THETA Symposium
May 30, 2013

Division of Palliative Care
Family & Community Medicine
UNIVERSITY OF TORONTO

QUALITY DYING INITIATIVE:

Acute care settings within University of Toronto affiliated hospitals

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QDI: BACKGROUND

Where did this begin?

the experience of a dying person admitted to Sunnybrook and his family members….

QDI: BACKGROUND

- As a tertiary Academic Health Sciences Centre, ***death and dying*** are significant elements of our institution's overall patient and family care experience
- ***18 deaths per week*** occur in the ***acute care setting*** at Sunnybrook Health Sciences Centre
- ***How can improvements be made in the care of patients for whom their death was in some way expected and the care of their family members?***

QDI: BACKGROUND/LANDSCAPE

Dec 2011: *"Advancing High Quality, High Value Palliative Care in Ontario"*, MOHLTC

LHIN Deliverables:

1. Decrease caregiver burden
2. Increase deaths in preferred location
3. Increase QoL preceding dying and quality of the dying experience
4. Reduce avoidable ED visits & hospitalizations

QDI: BACKGROUND/LANDSCAPE

DFCMs Division of Palliative Care

- 60 F/T faculty members
- 12 U of T affiliated acute care institutions
- Interprofessional composition
- Strong willingness for greater sense of community
- “Quality Lead” - newly funded role summer 2012
- Successful “BPGS” initiatives

DIVISION OF PALLIATIVE CARE

Quality Dying Initiative: A multi-site project for the DFCM's Division of Palliative Care

PI: Jeff Myers[1] MD

Co-PIs: Leah Steinberg[2] MD, James Downar[3] MD
Ebru Kaya[3] MD, Kirsten Wentlandt[3] MD, Daphna Grossman[4] MD
Ramona Joshi[5] MD, Susan Blacker[6] MSW, Manisha Sharma[7] MD
Janet Ellis[1] MD and Rob Fowler[1] MD

[1]Sunnybrook, [2]MSH, [3]UHN (TGH, PMCC & TWH), [4]Baycrest, [5]TEGH, [6]SMH, [7]Trillium

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~6000 acute care deaths annually

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QUALITY DYING INITIATIVE

- A quality improvement project consisting of:
  - Implementation of standardized care processes and associated best practices
  - Ongoing CQI
  - Effective staff/clinician education
  - Effective patient/family member education
- Division of Palliative Care faculty members will serve as local site champions, supporting uptake and building capacity

QDI: PATIENT POPULATIONS

The three patient populations targeted are:

1.Patients admitted to an acute care setting among whom ***care goals have been clarified to be comfort only and death is expected*** in the order of hours-days or days-weeks

2.Patients admitted to an acute care setting with progressive, life-limiting illness for whom ***death on the admission would not be a "surprise"****

QDI: PATIENT POPULATIONS

The three patient populations targeted are:

3.Patients likely to be discharged from the acute care setting who are living with progressive, life-limiting illness for whom ***death within the next year would not be a "surprise"****

OUTLINES AN IMPORTANT LINK WITH COMMUNITY AND AMBULATORY SETTINGSAND SYSTEM LEVEL EFFORTS TO IMPROVE EOL CARE

QDI: PATIENT POPULATIONS

The three patient populations targeted are:

3.Patients likely to be discharged from the acute care setting who are living with progressive, life-limiting illness for whom ***death within the next year would not be a "surprise"****

***Outlines an important bioethical issue with "THE SURPRISE QUESTION"….**

Do we not have an obligation to inform pts/SDMs of our response?

Should we not be ensuring clinical teams are empowered with some form of follow up action?

QDI: LOCAL PHASE ONE

Four main focus areas:

1. Evidence - Literature Review & Best Practices
   - Patient and Family Member identified care domains
2. Organizational Engagement & Communications
3. Short Term Perspective Gathering: patients, family members, staff and clinicians
4. Long Term Perspective Gathering: data collection process

QDI: FAMILY MEMBER SURVEY

- NRC Picker “residential hospice” tool, organization with an existing data collection/collation process in place and in support of substantial revision
- Mailed ***4-6 weeks*** following family members death
- 47 items and 1 open ended:

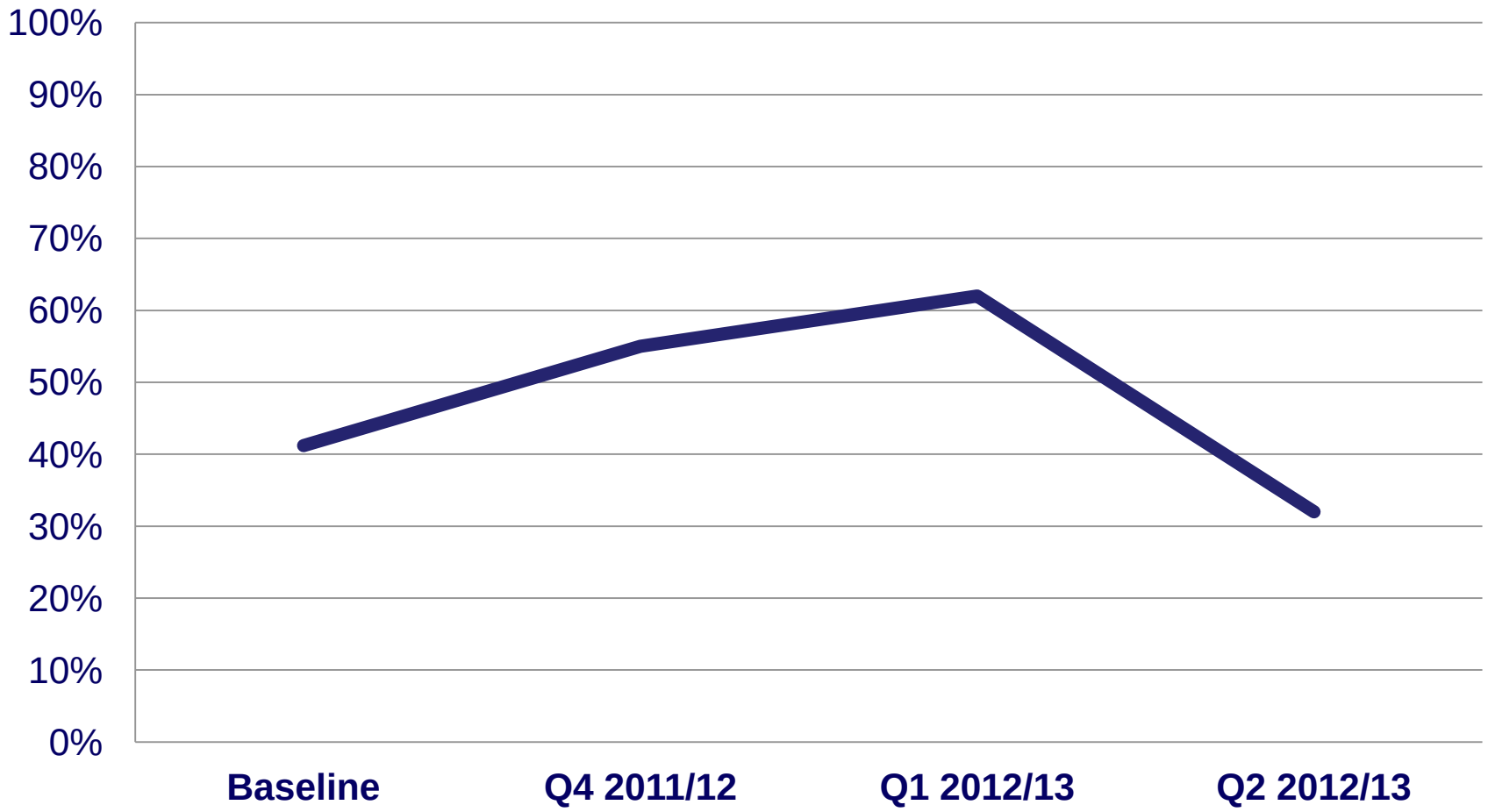
  “**If you could change one thing about the care?**”

- Now have baseline quarterly X 3 data (45% RR)
- Exclusions: ED, W&B, LTC

QDI: FAMILY MEMBER SURVEY

	Q4 2011/12	Q1 2012/13	Q2 2012/13
Location of death	47% ICU 33% Ward	44% ICU 41% Ward	29% ICU **50% Ward**
Was death expected = **NO**	43%	57%	61%
Told death was a possible outcome = **Definitely NO**	27%	33%	36%
Signed POA = **YES**	71%	69%	74%
Living will = **YES**	42%	50%	46%
Discussed living will with care team = **NO**	36%	34%	44%

OVERALL SATISFACTION (% Rated 9 or 10)



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OPPORTUNITIES (+VE SCORE <35%)

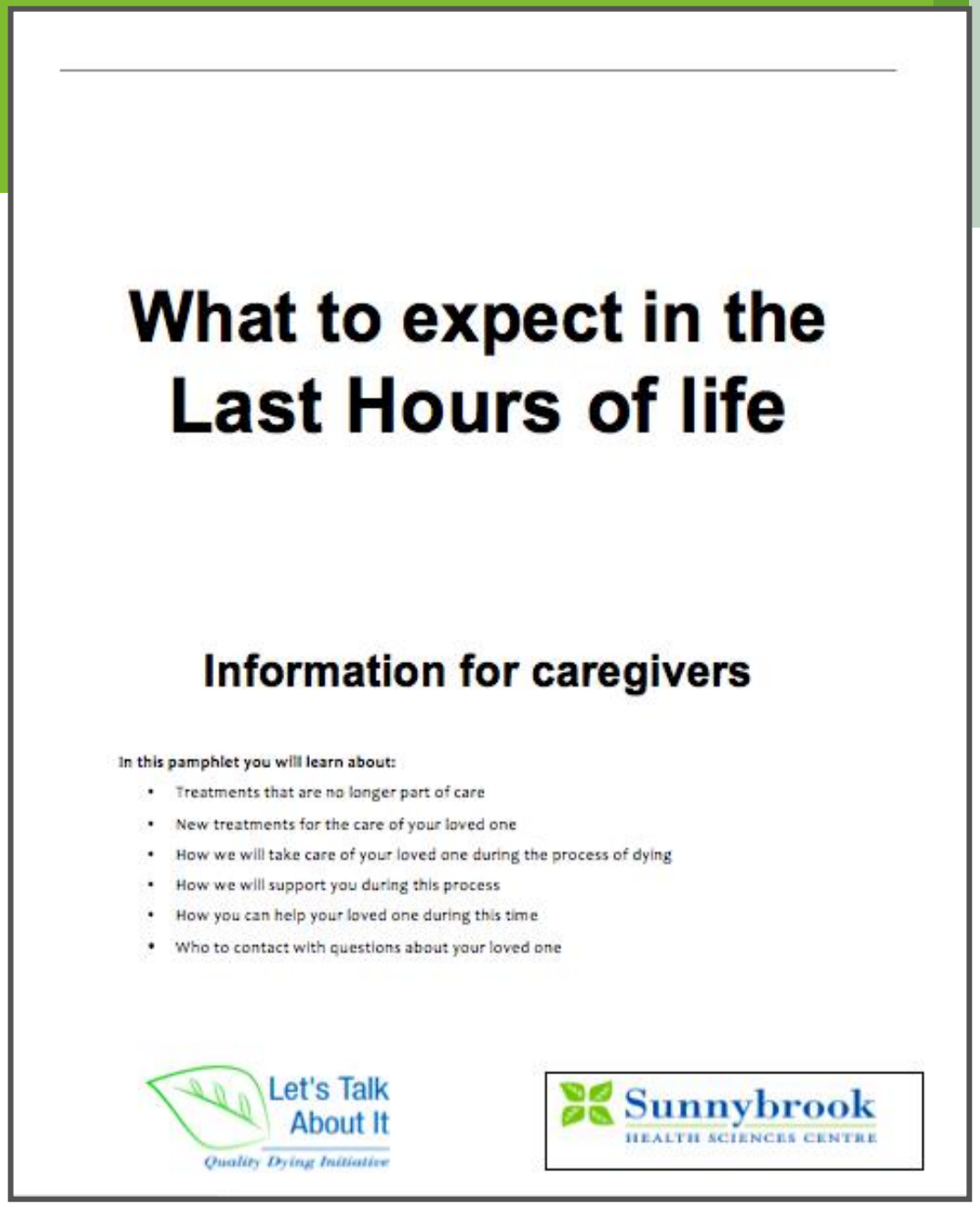
Q4 2011/12	Q1 2012/13	Q2 2012/13
Info on how you'd feel after death	**Had trouble breathing**	**Team suggested someone to help with stress**
Had trouble breathing	**Team suggested someone to help with stress**	**Info on how you'd feel after death**
Team suggested someone to help with stress	**Info on how you'd feel after death**	**Had trouble breathing**
Chaplain spent enough time with you	Got info on meds for pain / SOB	**Able to access MD when needed**
Able to access SW when needed	**SW spent enough time with you**	**SW spent enough time with you**
SW spent enough time with you	**Able to access SW when needed**	**Access Chaplain when needed**
Access Chaplain when needed	**Access MD when needed**	**Access SW when needed**
Given options for EOL location	**Clear which MD was in charge**	MD spent enough time
	Received info re: what to expect	Clear which MD was in charge

= Theme across quarters

QDI: COMFORT MEASURES ORDER SET

1. Implementation of Standardized Best Practices
   - Comfort Measures Order Set
     - Evidence Based
   - Comfort Measures Assessment/Documentation
2. Implementation of Standardized Pt/Caregiver Information Resources
   - “What to Expect…”
3. Professional Development of Clinical Staff
4. Evaluation, feedback, CQI and metrics

PD CHALLENGE: How to effectively educate HCP's to effectively educate pts / family members



What to expect in the Last Hours of life

Information for caregivers

In this pamphlet you will learn about:

- Treatments that are no longer part of care
- New treatments for the care of your loved one
- How we will take care of your loved one during the process of dying
- How we will support you during this process
- How you can help your loved one during this time
- Who to contact with questions about your loved one

Let's Talk About It
Quality Dying Initiative

Sunnybrook
HEALTH SCIENCES CENTRE

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DIVISION OF PALLIATIVE CARE

Multi-Site Collaboration

In process of expanding to be a multi-site collaboration among 7 Toronto academic institutions

Each has highly aligned activities in various stages of development

Leveraging opportunities through RNAO “BPSO”

KTE strategy - create and test processes and resources that can be applied to other acute care settings

Project Evaluation - TBD by Local Site Champion

Process measures re: use of order sets

Family member & clinician satisfaction with the experience of care (unit level data)

QDI: NEXT STEPS

Sunnybrook:

- GIM and CrCU physicians as well as Rapid Response teams have been engaged
- GIM roll out early fall 2013
- Picker data driving focus for “Next Steps”
  - GIM and Oncology teams asking patients and caregivers about ACP and having GCD

Division of Palliative Care:

- Build “Quality” capacity and apply lessons learned
- Begin focus on organizational readiness for ACP/GDC intervention