QUALITY DYING INITIATIVE:
Acute care settings within University of Toronto affiliated hospitals

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Where did this begin?

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

Jeff Myers - May 30, 2013
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?**

Jeff Myers - May 30, 2013
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

Jeff Myers - May 30, 2013
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

Jeff Myers - May 30, 2013
Quality Dying Initiative: A multi-site project for the DFCM’s Division of Palliative Care

PI: Jeff Myers\textsuperscript{1} MD

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

\textsuperscript{1}Sunnybrook, \textsuperscript{2}MSH, \textsuperscript{3}UHN (TGH, PMCC & TWH), \textsuperscript{4}Baycrest, \textsuperscript{5}TEGH, \textsuperscript{6}SMH, \textsuperscript{7}Trillium
Quality Dying Initiative: A multi-site project for the DFCM’s Division of Palliative Care

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Co-PIs: Leah Steinberg² MD, James Downar³ MD, Ebru Kaya³ MD, Kirsten Wentlandt³ MD, Daphna Grossman⁴ MD, Ramona Joshi⁵ MD, Susan Blacker⁶ MSW, Manisha Sharma⁷ MD, Janet Ellis¹ MD and Rob Fowler¹ MD

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

~6000 acute care deaths annually
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

Jeff Myers - May 30, 2013
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”*
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 SETTINGS AND SYSTEM LEVEL EFFORTS TO IMPROVE EOL CARE

Jeff Myers - May 30, 2013
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?
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

Jeff Myers - May 30, 2013
## Location of death

<table>
<thead>
<tr>
<th></th>
<th>Q4 2011/12</th>
<th>Q1 2012/13</th>
<th>Q2 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of death</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47% ICU</td>
<td>33% Ward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44% ICU</td>
<td>41% Ward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29% ICU</td>
<td>50% Ward</td>
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</table>

## Was death expected = NO

<table>
<thead>
<tr>
<th></th>
<th>Q4 2011/12</th>
<th>Q1 2012/13</th>
<th>Q2 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Told death was a possible outcome = Definitely NO</td>
<td>43%</td>
<td>57%</td>
<td>61%</td>
</tr>
</tbody>
</table>

## Signed POA = YES

<table>
<thead>
<tr>
<th></th>
<th>Q4 2011/12</th>
<th>Q1 2012/13</th>
<th>Q2 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living will = YES</td>
<td>71%</td>
<td>69%</td>
<td>74%</td>
</tr>
</tbody>
</table>

## Discussed living will with care team = NO

<table>
<thead>
<tr>
<th></th>
<th>Q4 2011/12</th>
<th>Q1 2012/13</th>
<th>Q2 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>34%</td>
<td>44%</td>
<td></td>
</tr>
</tbody>
</table>
OVERALL SATISFACTION (% Rated 9 or 10)

Baseline       Q4 2011/12       Q1 2012/13       Q2 2012/13

Jeff Myers - May 30, 2013
## OPPORTUNITIES (+VE SCORE <35%)

<table>
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<th>Q4 2011/12</th>
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<th>Q2 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info on how you’d feel after death</td>
<td>Had trouble breathing</td>
<td>Team suggested someone to help with stress</td>
</tr>
<tr>
<td>Had trouble breathing</td>
<td>Team suggested someone to help with stress</td>
<td>Info on how you’d feel after death</td>
</tr>
<tr>
<td>Team suggested someone to help with stress</td>
<td>Info on how you’d feel after death</td>
<td>Had trouble breathing</td>
</tr>
<tr>
<td>Chaplain spent enough time with you</td>
<td>Got info on meds for pain / SOB</td>
<td>Able to access MD when needed</td>
</tr>
<tr>
<td>Able to access SW when needed</td>
<td>SW spent enough time with you</td>
<td>SW spent enough time with you</td>
</tr>
<tr>
<td>SW spent enough time with you</td>
<td>Able to access SW when needed</td>
<td>Access Chaplain when needed</td>
</tr>
<tr>
<td>Access Chaplain when needed</td>
<td>Access MD when needed</td>
<td>Access SW when needed</td>
</tr>
<tr>
<td>Given options for EOL location</td>
<td>Clear which MD was in charge</td>
<td>MD spent enough time</td>
</tr>
<tr>
<td></td>
<td>Received info re: what to expect</td>
<td>Clear which MD was in charge</td>
</tr>
</tbody>
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= Theme across quarters

Jeff Myers - May 30, 2013
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

Jeff Myers - May 30, 2013
PD CHALLENGE:
How to effectively educate HCP’s to effectively educate pts / family members

Jeff Myers - May 30, 2013
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

Jeff Myers - May 30, 2013