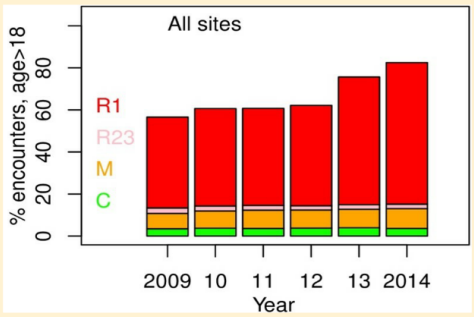
# How are Goals of Care Designations used in acute care?

Identifying usage patterns and determinants of electronic GCD orders among adults admitted to Calgary acute care centers during Calgary Zone ACP GCD policy period (2008-2014)

225,189
Patients

374,163
Encounters

525,284
GCD Orders




## GCD use increased

Encounters with an electronic (SCM) GCD order increased from 54% in 2009 to 81% in 2014 with most GCD orders being R1

Only 4% of all first orders were made later than 24 hours from admission (as mandated by the policy at that time)

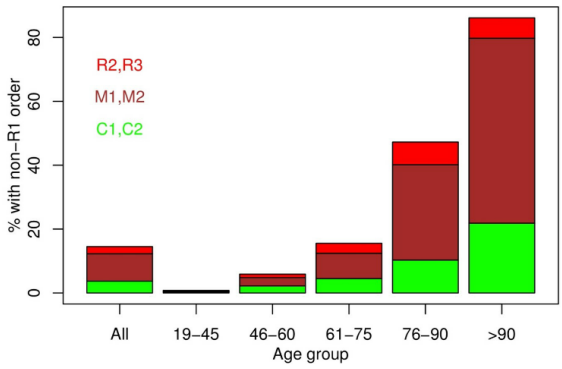
The majority of GCD orders were entered in Emergency

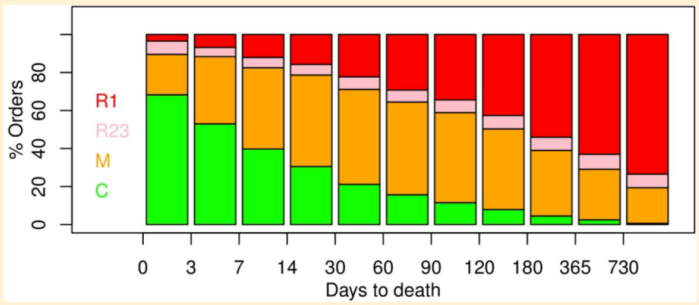
## Top 3 determinants of GCD

Non-R1 GCD orders increased with age, from near 0% below age 45 to 84% for age >90

Nearly 90% of Non-R1 GCD were made in Medicine and Emergency units

Length of stay >6 days was associated with an increased likelihood of a non-R1 GCD




## How do orders change over admission?

7% of all encounters had order changes

88% of all order changes implied focus of care change (R -> M -> C)

As patients approached death, R orders were replaced by M and then by C

## Conclusions

Electronic GCD orders increased over time in acute care and appeared to be used appropriately.

Critical GCD decisions were made in the first 24 hours, when conversations may have been most limited.

## Two avenues of action to improve quality:

1) Healthcare provider education and processes for determining GCD in emergency;

2) Processes to routinely review GCD orders with patients during admission and before discharge.

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