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# Identification of indicators to monitor successful implementation of Advance Care Planning policies: a modified Delphi study

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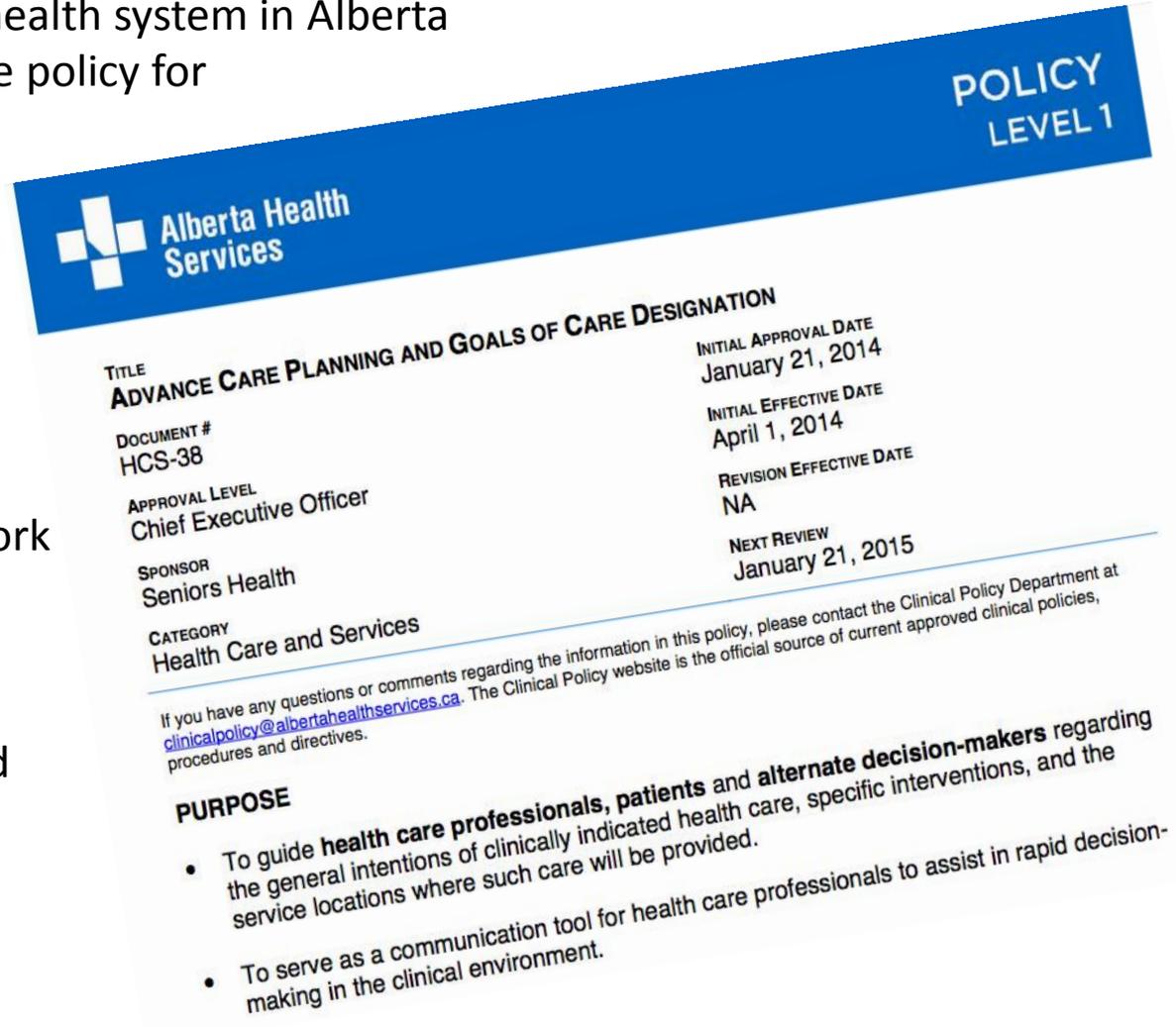
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- In April 2014, the provincial health system in Alberta implemented a province-wide policy for Advance Care Planning (ACP) and Goals of Care Designation (GCD)

- *How to optimally implement widespread uptake of a formalized ACP/GCD framework across a large population (~4 million) and throughout a complex, multi-sector health system is not well understood*



**Alberta Health Services**

**POLICY LEVEL 1**

**TITLE**  
ADVANCE CARE PLANNING AND GOALS OF CARE DESIGNATION

**DOCUMENT #**  
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NA

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January 21, 2015

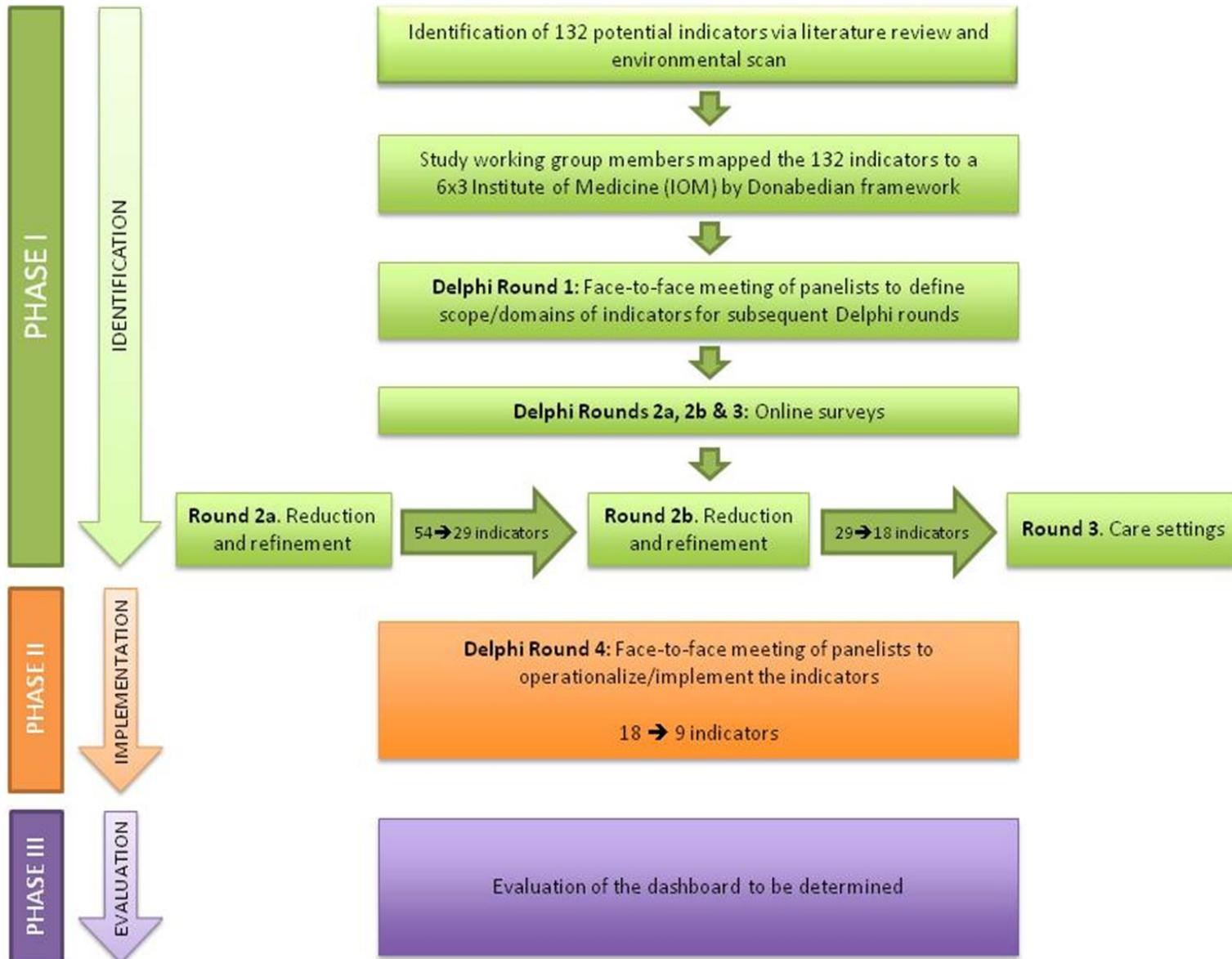
If you have any questions or comments regarding the information in this policy, please contact the Clinical Policy Department at [clinicalpolicy@albertahealthservices.ca](mailto:clinicalpolicy@albertahealthservices.ca). The Clinical Policy website is the official source of current approved clinical policies, 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.

- To identify, develop and implement *performance indicators* for use in an ACP/GCD dashboard, to monitor and improve health system performance as a result of newly introduced ACP/GCD policies

- Delphi approach → a method for collecting and organizing informed opinions from a group of individuals who are knowledgeable in a specialized area
- Individuals are surveyed about specific items or issues, usually involving several iterations (‘rounds’) of a structured questionnaire
- Outcome → to obtain converging consensus on a given subject



Potential indicators were identified through 4 sources:

1) Environmental scan:

- Existing Alberta Health Services (AHS) measures → chart audits, telephone surveys, learning module completion, orders for ACP/GCD resources
- ACP CRIO data → public poll, website hits

2) Heyland et al. publication “Improving End of Life Communication and Decision-making: The Development of a Conceptual Framework and Quality Indicators”

3) ACP CRIO systematic review: “How do health care systems evaluate Advance Care Planning initiatives? Results from a systematic review”

4) Personal suggestions

	DOMAIN	DEFINITION
<b>Institute of Medicine (IOM) framework</b>	Safety	<b>Avoiding injuries</b> to patients from the care that is intended to help them
	Effectiveness	Providing services <b>based on scientific knowledge</b> to all who could benefit and refraining from providing services to those not likely to benefit
	Patient-Centered	Providing care that is <b>respectful and responsive</b> to individual patient preferences, needs, and values
	Timeliness	<b>Reducing waits</b> and sometimes harmful delays for both those who receive and those who give care
	Efficiency	<b>Avoiding waste</b> , including waste of equipment, supplies, ideas, and energy
	Equity	Providing <b>care that does not vary in quality</b> because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
<b>Donabedian framework</b>	Structure	<b>Attributes of settings</b> in which care occurs
	Process	<b>What is done</b> in giving and receiving care
	Outcome	The <b>effects of care</b> on the health status of patients and populations

Study working group members mapped the 132 indicators to a 6x3 Institute of Medicine (IOM) by Donabedian framework



**Delphi Round 1:** Face-to-face meeting of panelists to define scope/domains of indicators for subsequent Delphi rounds

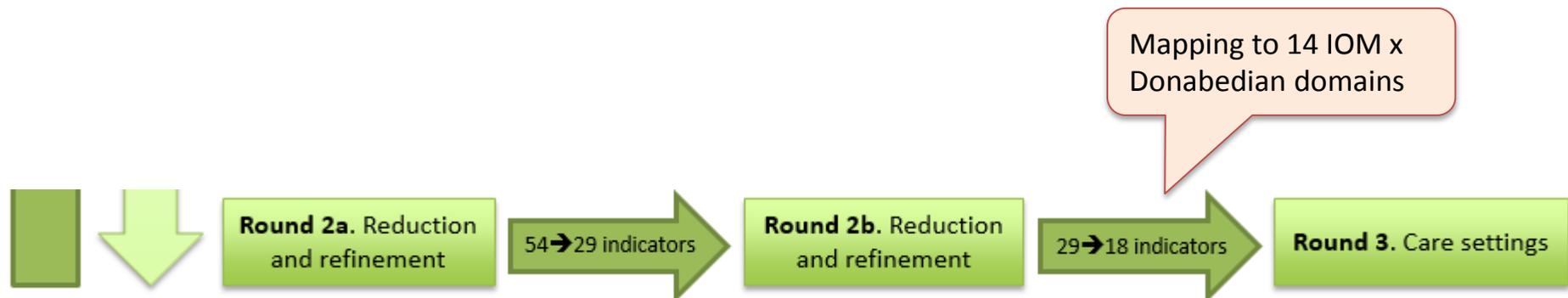


**Delphi Rounds 2a, 2b & 3:** Online surveys

Panelists (n=12) endorsed adoption of IOM x Donabedian framework to guide subsequent Delphi rounds

Strong consensus to identify indicators for each of the 18 IOM x Donabedian domains

54 indicators with highest level of agreement put forth to Delphi Round 2a



- Panelists asked to ‘accept’, ‘revise and accept’, or ‘reject’ each indicator
- Only indicators rated ‘**accept**’ by  $\geq 80\%$  respondents moved forward

Response rates:

- 2a: 16/73 (22%)
- 2b: 9/72 (13%)
- 3: 24/62 (39%)

PHASE II

IMPLEMENTATION

**Delphi Round 4:** Face-to-face meeting of panelists to operationalize/implement the indicators

18 → 9 indicators

Panelists (n=19) operationalized *nine indicators* into a measurable format covering 11 of the 18 IOM x Donabedian domains

Definitions were standardized and data sources defined, tested and substantiated

Performance Indicators (percentages)	Data source
 <p>Healthcare providers who have completed the AHS Advance Care Planning/Goals of Care Designations- Adult <b>eLearning module</b></p>	Administrative data
 <p>Charts with GCD order(s) in the <b>Green Sleeve</b></p>	Chart audit
 <p>Patients with a <b>GCD order</b> anywhere in the chart</p>	Chart audit
 <p>Patients with a completed <b>ACP/GCD tracking record</b></p>	Chart audit
 <p>Patients with a <b>Personal Directive</b> in the health record</p>	Chart audit
 <p>Patients and/or alternate decision-makers who have had an Advance Care Plan <b>conversation</b> with a healthcare provider</p>	Telephone survey
 <p>Deceased patients who die having had an M1,M2,C1, or C2 GCD in the week prior to their death, who received <b>resuscitative</b> or life-support interventions in advance of death</p>	Administrative data, chart audit
 <p>Deceased long term care and home care patients with a C2 GCD who were <b>transferred</b> to acute care and/or ICU</p>	Administrative data, chart audit
 <p>Patients or family members/friends <b>satisfied</b> with ACP conversation</p>	Telephone survey

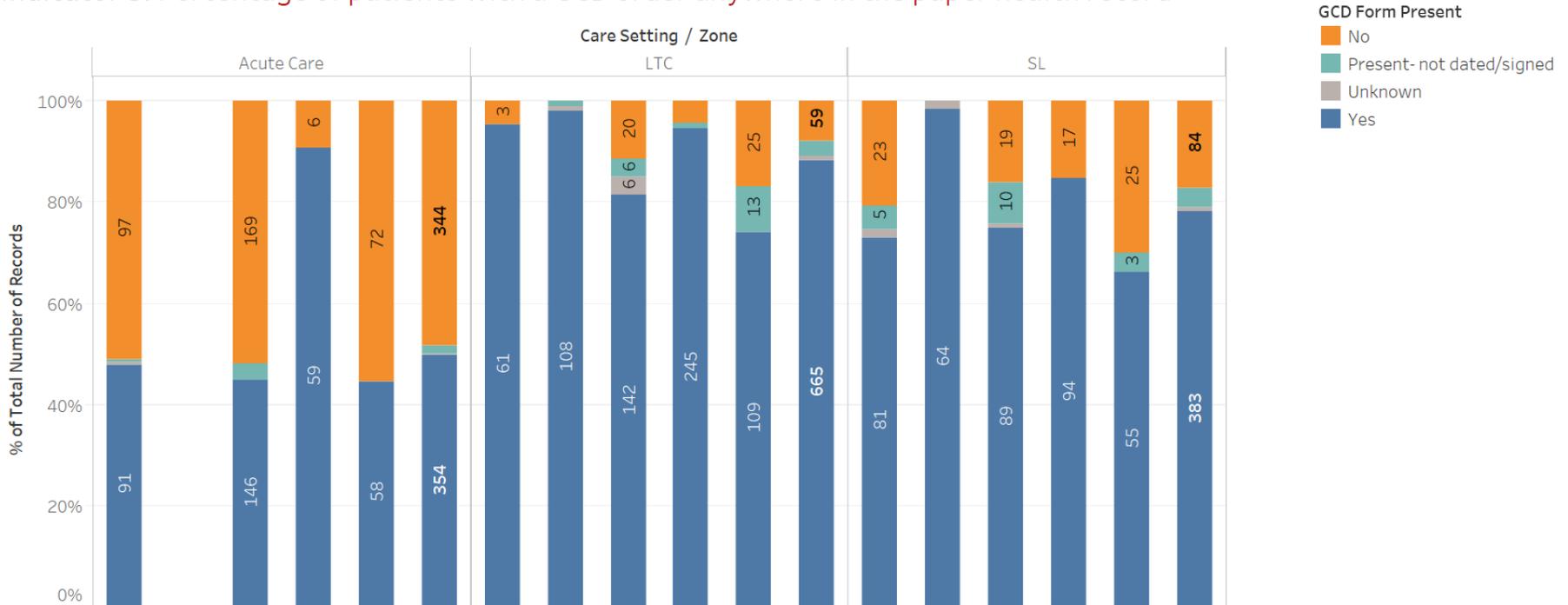
What will the indicators tell us about health care quality?<sup>2</sup>

Key

	Structure	Process	Outcome	Structure
Timely	★ 2			attributes of settings in which care occurs
Safe		★ 4	★ 7	
Patient-centered		★ 6	★ 9	Process
Effective	★ 1	★ 3 ★ 5 ★ 6	★ 7	what is done in giving and receiving care
Efficient	★ 2	★ 4	★ 8	Outcome
Equity				the effects of care on the health status of patients and populations

# Screenshot of current dashboard indicator

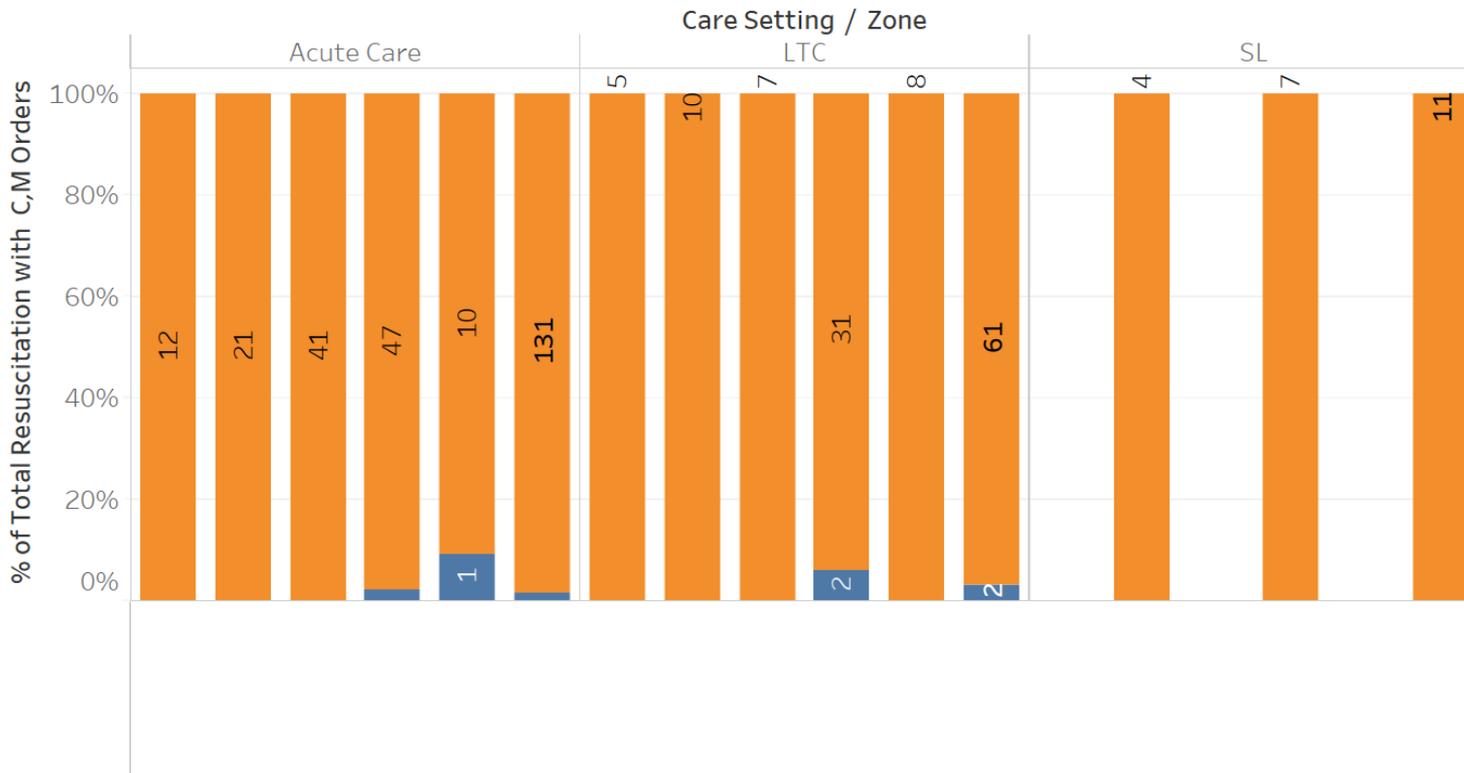
Indicator 3. Percentage of patients with a GCD order anywhere in the paper health record



# Screenshot of current dashboard indicator

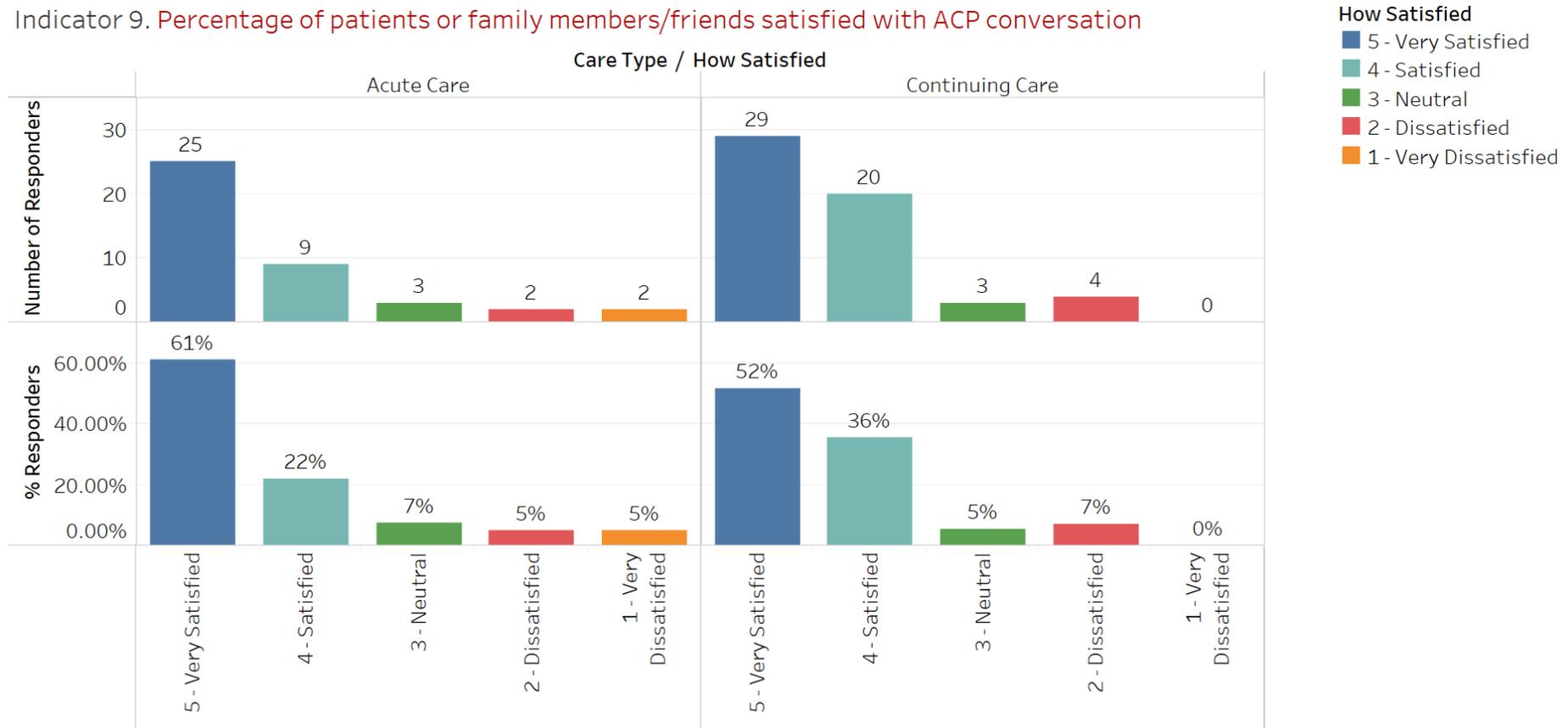
Indicator 7. Percentage of deceased patients who die having had an M1, M2, C1 or C2 GCD in the week prior to their death, who received resuscitative or life-support interventions in advance of death

Resuscitation  
■ No  
■ Yes



# Screenshot of current dashboard indicator

Indicator 9. Percentage of patients or family members/friends satisfied with ACP conversation



- **Nine ACP/GCD indicators** have been operationalized for implementation within a web-based dashboard
- These indicators describe a strategy to **standardize evaluation and audit** for ACP and GCD policies, and have been adopted by our healthcare systems in Alberta for reporting on ACP/GCD uptake
- The planned introduction of electronic medical records across Alberta will considerably reduce measurement costs
- Evaluation is the next step

## Questions/comments?

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Thank you to all our Delphi panelists and our partners:



**UNIVERSITY OF CALGARY**  
O'Brien Institute for Public Health



**UNIVERSITY OF ALBERTA**



**Alberta Health Services**



**Covenant Health**