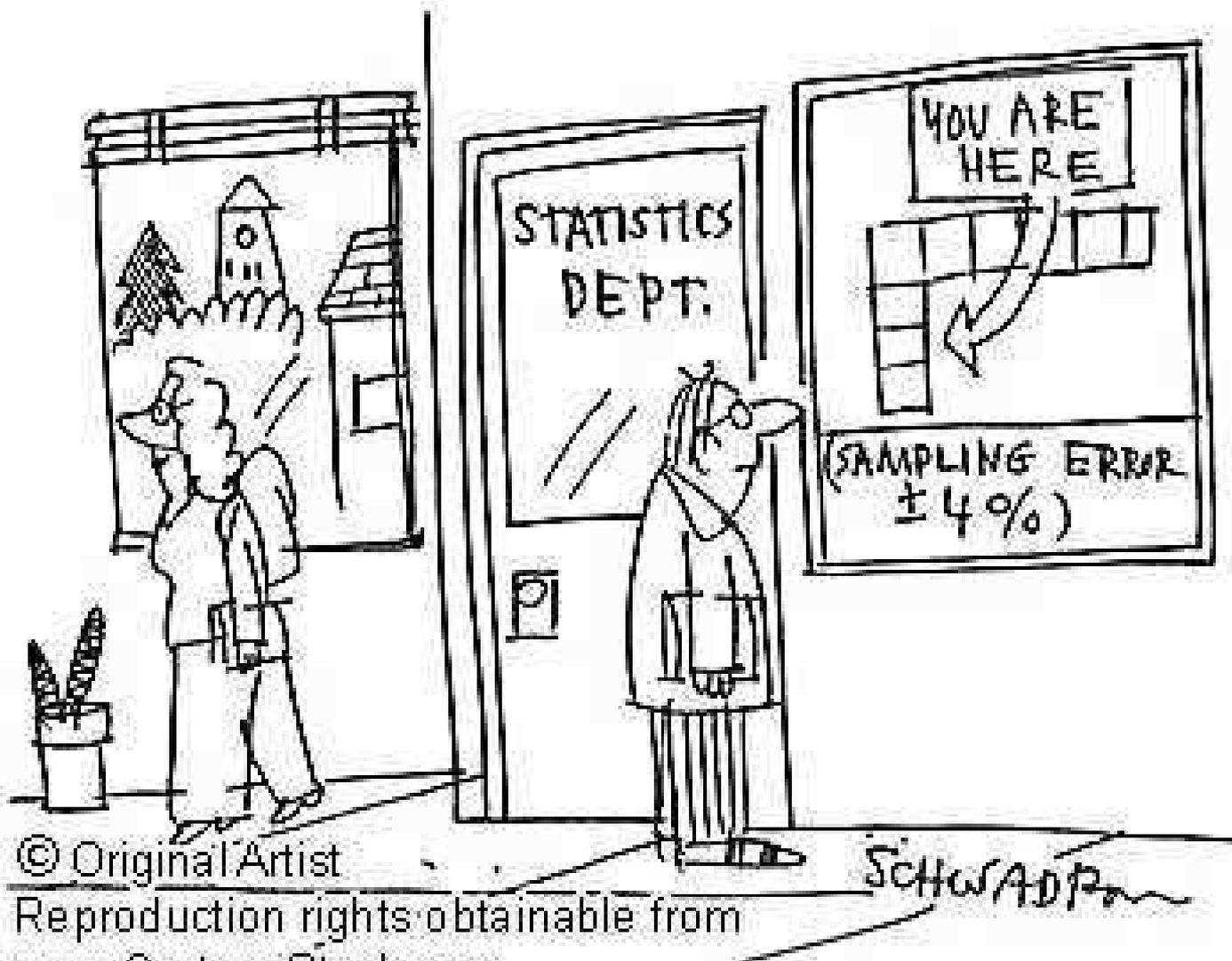
- 18 ACP/GCD Michie, 8 policy/process, 1 open text (& 1 comment box about resources), 6 demographics

Domains	Construct (abbreviated)
Knowledge	Knowledge, Scientific Rationale, Procedural Knowledge
Skills	Skills, Competence, Skill Assessment
Social/Prof. Role/Identity	Identity, Professional Identity, Roles, Boundaries
Beliefs about Capabilities*	Self-Efficacy, Empowerment, Self-Esteem, Control
Beliefs about Consequences	Outcome expectations, Regret, Attitudes, Reward/Sanctions
Motivation and Goals	Intention*, Goals*, Priorities, Commitment
Memory & Decision Process	Memory, Attention Control, Decision Making
Environmental Context	Resources (Material or Other)
Social Influences	Social Support, Group Norms, Conformity, Leadership
Emotion	Affect, Stress, Regret, Fear, Threat
Behavioral Regulation	Goals, Implementation Intention, Self Monitoring
Nature of the Behavior	Routine, Automatic Habit or Breaking a Habit,
Optimism *	Hope for Improvement/Change
Reinforcement	Behavioral Reinforcement (intended and unintended)

- SCN, Division heads, Admin leaders cascaded:
 - Seniors (supportive living facilities)
 - Cancer (CCI and TBCC)
 - Chronic Disease (renal and heart failure)







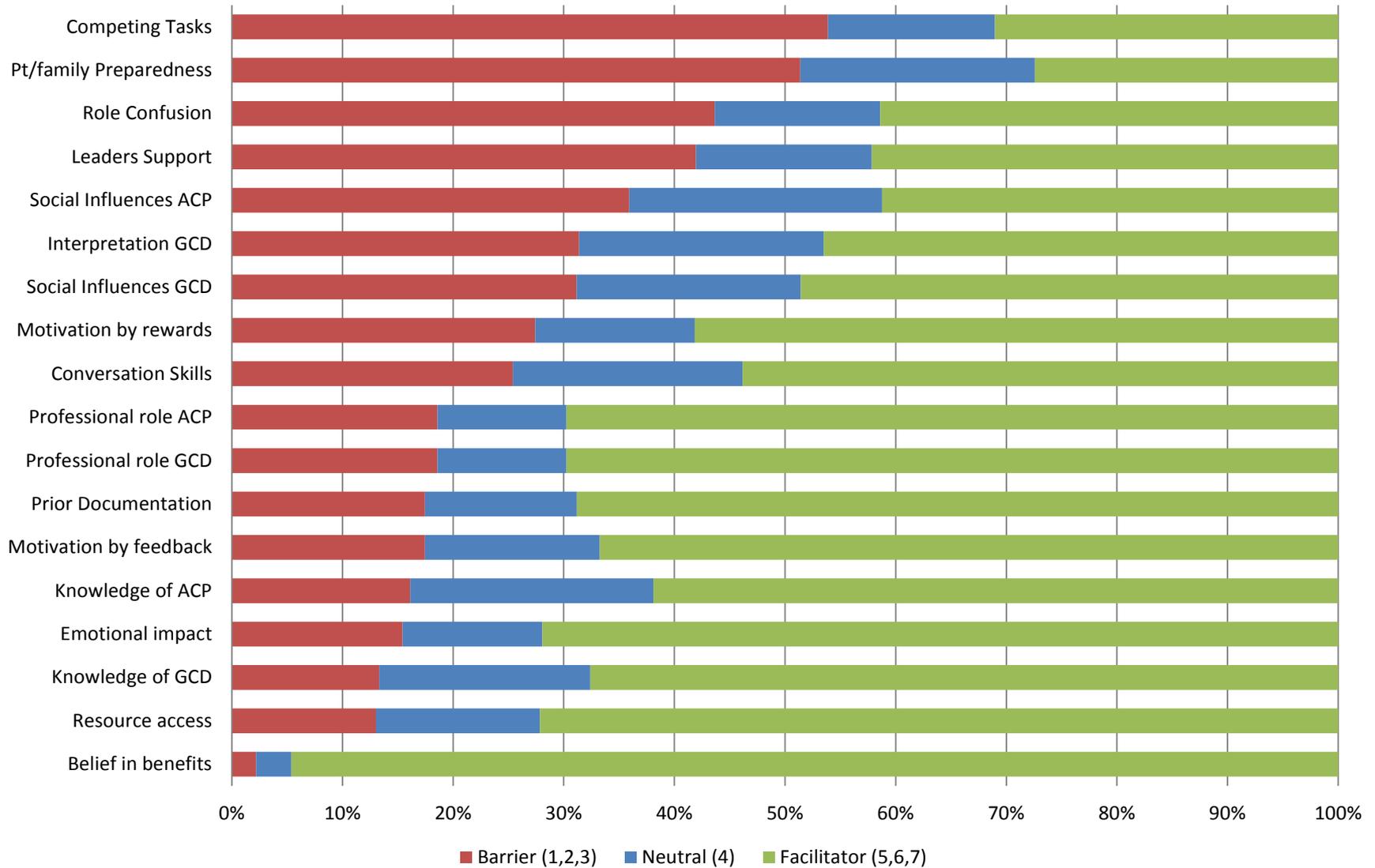
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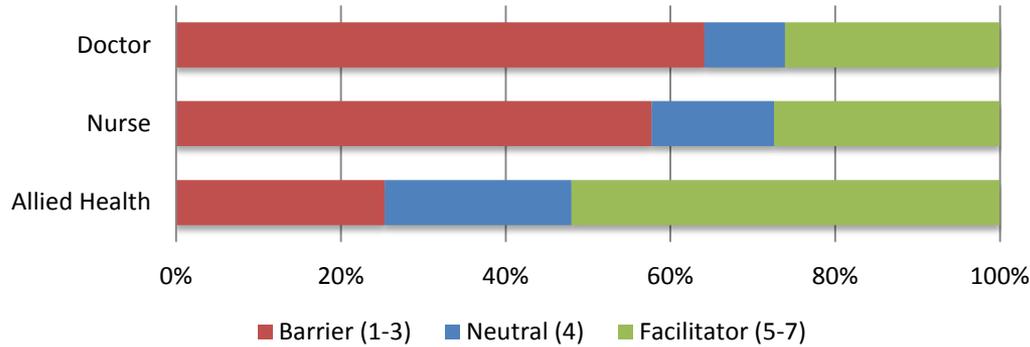
Demographics		N	%	Total N
Primary Professional Role	Nurse	330	64.8%	509
	Doctor	92	18.1%	
	Other Allied Health Professional	87	17.1%	
AHS Zone	Calgary	218	43.2%	505
	Edmonton	136	26.9%	
	Central	94	18.6%	
	North, South	57	11.3%	
Gender	Male	66	13.9%	475
	Female	409	86.1%	
Years of Practice	0-5 years	92	18.1%	507
	5-15 years	153	30.2%	
	>15 years	262	51.7%	
Health Care Area	Acute Care (including Rehabilitative care)	109	21.5%	507
	Primary Care (including specialist outpatient clinics)	145	28.6%	
	Home or Residential care facility	123	24.3%	
	Other (e.g. emergency department, transition services)	37	7.3%	
	Work in >1 health care area	93	18.3%	

Results: Domains ranked by barriers

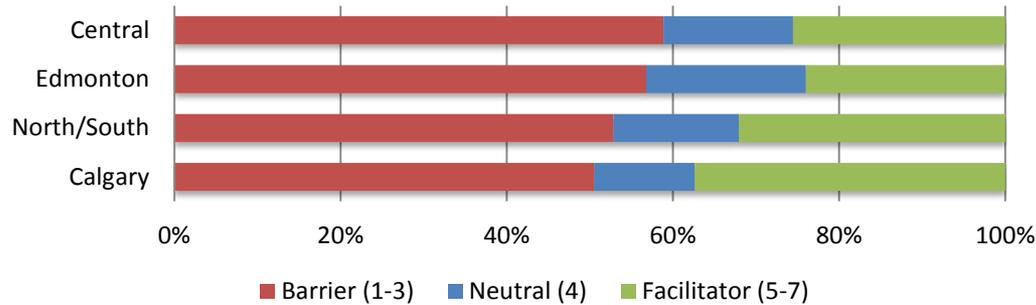


In legend: describe that items toward the bottom of the figure are facilitators and toward the top are barriers

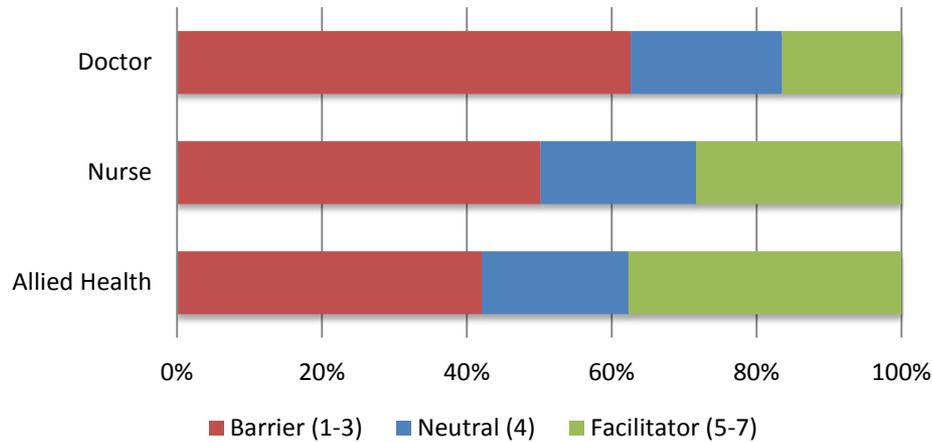
Competing Tasks



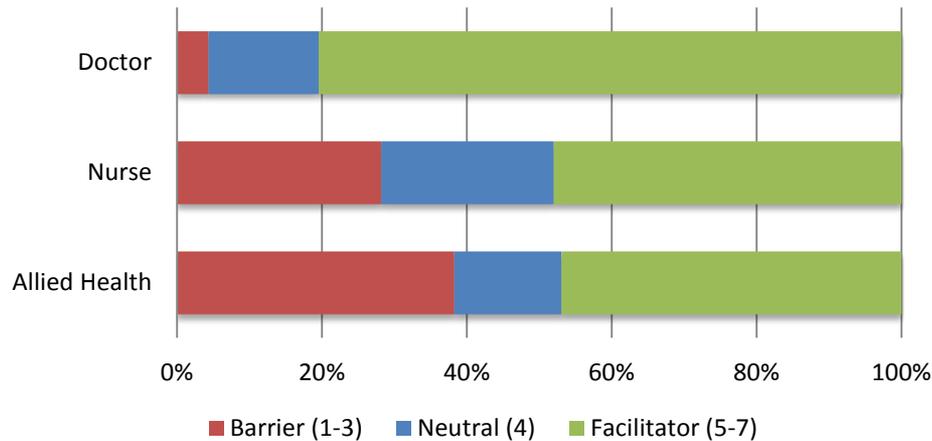
Competing Tasks



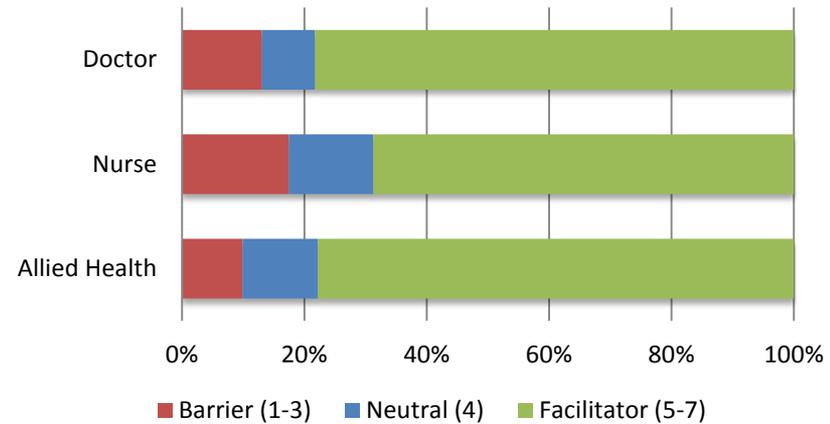
Patient/Family preparedness



Conversation Skills



Emotional Impact

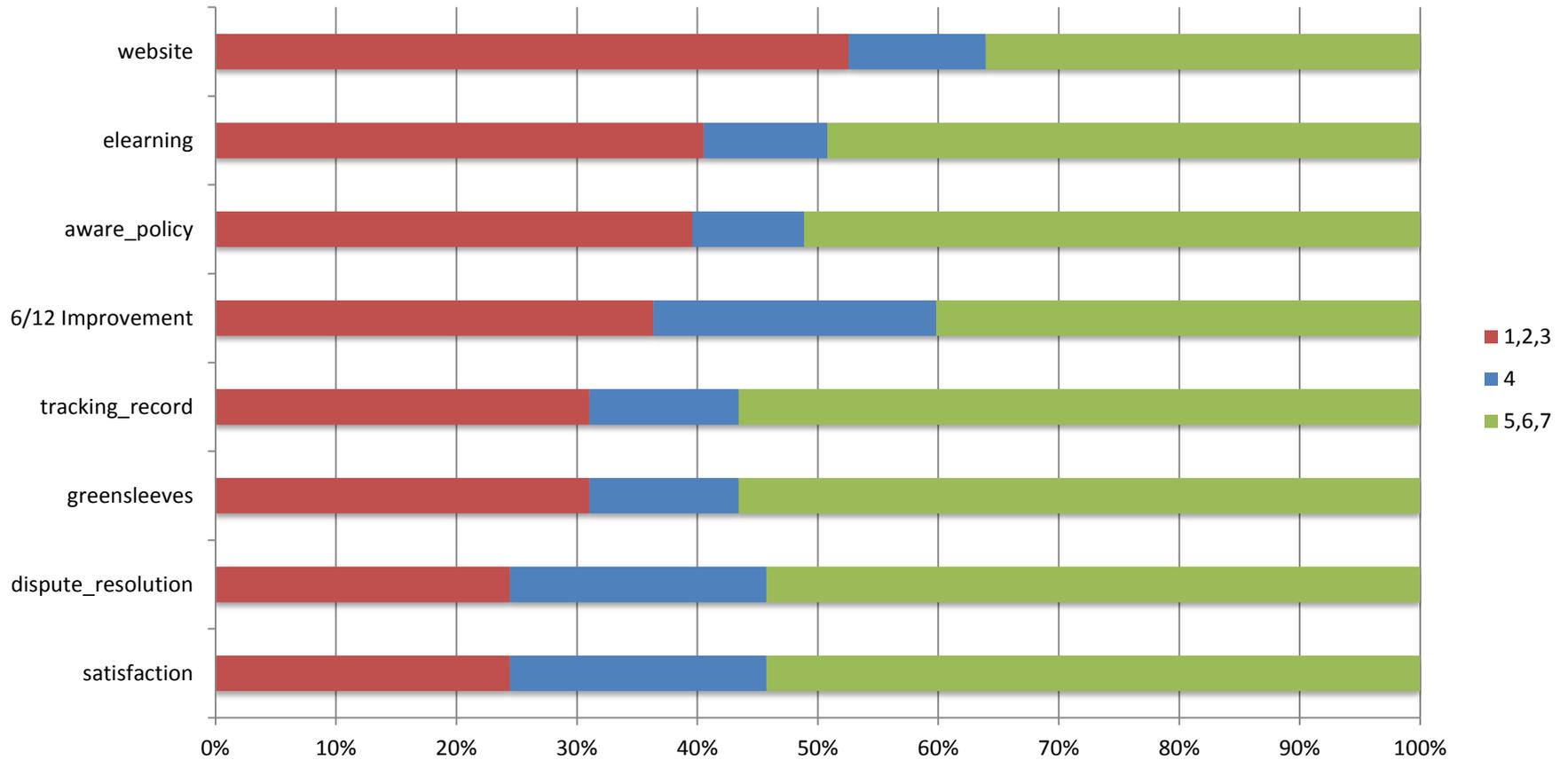


Multivariate, multinomial logistic regression

Barrier	OR estimate	95% Wald Confidence limits	
Competing tasks*			
Allied Health Prof vs. Doctor	5.5	2.6	11.6
Edmonton vs. Calgary	0.6	0.3	1.0
Patient/Family preparedness*			
Nurses vs. Doctors	2.1	1.1	4.0
Allied Health Profs vs. Doctors	3.4	1.6	7.4
Leaders Support			
Edmonton vs. Calgary	2.1	1.2	3.5
Central vs. Calgary	2.1	1.2	3.7
0-5 years vs. > 15 years	2.6	1.5	4.7
5-15 years vs. >15 years	1.9	1.2	3.0
Social Influences ACP			
Primary care vs. Home care	2.9	1.5	5.7
Edmonton vs. Calgary	3.0	1.6	5.8
Interpretation GCD			
Primary Care vs. Home Care	3.9	1.9	8.0
Social Influences GCD			
Edmonton vs. Calgary	4.2	2.1	8.3
Central vs. Calgary	2.2	1.1	4.8
Primary Care vs. Home Care	4.7	2.3	9.5
Motivation by rewards			
Primary Care vs Home Care	0.5	0.3	0.9
Conversation Skills			
Nurses vs. Doctors	9.0	2.6	31.3
Allied Health vs. Doctors	18.8	4.9	72.4
Edmonton vs. Calgary	2.2	1.1	4.4
Acute Care vs. Home care	2.1	1.0	4.3
Primary/OP vs. Homecare	2.9	1.4	6.0

What graphs would you show in the paper?

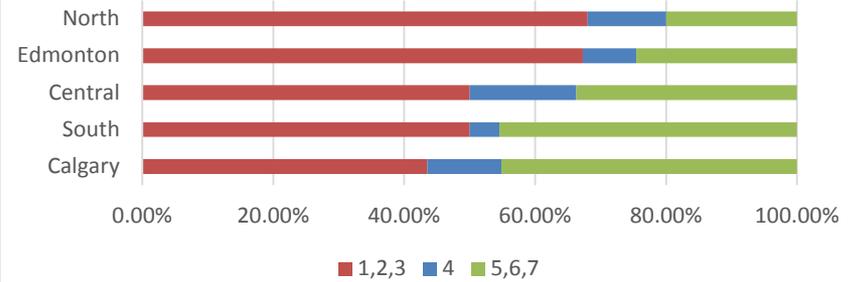
- a) Frequencies for stat significant MMLR top 9 barriers (20)
- b) All frequencies: zone, profession, yrs in practice, sector (4x18)
- c) All Top 9 barriers: (4X9)
- d) No frequency graphs
- e) Something else clever



Tracking_record



Tracking_record



Aware_policy



Aware_Policy



Would you show any of that additional data in the paper?

- a) No – leave for AHS report
- b) No – separate paper
- c) Yes – include

Please suggest ways to improve awareness, acceptability and ease of use for advance care planning and goals of care designations in Alberta:

- Public: awareness, education, expectations
- HCP roles: improve physician practice and engagement, expand RN role(signing GCD), SW role
- HCP training
- Quality: conversations, wishes not respected
- Make routine, earlier conversations/GCD determination
- Process & document complexity, patient confusion
- Variation in implementation, access & adherence
- Lack of space, time, interpretation

Would you include this open text analysis in the paper?

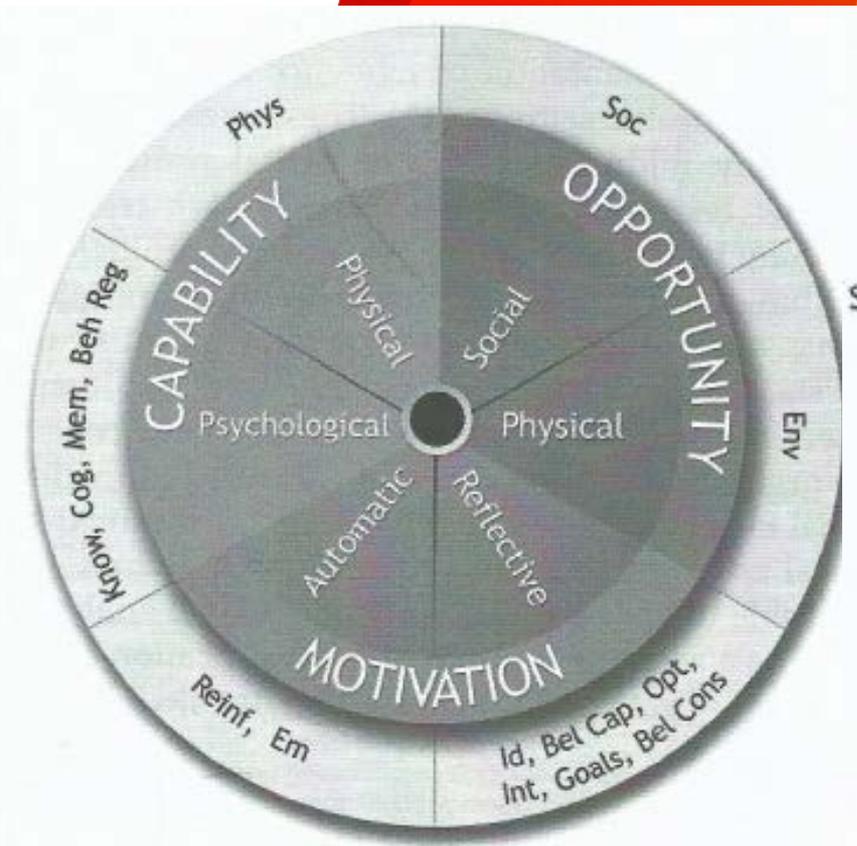
- a) No – AHS report
- b) No – separate paper
- c) Yes – include section on qual
- d) Yes – allude to results in interpretation

Next: Selecting and Tailoring interventions



e.g. How to address competing priorities?

TDF domains linked to COM-B components



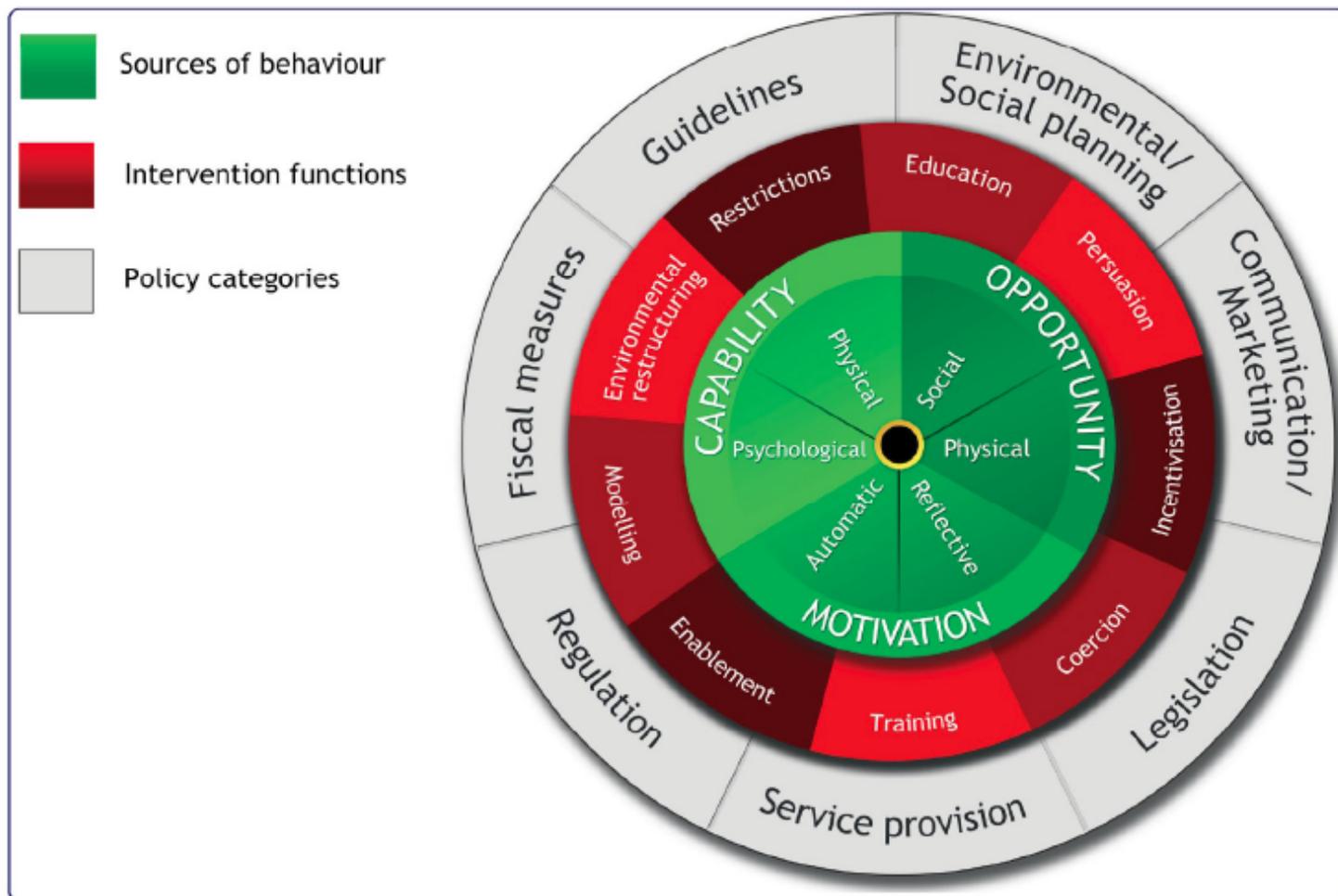

 Sources of behaviour


 TDF Domains

- Soc - Social influences
- Env - Environmental Context and Resources
- Id - Social/Professional Role and Identity
- Bel Cap - Beliefs about Capabilities
- Opt - Optimism
- Int - Intentions
- Goals - Goals
- Bel Cons - Beliefs about Consequences
- Reinf - Reinforcement
- Em - Emotion
- Know - Knowledge
- Cog - Cognitive and interpersonal skills
- Mem - Memory, Attention and Decision Processes
- Beh Reg - Behavioural Regulation
- Phys - Physical skills

HCP survey and Behaviour Change Wheel

- Synthesis of 19 frameworks to classify interventions
- **Centre ring:** COM-B model
- **Inner ring:** 9 intervention elements
- **Outer ring:** 7 policy categories



(Michie et al., 2011)

Barrier	Intervention	Descriptions of Interventions
Competing Tasks and time constraints (Memory, attention and decision processes)	Education, Training, Enablement	Train or enable endurance required for desired behavior or sustained resistance to undesired one
Family Preparedness (Social influences)	Restriction, Environmental Restructuring, Modelling, Enablement	Restructure the social environment or use modelling to shape people's ways of thinking.
Support_Leaders (Social influences)	Restriction, Environmental Restructuring, Modelling, Enablement	Restructure the social environment or use modelling to shape people's ways of thinking.
Role Confusion (professional/social role and identity)	Education, Persuasion, Incentivisation, coercion	Educate, train to form clearer personal rules/ action plans, and train to remember and apply the rules when needed
Social ACP/GCD (Social influences)	Restriction, Environmental Restructuring, Modelling, Enablement	Restructure the social environment or use modelling to shape people's ways of thinking.
Interpretation of GCD (Social influences)	Restriction, Environmental Restructuring, Modelling, Enablement	Restructure the social environment or use modelling to shape people's ways of thinking.
Rewards (Reinforcement)	Training, Incentivisation, Coercion, persuasion, modelling, enablement, Environmental restructuring	Persuade, incentivize, coerce, model or enable to feel positively about the desired behavior and negatively about the undesired one.
HCP Skills (Cognitive and interpersonal skills)	Education, Training, Enablement	Train in cognitive, physical or social skills required for the desired behavior or avoid the undesired one.

- Modeling & enablement *building team skills, champions*
- Persuasion/incentivism *leadership, audit feedback*
- Environmental restructuring *EHR prompts*

How much depth with suggested interventions?

- Competing priorities
- Patient and Family Preparedness
- Role Confusion
- Leadership support

What Intervention Functions can you think of?

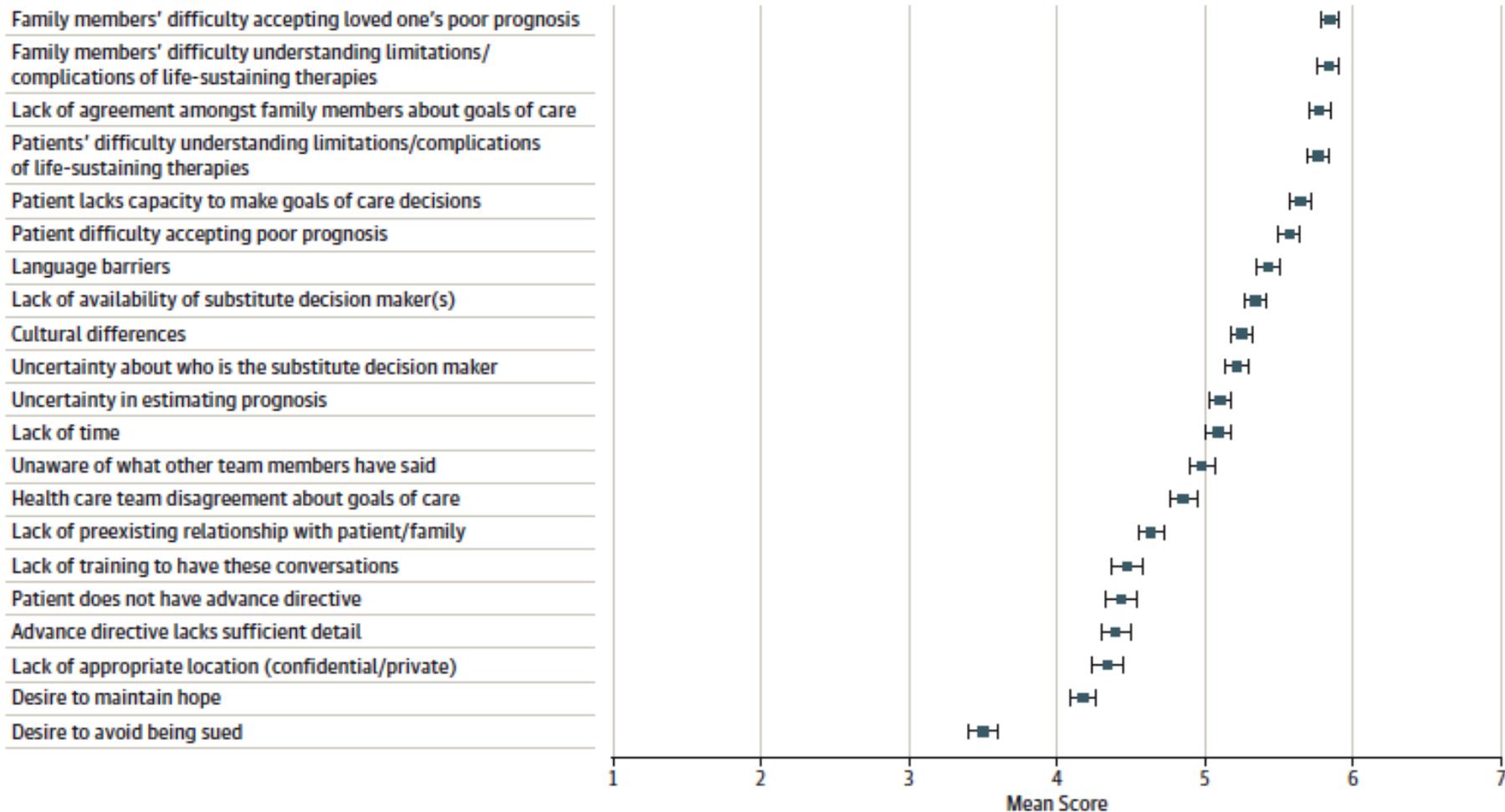
Modeling, enablement

Persuasion, incentivism, coercion, restrictions

Environmental restructuring

Training, Education etc.

Figure 1. Importance of Barriers to Goals of Care Discussions as Perceived by Clinicians on Medical Teaching Units



Symbols and error bars denote the point estimates and 95% CIs of the mean importance score for a given barrier. Questionnaire items were rated on a scale from 1 to 7, with 1 indicating "extremely unimportant" and 7 indicating "extremely important."

TITLE
ADVANCE CARE PLANNING AND GOALS OF CARE DESIGNATION

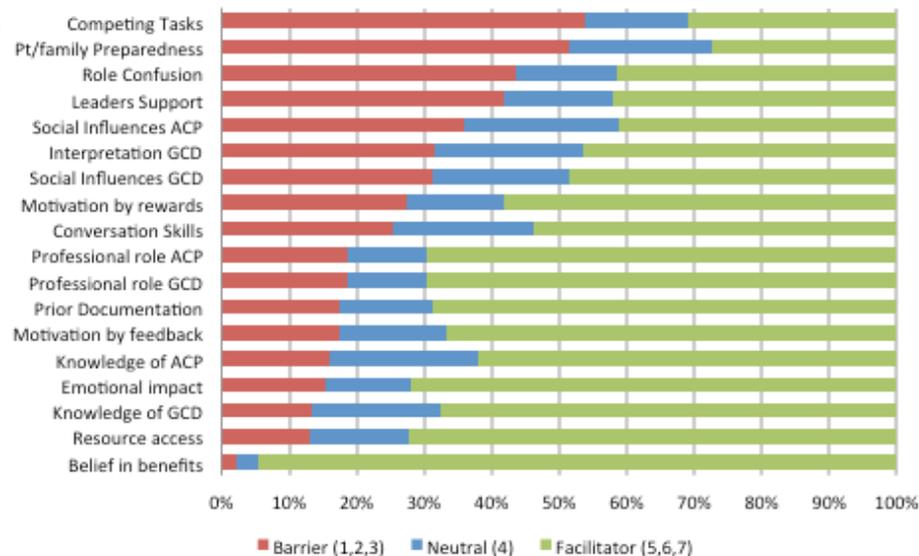
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If you have any questions or comments regarding the information in this policy, please contact the Clinical Policy Department at clinicalpolicy@albertahealthservices.ca. The Clinical Policy website is the official source of current approved clinical policies, procedures and directives.

PURPOSE

- To guide **health care professionals, patients** and **alternate decision-makers** regarding the general intentions of clinically indicated health care, specific interventions, and the service locations where such care will be provided.
- To serve as a communication tool for health care professionals to assist in rapid decision making in the clinical environment.

Domains ranked by barriers





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