

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

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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)



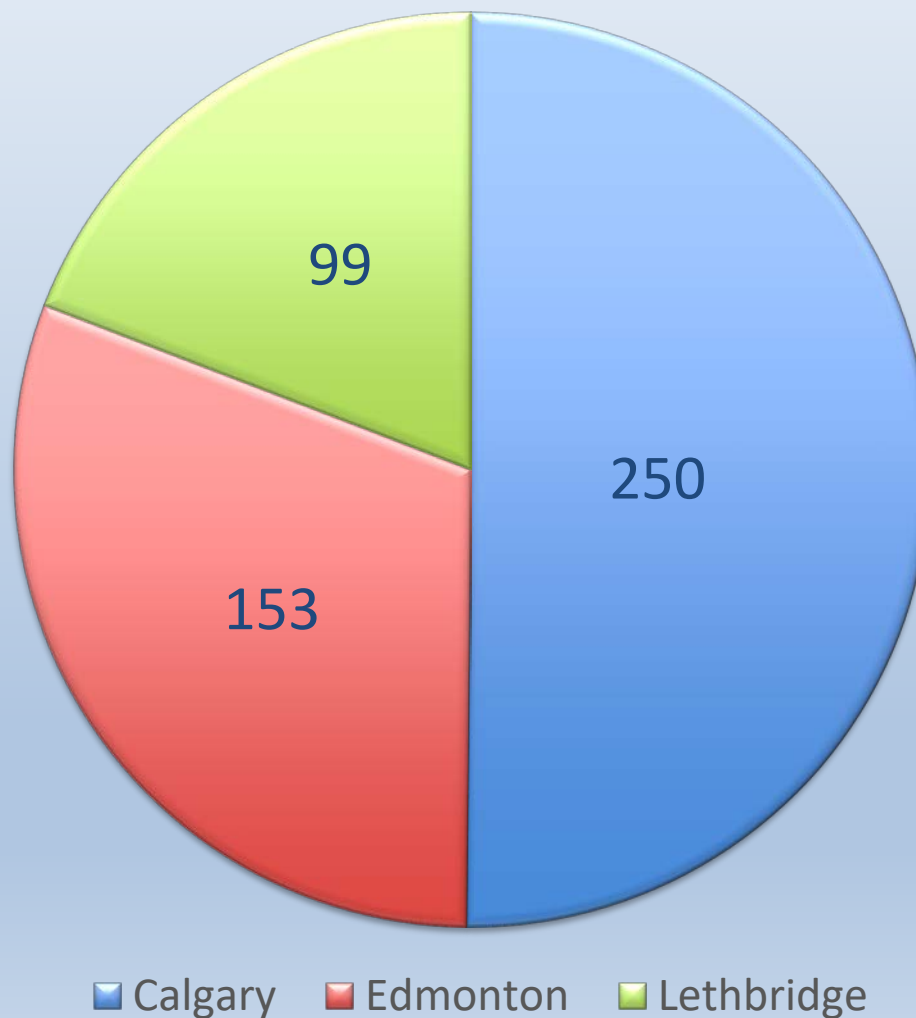
3. Discharge Chart Audit

- Number of documented conversations, GCD changes

Results

Participants

TOTAL: 502
participants

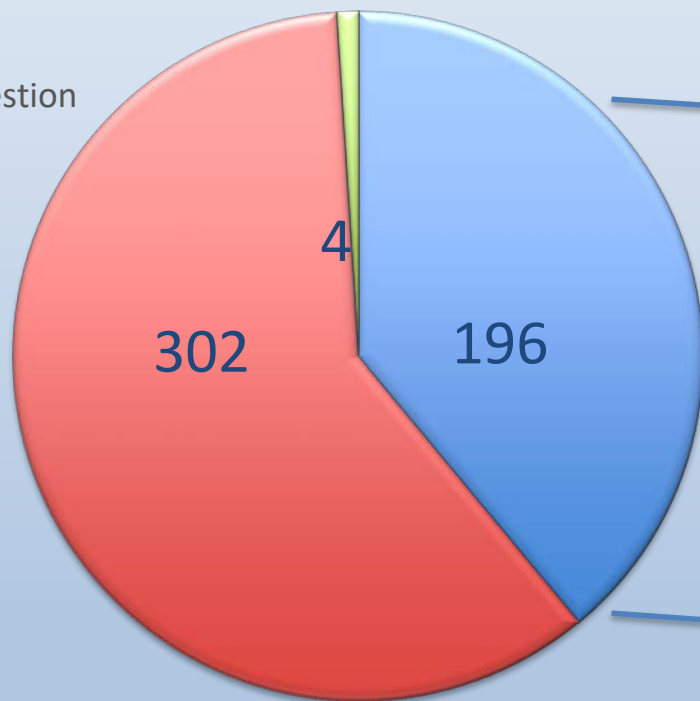


Diagnosis

■ >55 years with diagnosis

■ >80 years

■ Surprise Question



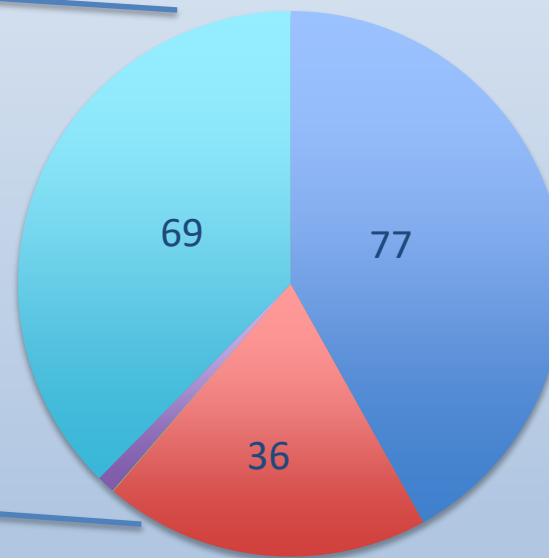
■ COPD

■ 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)	

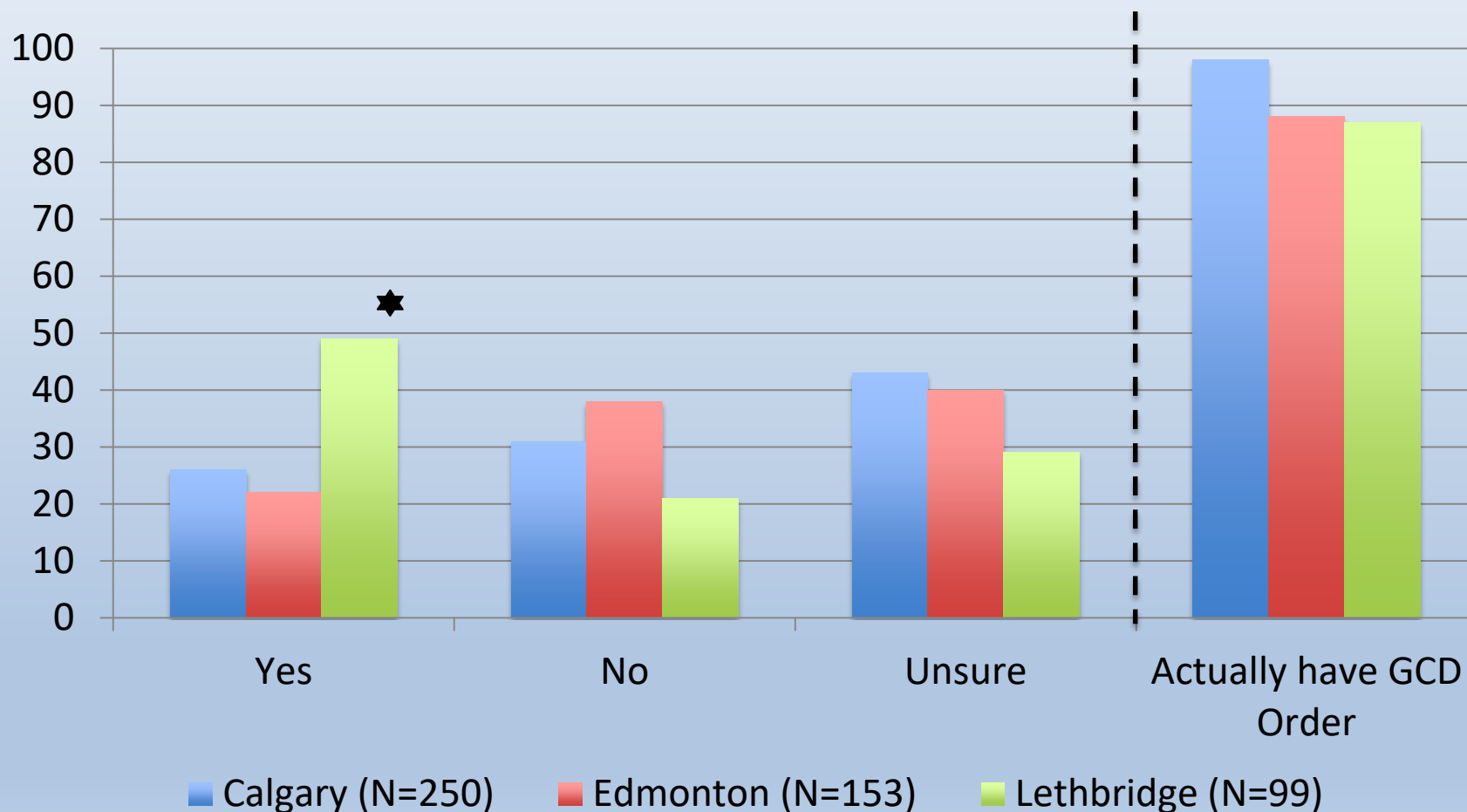
	Calgary (N, %)	Edmonton (N, %)	Lethbridge (N, %)	P-value
Health Literacy				
Always	29 (12)	10 (7)	6 (6)	0.09
Often	16 (6)	7 (5)	7 (7)	
Sometimes	34 (14)	38 (25)	16 (16)	
Rarely	46 (18)	34 (22)	20 (20)	
Never	126 (50)	65 (42)	50 (51)	
Frailty				
Very Severely Frail (category 8), Severely Frail (category 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

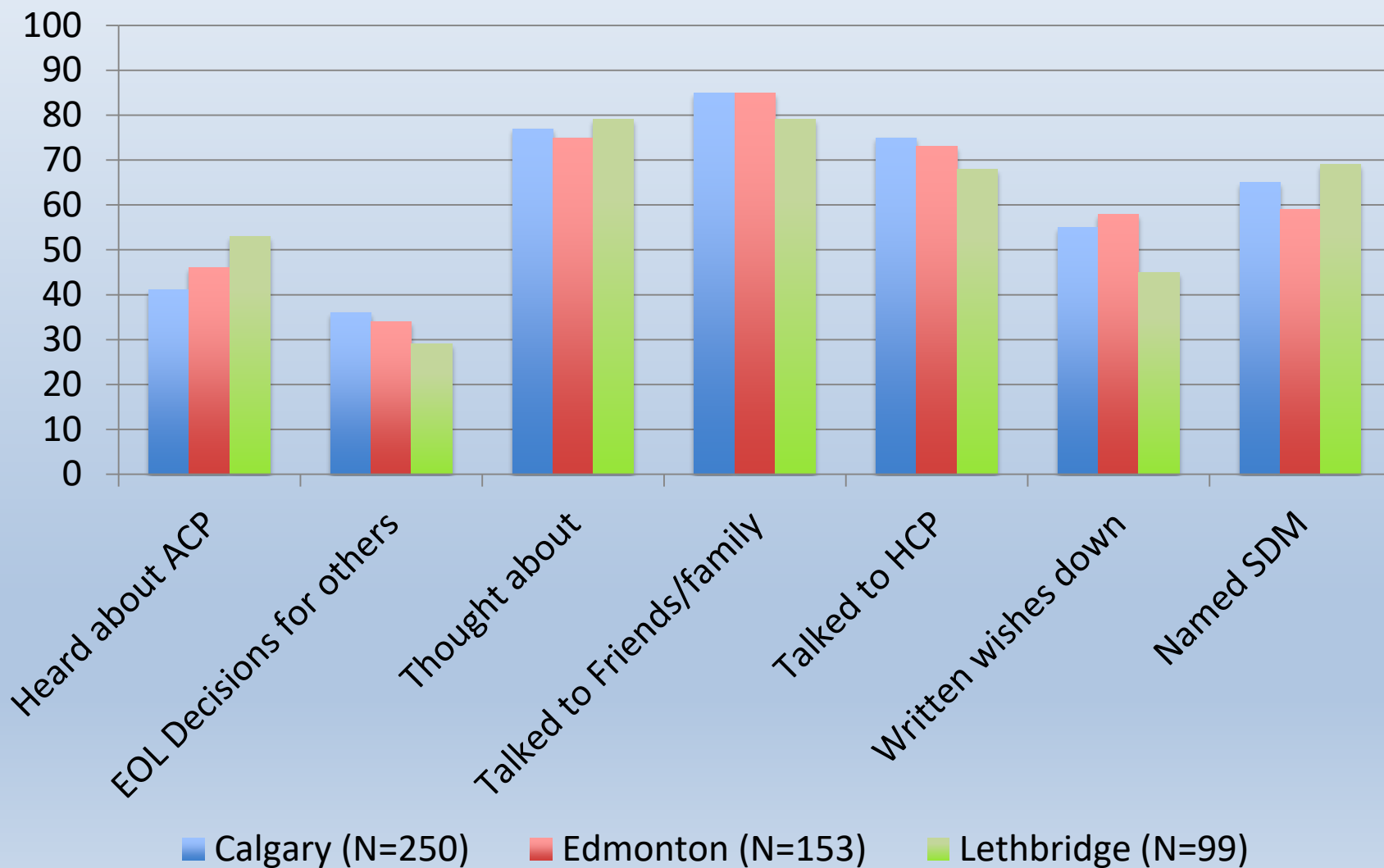
Primary Outcome

Primary Outcome: Awareness of GCD order

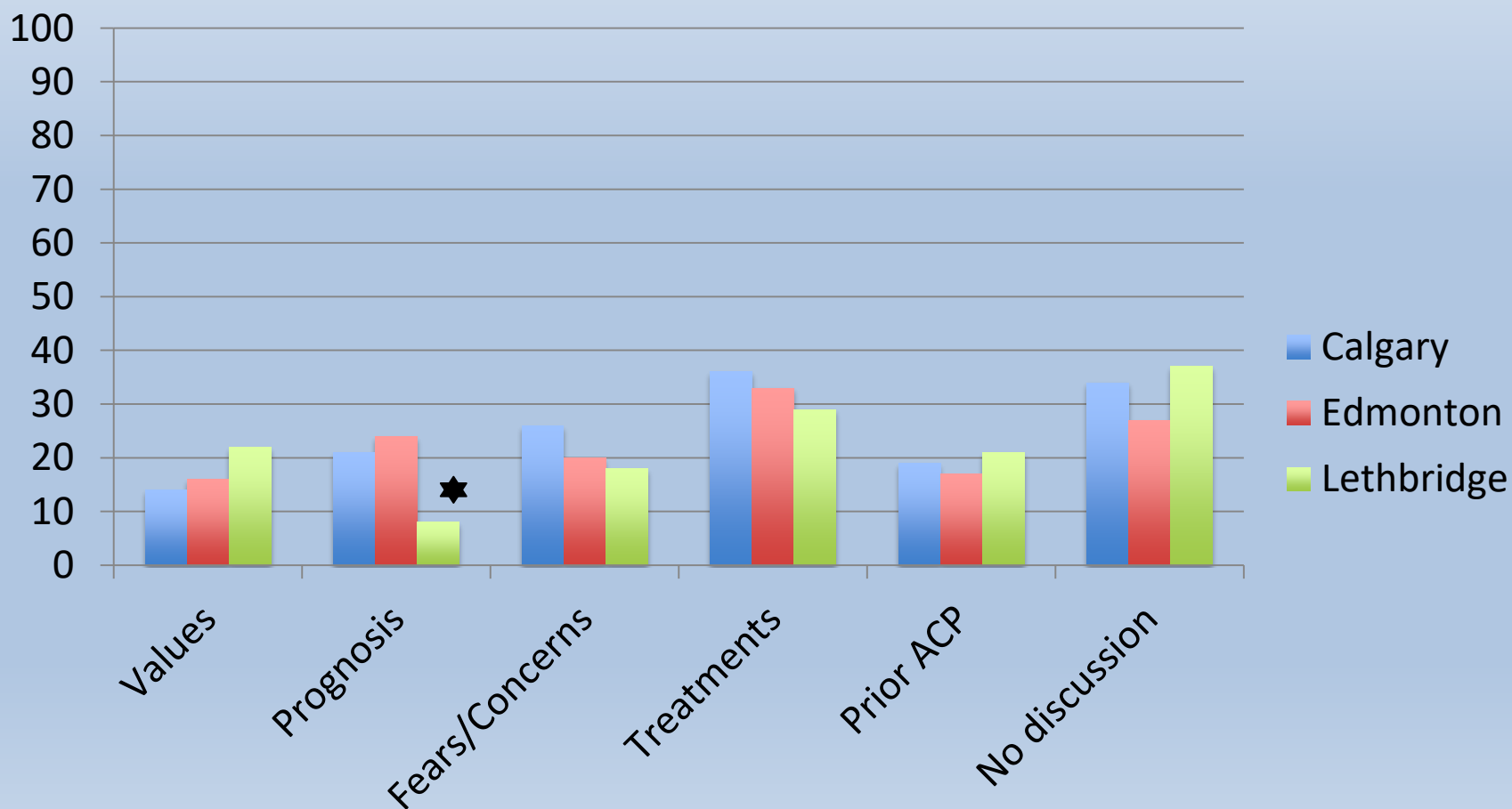


Secondary Outcomes

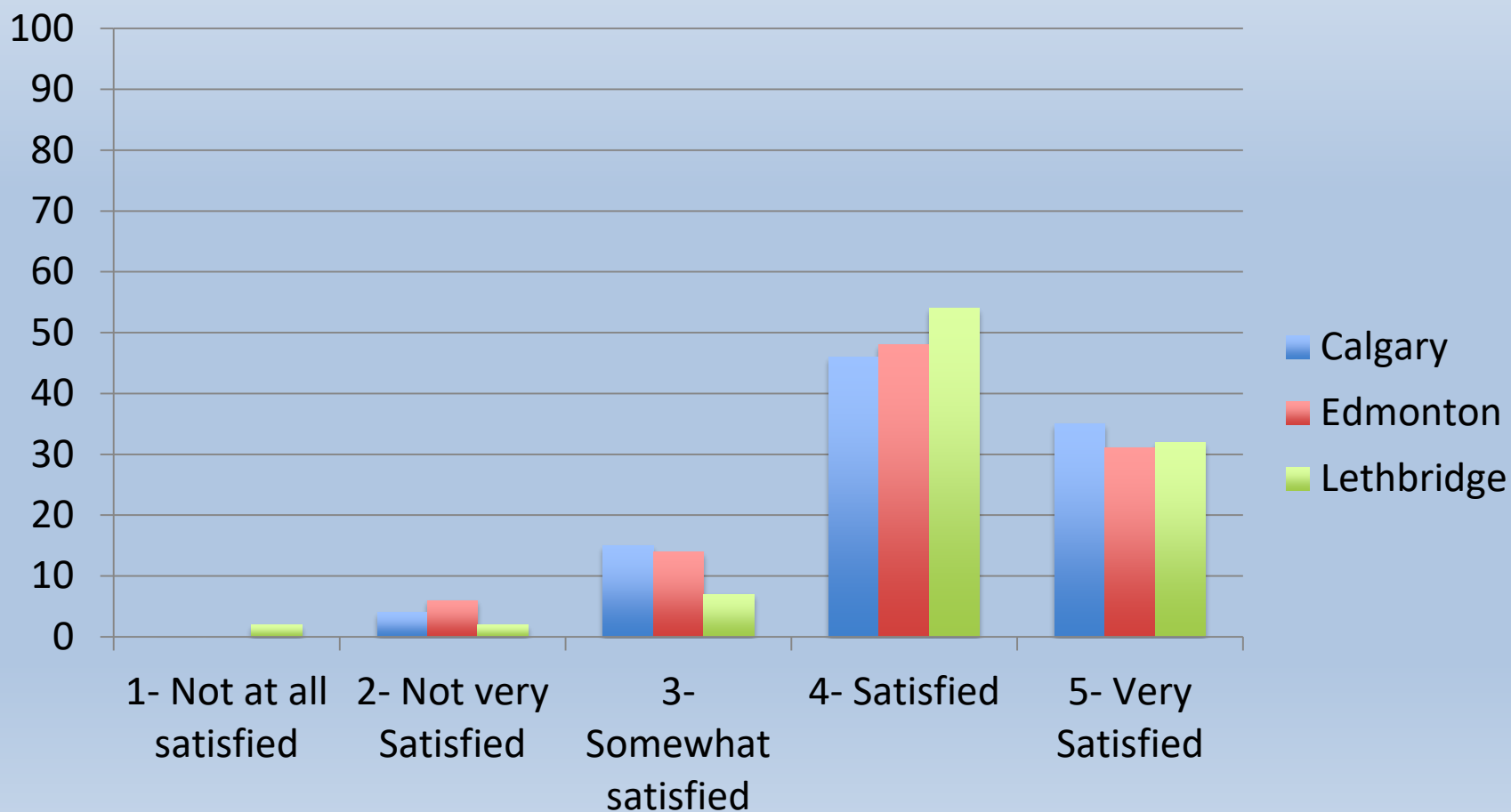
Secondary Outcome 1: Prior ACP Engagement



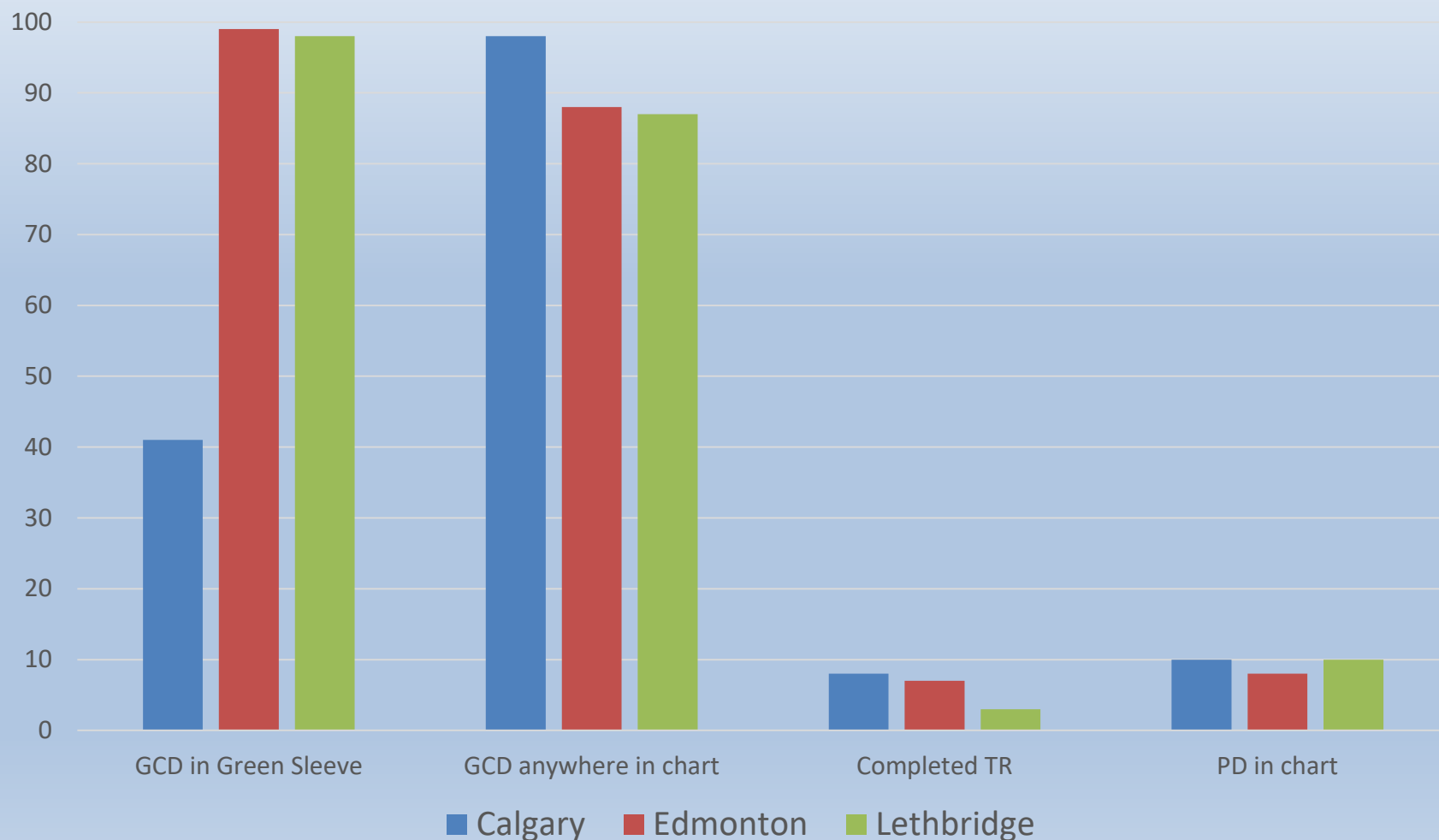
Secondary Outcome 2: Frequency of key elements discussed with HCP



Secondary Outcome 3: Patient Satisfaction with Conversations



Secondary Outcome 4: Compliance with ACP Process



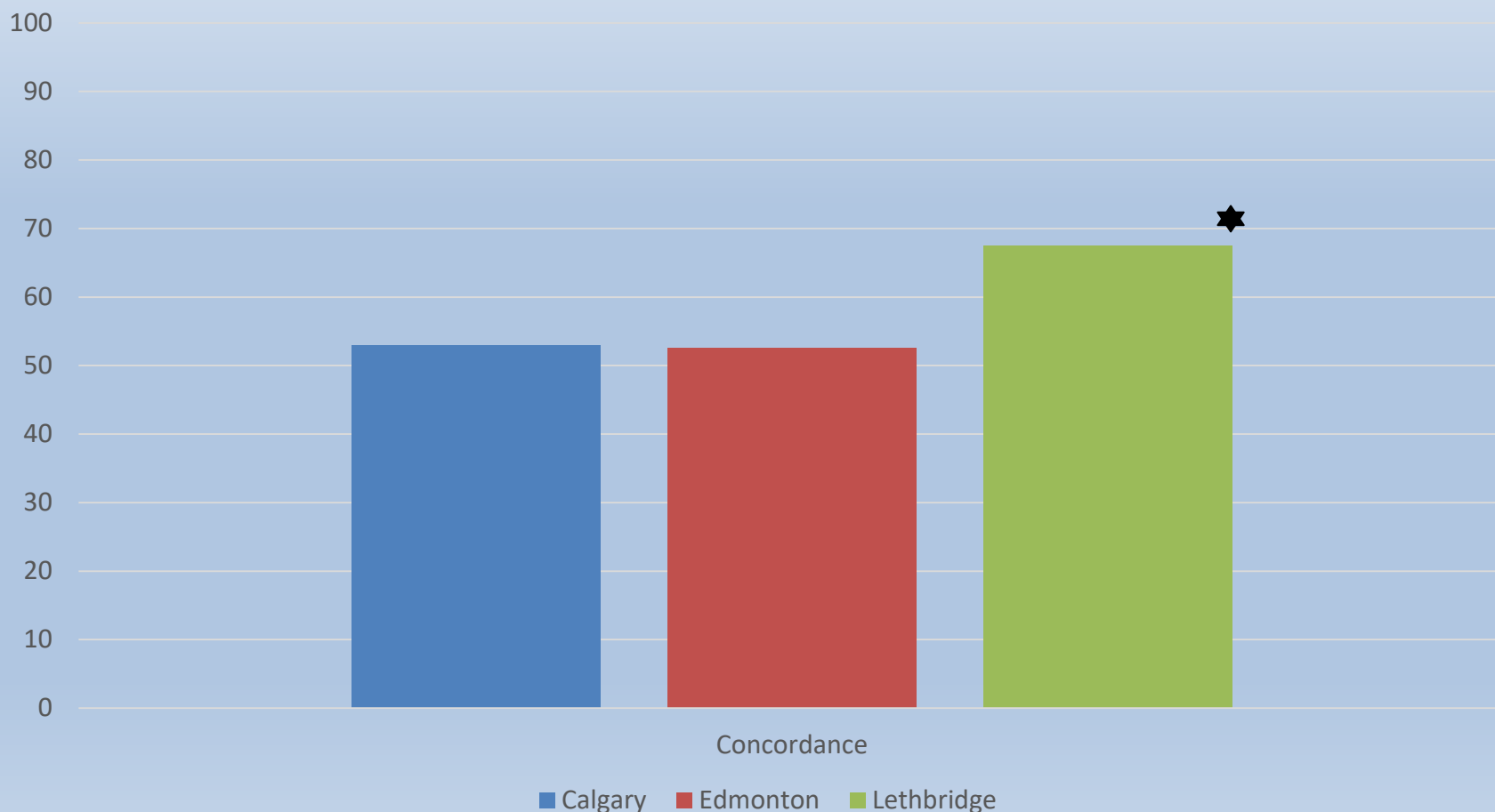
Secondary Outcome 5: Raw Agreement with Patient preferences and documented GCD

	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

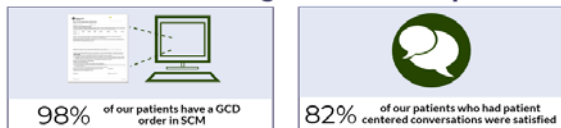
Unit/Hospital Feedback

The Alberta ACCEPT Study
Findings From Calgary Zone

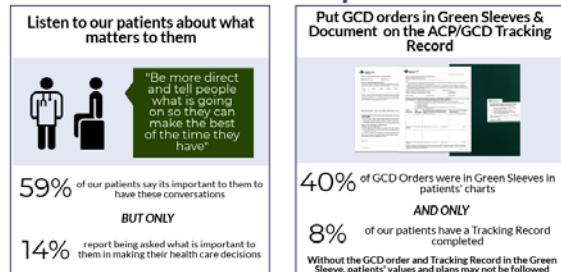
Total: 302 Patients
Our zone: 230 Patients

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

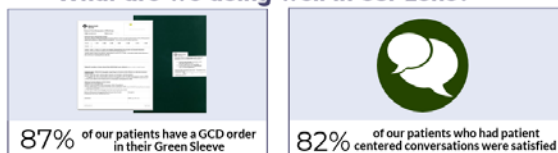


The Alberta ACCEPT Study
Findings From Edmonton Zone

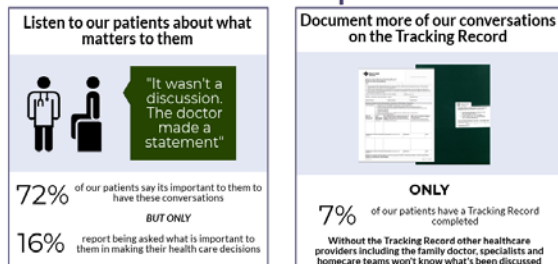
Total: 302 Patients
Our zone: 153 pts

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?

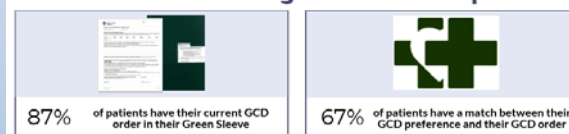


The Alberta ACCEPT Study
Findings From Chinook Regional Hospital

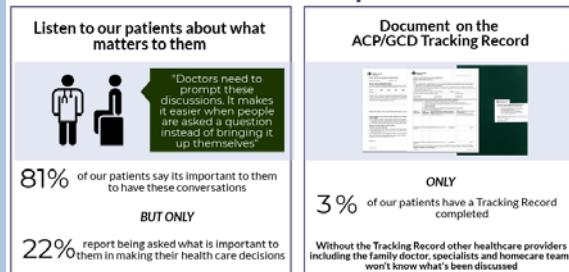
Total: 302 Patients
Our hospital: 99 pts

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



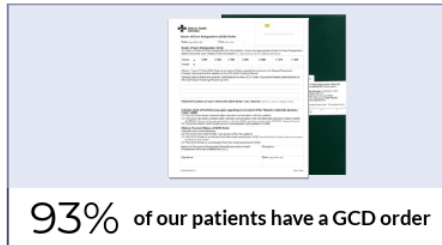
The Alberta ACCEPT Study

Findings From All Sites in Alberta

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.

Total:
502 Patients

What are we doing well in our province?



What can we improve?



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?