

The Alberta ACCEPT Study: Audit of Communication, CarE Planning, and DocumenTation

**Presented by:
Seema King, MSc, MSW (Candidate), CCRP
Research Coordinator**

Outline

1. Prior ACCEPT Cycles

- a. Background
- b. Findings

2. Alberta ACCEPT study

- a. Background
- b. Methodology
- c. Results
 - a. Demographics
 - b. Secondary Outcomes
 - c. Primary Outcome
- d. Knowledge translation

Objective

1. Sharing the current state of ACP/GCD conversations and documentation in Alberta
2. Your input on these findings

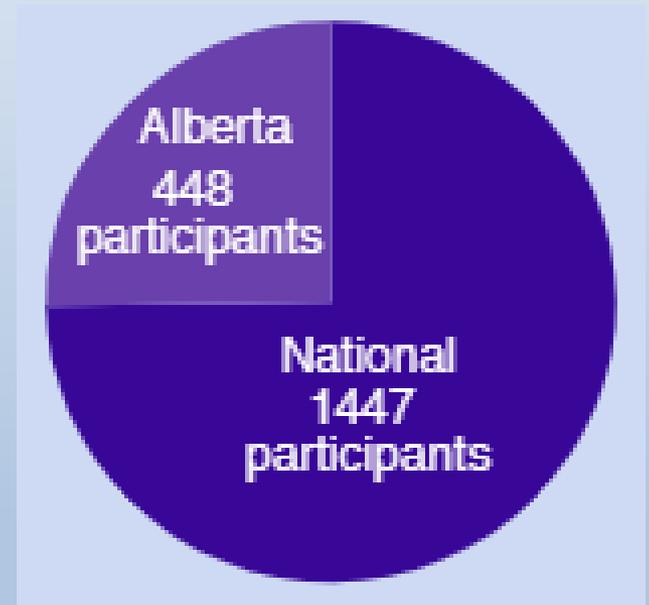
Prior ACCEPT Cycles

Purpose

- Evaluate communication, planning and documentation practices related to end of life care
- Measure engagement of patients and families in ACP
- Identify barriers and facilitators to ACP communication
- Satisfaction of ACP conversations and decision making

Prior ACCEPT Cycles

- 3 prior cycles: 2011-2015
- Surveyed patients and family members
- 12 sites across Canada (ON, BC, AB)
- Alberta Sites:
 - Calgary Zone: Foothills, Peter Lougheed, Rockyview
 - Edmonton zone: Royal Alexandra Hospital
 - Lethbridge: Chinook Hospital



Key Alberta Findings

No meaningful improvement was seen over time in the frequency or quality of ACP in Alberta or nationally.



27%

Concordance between patients' preferences for use of life sustaining therapies and their documented medical orders

Nationally: 30%



87-100%

Patients discussed wishes regarding life sustaining therapies with family members

Nationally: 88-92%



53%

Patients discussed wishes regarding life sustaining therapies with any health care provider but low levels of key discussion elements were reported

Nationally: 50%



Biggest mismatch was frequency of patients preferring comfort care who did not have medical orders reflecting that preference



The more conversation elements that were discussed in-hospital, the more likely a patient's preferences and medical orders were concordant



Low levels of satisfaction found with discussions about future location of care, use of life sustaining technologies, and what to expect at end stages of illness

Alberta ACCEPT Study

What we know:

- Advance Care Planning (ACP) may offer benefits to patients, family, health care providers and health care system
- Previous cycles demonstrated gaps in the ACP process from the patient and family perspective

What we want to do:

- An Alberta focused cycle will allow us to see how things are now that the ACP GCD policy and procedure have been implemented provincially
- The insights we gain will help target quality improvement initiatives

Objective

To determine, from patient perspectives:

- the prevalence of ACP engagement
- satisfaction with goals of care communication
- to audit the documentation process in acute care
- awareness of GCD

Alberta ACCEPT Study

Primary outcome:

- Patient awareness of GCD

Secondary outcomes:

1. Frequency of prior ACP engagement
2. Frequency of key elements of ACP discussions
3. Patient satisfaction with ACP discussions
4. Compliance with documentation and process of ACP
5. GCD concordance with patient preferences

AHS/ACP CRIO Indicators

Performance Indicators (percentages)

- 1 Healthcare providers who have completed the AHS Advance Care Planning/Goals of Care Designations- Adult **eLearning module**
- 2 Charts with GCD order(s) in the **Green Sleeve**
- 3 Patients with a **GCD order** anywhere in the chart
- 4 Patients with a completed **ACP/GCD tracking record**
- 5 Patients with a **Personal Directive** in the health record
- 6 Patients and/or alternate decision-makers who have had an Advance Care Plan **conversation** with a healthcare provider
- 7 Deceased patients who die having had an M1,M2,C1, or C2 GCD in the week prior to their death, who received **resuscitative** or life-support interventions in advance of death
- 8 Deceased long term care and home care patients with a C2 GCD who were **transferred** to acute care and/or ICU
- 9 Patients or family members/friends **satisfied** with ACP conversation

Sites

Edmonton:

- Royal Alexandra Hospital
- Grey Nuns Hospital
- University of Alberta

Calgary:

- Foothills Medical Centre
- Peter Lougheed Centre
- Rockyview General
Hospital

Lethbridge:

- Chinook Regional Hospital



Inclusion Criteria

55 years or older with one or more of the following diagnoses:

- Chronic obstructive lung disease
- Congestive heart failure
- Cirrhosis
- Cancer
- Renal failure

OR

Any patient 80 years of age or older admitted to hospital from the community because of an acute medical or surgical condition

OR

Any patient 55 to 79 years of age in the opinion of a health care team member (Doctor, resident, nurse), he/she would not be surprised if the patient died in 6 months.

Methodology

1. Survey

- Demographics, ACP prior to hospitalization, Goals of Care conversations in hospital and GCD awareness

2. Admission Chart Audit

- ACP tracking record, GCD and Personal directive (PD)

3. Discharge Chart Audit

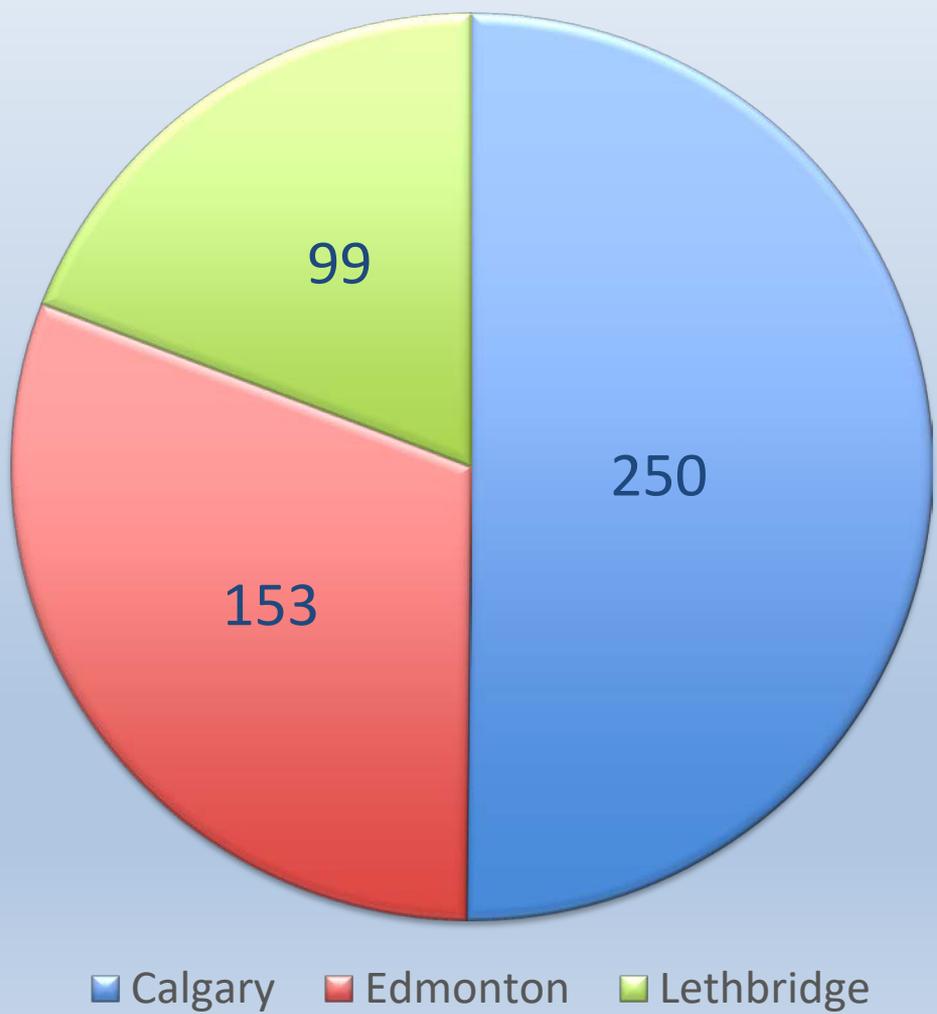
- Number of documented conversations, GCD changes



Results

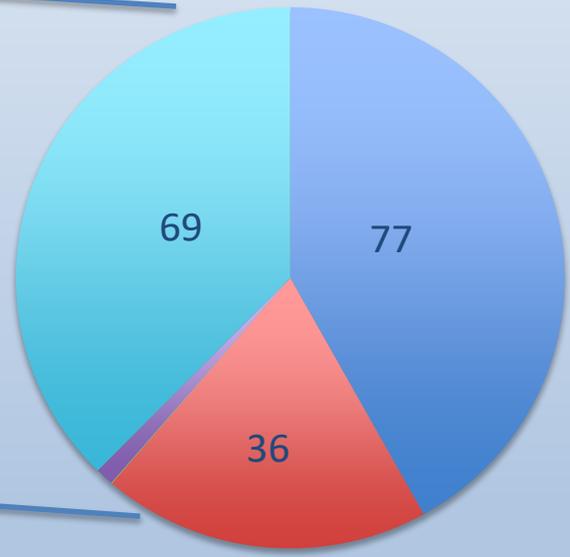
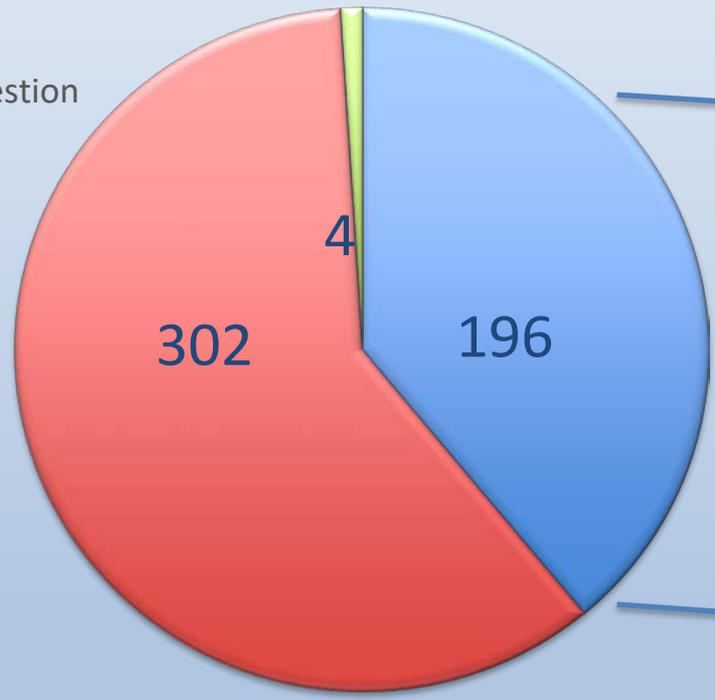
Participants

TOTAL: 502
participants



Diagnosis

- >55 years with diagnosis
- >80 years
- Surprise Question



- COPD
- CHF
- Cirrhosis
- Renal Failure
- Cancer

Demographics

| | Calgary | Edmonton | Lethbridge | P-value |
|------------------------------|--------------------|-------------------|--------------------|---------|
| Age (mean, SD, Range) | 80.7 (10.3), 55-99 | 80.8 (8.9), 58-98 | 82.6 (7.6), 55-98 | 0.2 |
| Sex | | | | |
| Male (N,%) | 138 (55) | 74 (48) | 28 (28) | <0.0001 |
| Female (N,%) | 113 (45) | 80 (52) | 71 (72) | |
| QOL (N,%) | | | | |
| Poor | 30 (12) | 18 (12) | 11 (11) | 0.202 |
| Fair | 44 (18) | 33 (21) | 18 (16) | |
| Good | 88 (35) | 44 (29) | 28 (28) | |
| Very Good | 52 (21) | 41 (27) | 35 (35) | |
| Excellent | 37 (15) | 18 (12) | 9 (13) | |
| EQ5D | 51.7 (26.4), 0-100 | 51.0 (26.4), 0-90 | 55.8 (26.5), 0-100 | 0.321 |

| | Calgary (N, %) | Edmonton (N, %) | Lethbridge (N, %) | P-value |
|------------------------------|----------------|-----------------|-------------------|---------|
| Marital Status | | | | |
| Married or living as married | 111 (44) | 55 (36) | 39 (40) | 0.047 |
| widowed | 95 (38) | 68 (44) | 51 (52) | |
| never married | 13 (5) | 5 (3) | 2 (2) | |
| divorced or separated | 31 (12) | 26 (17) | 6 (6) | |
| missing | 0 | 1 | 1 | |
| | | | | |
| Living Location | | | | |
| Home | 198 (78) | 118 (77) | 59 (60) | <0.0001 |
| Retirement residence | 44 (18) | 10 (7) | 32 (32) | |
| LT or residential care | 10 (4) | 24 (16) | 7 (7) | |
| rehabilitation | 1 (0.4) | 0 (0) | 0 (0) | |
| hospital | 0 (0) | 1 (0.7) | 1 (1) | |
| | | | | |

| | Calgary (N, %) | Edmonton (N, %) | Lethbridge (N, %) | P-value |
|-------------------------------------|-------------------|--------------------|----------------------|---------|
| Has home care | | | | |
| No | 142 (57) | 90 (58) | 57 (58) | 0.933 |
| Yes | 109 (43) | 64 (42) | 42 (42) | |
| Education | | | | |
| Less than high school | 79 (32) | 54 (35) | 35 (37) | 0.114 |
| High school | 51 (20) | 40 (26) | 29 (30) | |
| Post secondary | 70 (28) | 41 (27) | 16 (17) | |
| University | 50 (20) | 19 (12) | 16 (17) | |
| Diversity | | | | |
| Non-Caucasian & other languages | 9 (4) | 8 (5) | 5 (5) | 0.256 |
| Non-Caucasian & only English/French | 12 (5) | 4 (3) | 0 (0) | |
| Caucasian & other languages | 205 (82) | 121 (79) | 80 (81) | |
| Caucasian & only English/French | 25 (10) | 21 (14) | 14 (14) | |

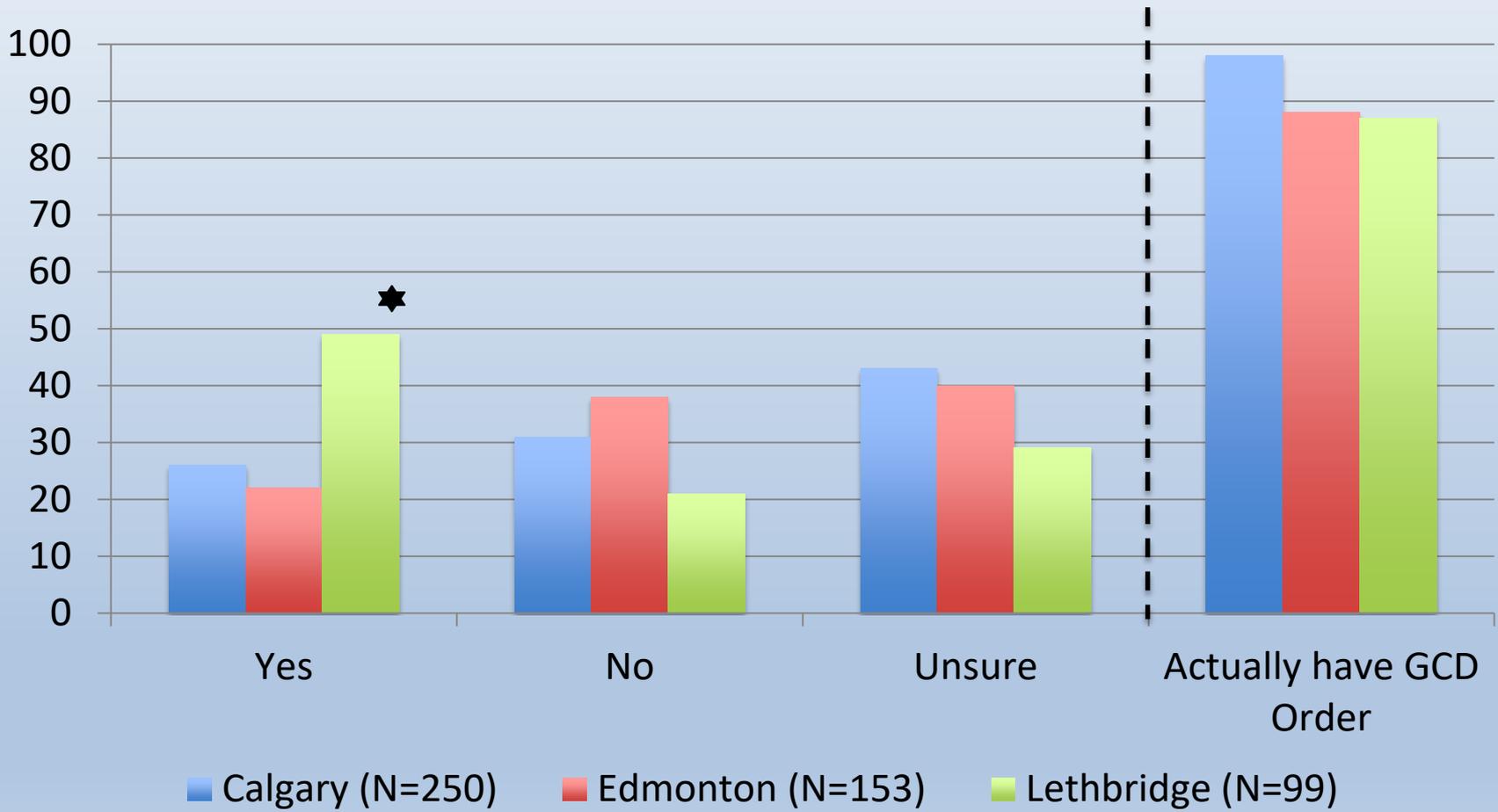
| | Calgary (N, %) | Edmonton (N, %) | Lethbridge (N, %) | P-value |
|--|----------------|-----------------|-------------------|---------|
| Health Literacy | | | | |
| Always | 29 (12) | 10 (7) | 6 (6) | 0.09 |
| Often | 16 (6) | 7 (5) | 7 (7) | |
| Sometimes | 34 (14) | 38 (25) | 16 (16) | |
| Rarely | 46 (18) | 34 (22) | 20 (20) | |
| Never | 126 (50) | 65 (42) | 50 (51) | |
| Frailty | | | | |
| Very Severely Frail (category 8), Severely Frail (category 7) | 11 (4) | 12 (8) | 4 (4) | <0.0001 |
| Moderately Frail (category 6), Mildly Frail (category 5) | 99 (39) | 82 (53) | 26 (26) | |
| Vulnerable (category 4), Managing Well (category 3) | 117 (47) | 51 (33) | 43 (43) | |
| Well (category 2), Very Fit (category 1) | 24 (10) | 9 (6) | 26 (26) | |

Demographic Summary

- Lethbridge:
 - Significantly more females than males
 - More patients living in retirement residences prior to hospitalization
- Frailty
 - Edmonton - more mild/moderate
 - Lethbridge - more well/fit

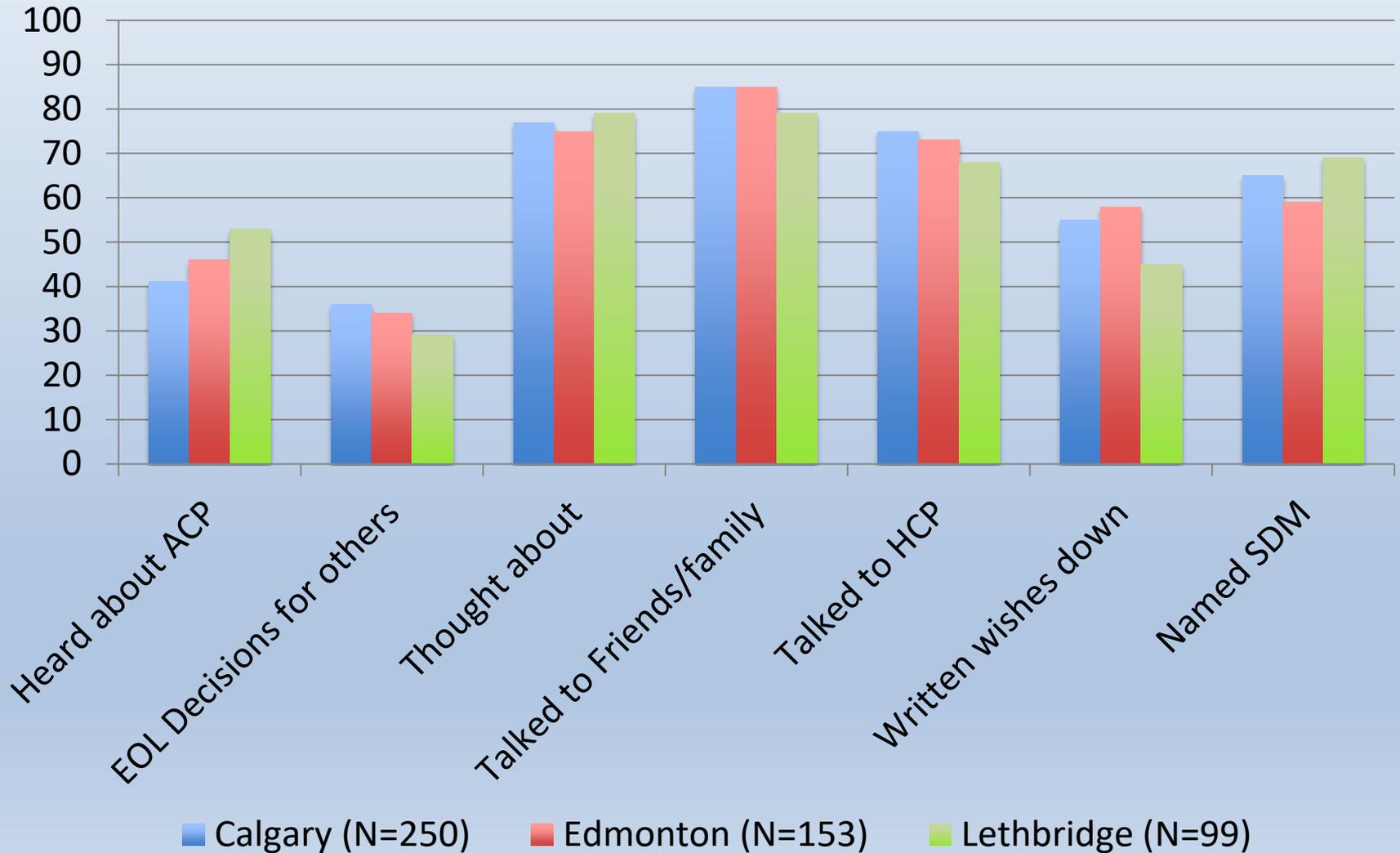
Primary Outcome

Primary Outcome: Awareness of GCD order

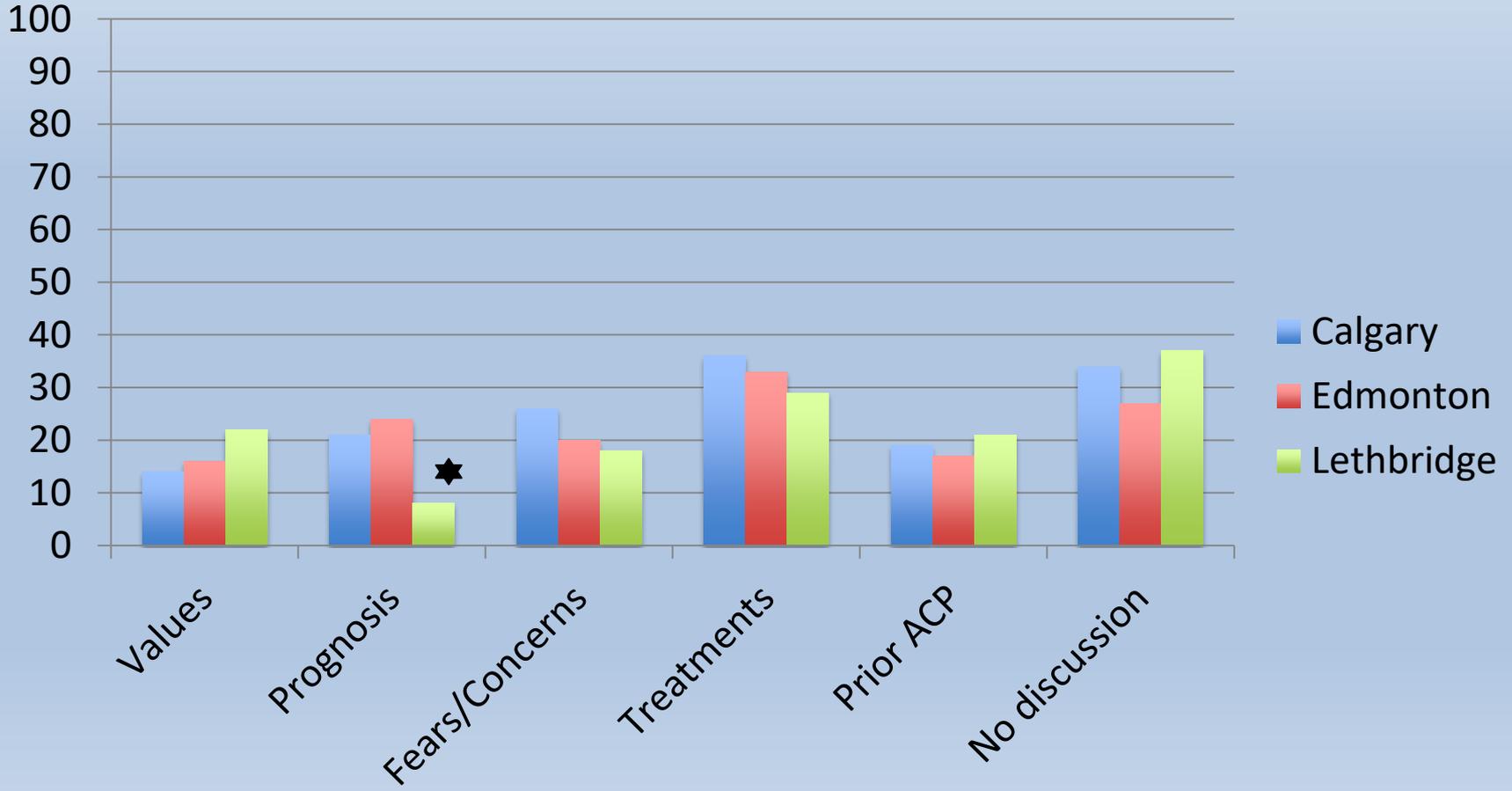


Secondary Outcomes

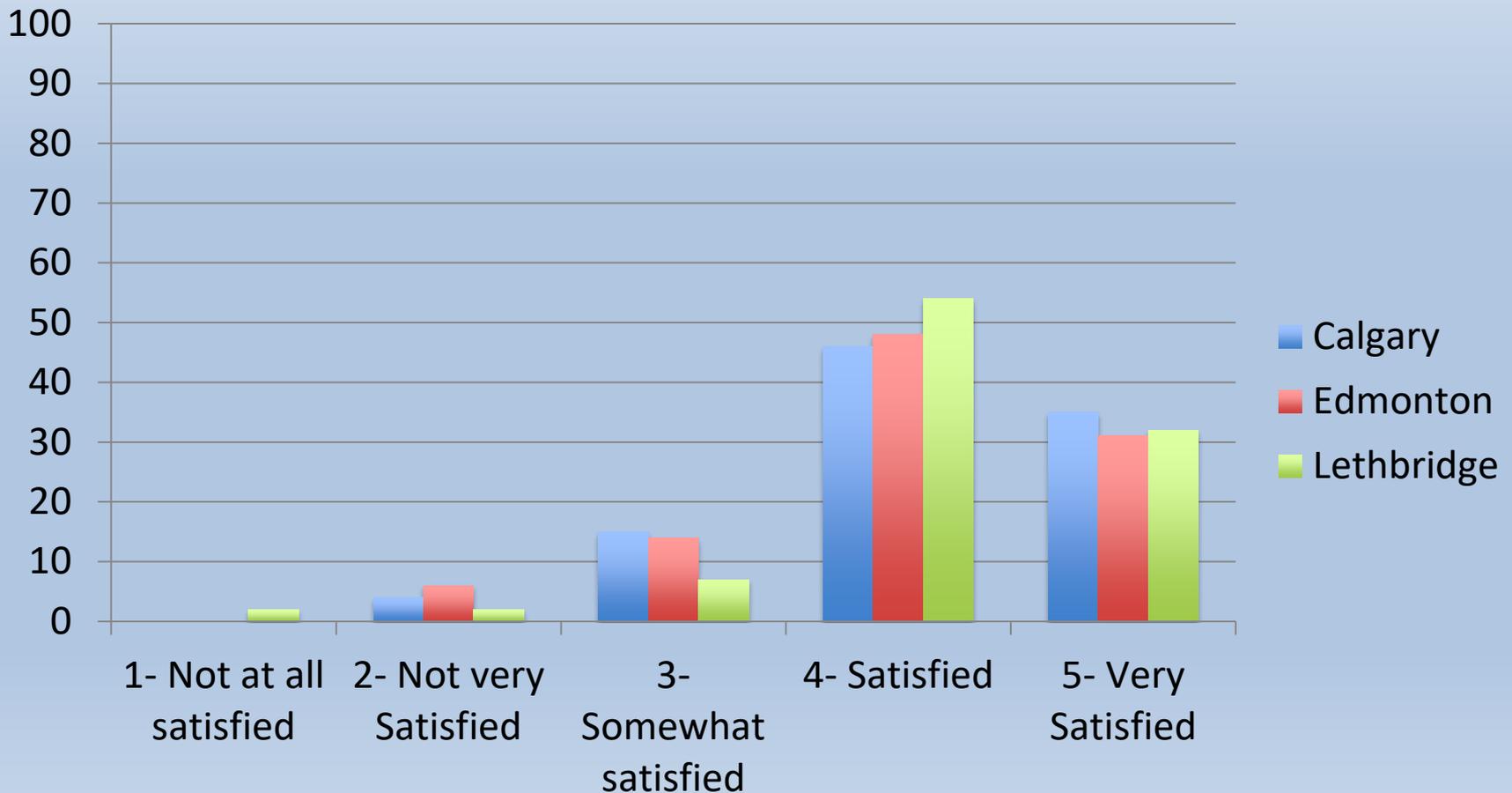
Secondary Outcome 1: Prior ACP Engagement



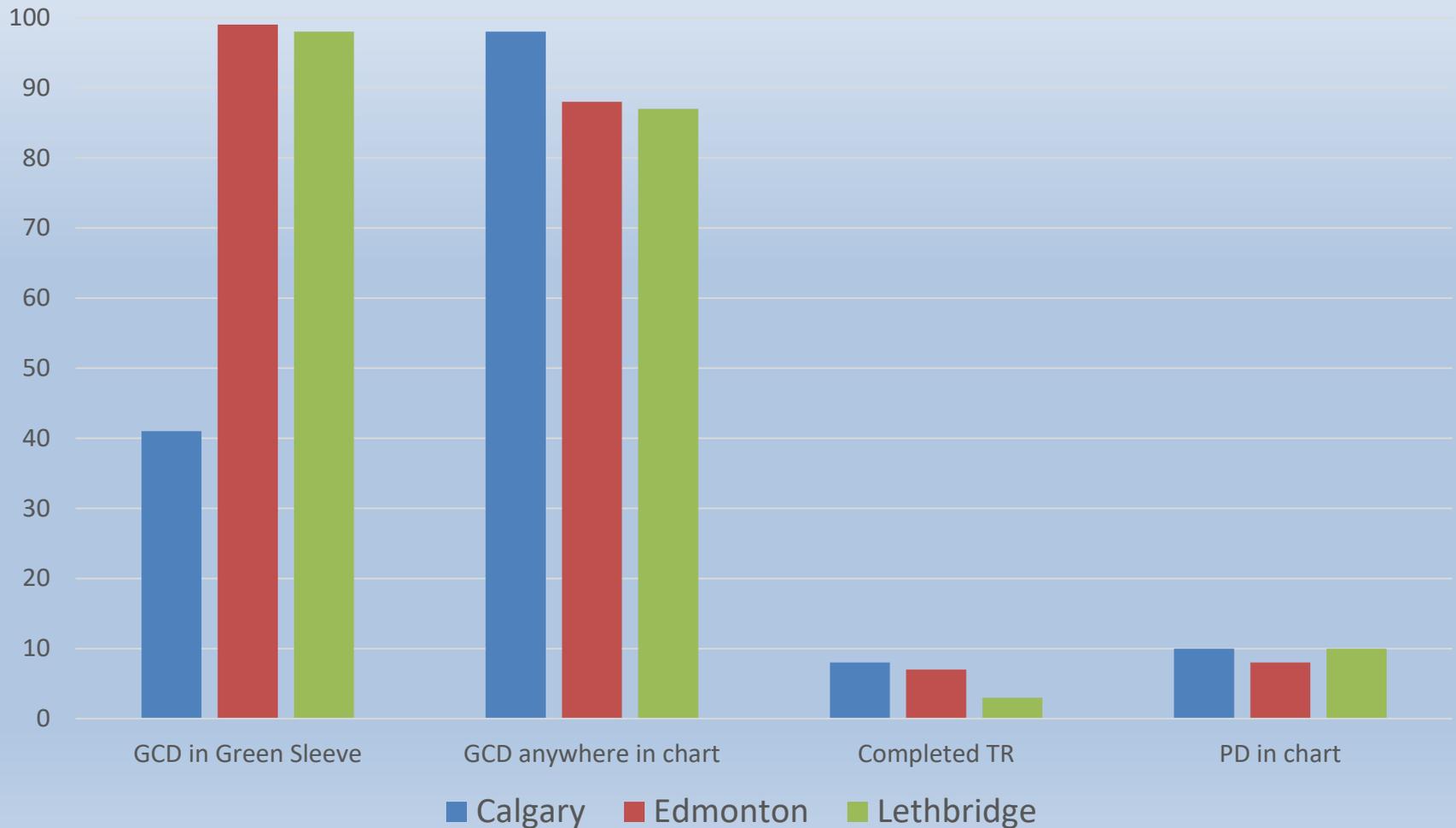
Secondary Outcome 2: Frequency of key elements discussed with HCP



Secondary Outcome 3: Patient Satisfaction with Conversations



Secondary Outcome 4: Compliance with ACP Process



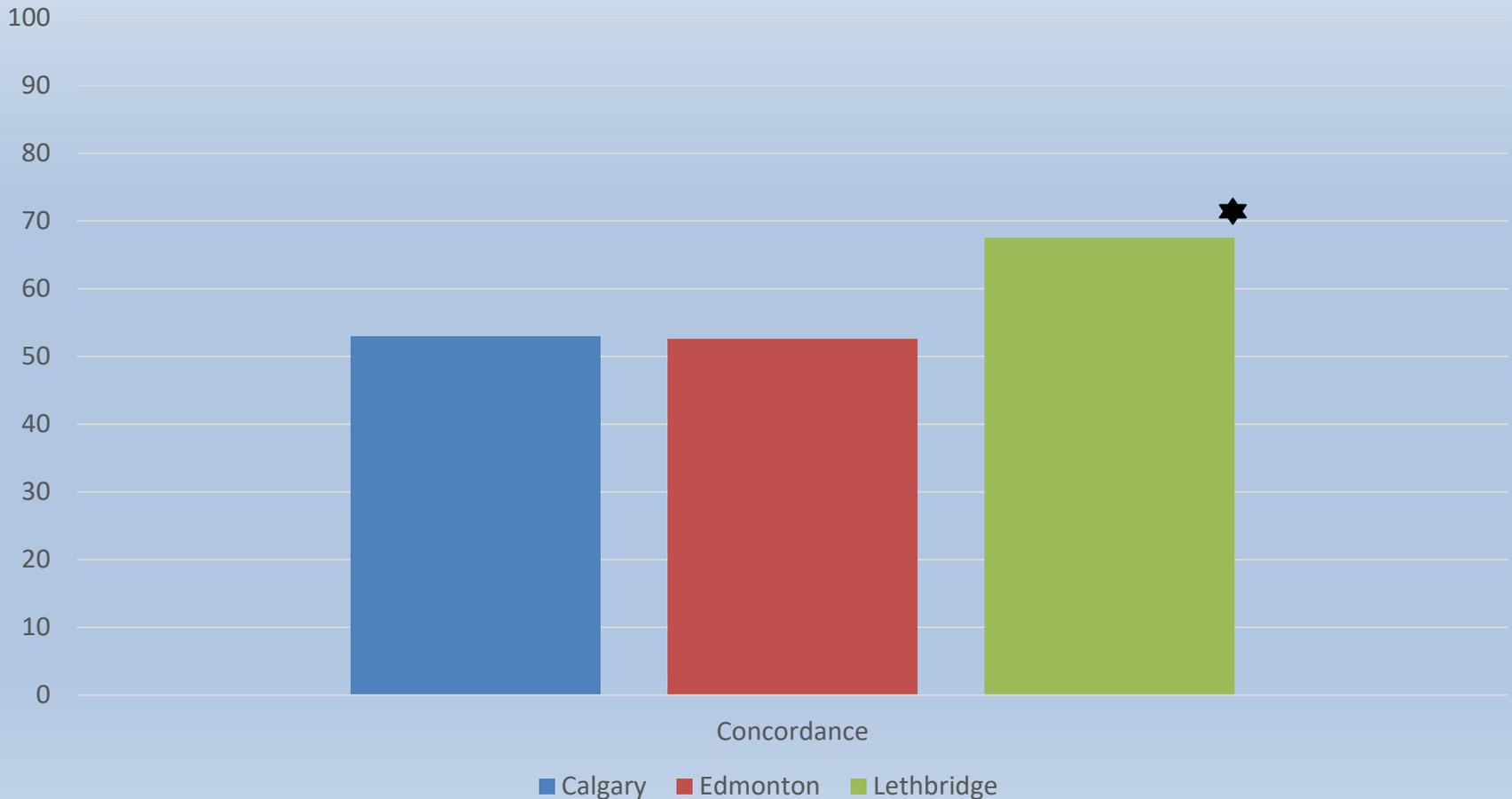
Secondary Outcome 5: Raw Agreement with Patient preferences and documented GCD

| | DOCUMENTED | | |
|-------------|------------|-----|----|
| STATED PREF | R | M | C |
| R | 77 | 22 | 2 |
| M | 63 | 138 | 4 |
| C | 19 | 70 | 13 |
| unsure | 24 | 31 | 2 |

Overall agreement = 56%

Kappa = 0.273

Agreement % of Preferred GCD vs Documented GCD by zone



Primary Outcome Univariate and Multivariate Analysis

Univariate Analysis of Awareness

| Variable | P-Value |
|---|---------|
| Center | 0.000 |
| Mild to Moderate Frailty | 0.085 |
| Speaking to Family/friends about medical treatments | 0.001 |
| Speaking to HCP about medical treatments | 0.004 |
| Hearing about ACP before hospitalization | 0.005 |
| Considering medical treatment wishes before hospitalization | 0.000 |
| Having written down medical wishes before hospitalization | 0.000 |
| Having designated an agent or SDM | 0.000 |
| Having a personal directive in patient chart | 0.013 |
| Discussing at least one of the five key elements of GCD conversations | 0.000 |
| Discussing fears and concerns in hospital with HCP | 0.073 |
| Being asked about prior ACP conversations or documentation | 0.000 |
| Importance of ACP conversations to patient | 0.000 |

Multivariate Analysis of Awareness

| | B | S.E. | Wald | df | Sig. | Exp(B) | 95% C.I. for EXP(B) | |
|---|--------|------|--------|----|------|--------|---------------------|--------|
| | | | | | | | Lower | Upper |
| Center | | | 23.164 | 2 | .000 | | | |
| Lethbridge vs Calgary | -1.562 | .335 | 21.754 | 1 | .000 | .210 | .109 | .404 |
| Lethbridge vs Edmonton | -1.202 | .317 | 14.360 | 1 | .000 | .301 | .161 | .560 |
| Spoken with HCP | -.053 | .310 | .029 | 1 | .865 | .949 | .516 | 1.743 |
| Frailty | | | 6.855 | 3 | .077 | | | |
| Well/Fit | .657 | .669 | .965 | 1 | .326 | 1.929 | .520 | 7.158 |
| Vulnerable/Managing well | .693 | .601 | 1.328 | 1 | .249 | 1.999 | .615 | 6.495 |
| Mild/Moderate Frailty | 1.171 | .596 | 3.868 | 1 | .049 | 3.226 | 1.004 | 10.365 |
| Hearing about ACP | -.104 | .230 | .202 | 1 | .653 | .902 | .574 | 1.416 |
| Making medical decisions for someone else | -.145 | .231 | .393 | 1 | .531 | .865 | .550 | 1.361 |
| Considering treatment wishes prior | .603 | .348 | 3.008 | 1 | .083 | 1.828 | .925 | 3.613 |
| Speaking to family/friends about wishes | -.449 | .439 | 1.047 | 1 | .306 | .638 | .270 | 1.508 |
| Writing wishes down | .349 | .315 | 1.231 | 1 | .267 | 1.418 | .765 | 2.627 |
| Designating an agent/SDM | -.177 | .337 | .277 | 1 | .599 | .837 | .432 | 1.621 |
| Having a PD in chart | -.415 | .365 | 1.291 | 1 | .256 | .660 | .323 | 1.351 |
| Having NO key elements of GCD discussed | .828 | .332 | 6.217 | 1 | .013 | 2.288 | 1.194 | 4.384 |
| Discussed fears and concerns with HCP | .080 | .274 | .085 | 1 | .771 | 1.083 | .633 | 1.854 |
| Treatment preferences with HCP | .318 | .266 | 1.427 | 1 | .232 | 1.374 | .816 | 2.314 |
| Asked about prior ACP convo/docs | -.596 | .289 | 4.244 | 1 | .039 | .551 | .312 | .971 |
| Importance of convo to patient | -.727 | .271 | 7.170 | 1 | .007 | .484 | .284 | .823 |
| Having green sleeve in chart | .097 | .288 | .114 | 1 | .736 | 1.102 | .626 | 1.940 |

Multivariate Analysis Summary

Independent predictors of awareness of GCD are:

- Center/zone (Lethbridge)
- Mild/moderate frailty
- Being asked about prior ACP conversations or documentation
- Degree of importance of ACP conversations to patient
- Having none of the 5 key elements of GCD conversations discussed (less likely to be aware)

Knowledge Translation

Unit/Hospital Feedback

The Alberta ACCEPT Study
Findings From Calgary Zone

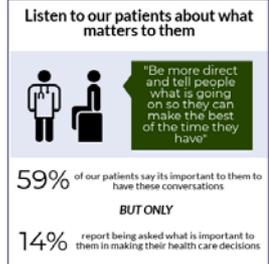
Total: 302 Patients
Our zone: 230 Patients

Hospitalized patients over age 55 and living with serious chronic illness were asked about their engagement in Advance Care Planning (ACP) and Goals of Care Designation (GCD) conversations on our unit and across acute care sites in Alberta.

What are we doing well at our hospital?



What can we improve?



Why is it important?

Only 26% of our patients are aware they have a GCD & only 53% have a match between their GCD preference and their GCD order

How can we enhance care together?

Let's prioritize high quality conversations and documentation in our daily workflow

Improve Education & Skills
Register for the Serious Illness Care Conversations workshop or contact calgaryconversations.matter@ahs.ca for unit-customized education



Implement Change
Use process improvement steps, soon to be found at www.conversationsmatter.ca under Health Care Provider, QI tab

The Alberta ACCEPT Study
Findings From Edmonton Zone

Total: 302 Patients
Our zone: 153 pts

Hospitalized patients over age 55 and living with serious chronic illness were asked about their engagement in Advance Care Planning (ACP) and Goals of Care Designation (GCD) conversations on our unit and across acute care sites in Alberta.

What are we doing well in our zone?



What can we improve?



Why is it important?

Only 22% of our patients are aware that they have a GCD & only 53% have a match between their GCD preference and their GCD order

How can we enhance care together?

Improve Education & Skills
The EZ ACP/GCD Working Group can connect you with support. Contact sarah.hall3@ahs.ca for further information



Implement Change
Use process improvement steps. Soon to be found at www.conversationsmatter.ca under Health Care Provider, QI tab

The Alberta ACCEPT Study
Findings From Chinook Regional Hospital

Total: 302 Patients
Our hospital: 99 pts

Hospitalized patients over age 55 and living with serious chronic illness were asked about their engagement in Advance Care Planning (ACP) and Goals of Care Designation (GCD) conversations on our unit and across acute care sites in Alberta.

What are we doing well at our hospital?



What can we improve?



Why is this important?

Only 49% of our patients are aware they have a GCD order

How can we enhance care together?

Let's prioritize high quality conversations and documentation in our daily workflow

Improve Education & Skills
Contact: LeAnn.Esau@albertahealthservices.ca for more information



Implement Change
Use process improvement steps, soon to be found at www.conversationsmatter.ca under Health Care Provider, QI tab

The Alberta ACCEPT Study

Findings From All Sites in Alberta

Total:
502 Patients

Hospitalized patients over age 55 and living with serious chronic illness were asked about their engagement in Advance Care Planning (ACP) and Goals of Care Designation (GCD) conversations on our unit and across acute care sites in Alberta.

What are we doing well in our province?



93% of our patients have a GCD order



82% of our patients who had patient centered conversations were satisfied

What can we improve?

Listen to our patients about what matters to them



"It wasn't a discussion. The doctor made a statement"

67% of our patients say its important to them to have these conversations

BUT ONLY

16% report being asked what is important to them in making their health care decisions

Document more of our conversations on the Tracking Record



ONLY

7% of our patients have a Tracking Record completed

Without the Tracking Record other healthcare providers including the family doctor, specialists and homecare teams won't know what's been discussed

Why is it important?

Only 30% of our patients are aware that they have a GCD
& only 56% have a match between their GCD preference and their GCD order

How can we enhance care together?

Improve Education & Skills
Connect with your local ACP/GCD Education or Working Group for further support.



Implement Change
Use process improvement steps. Soon to be found at www.conversationsmatter.ca under Health Care Provider, QI tab

Questions?