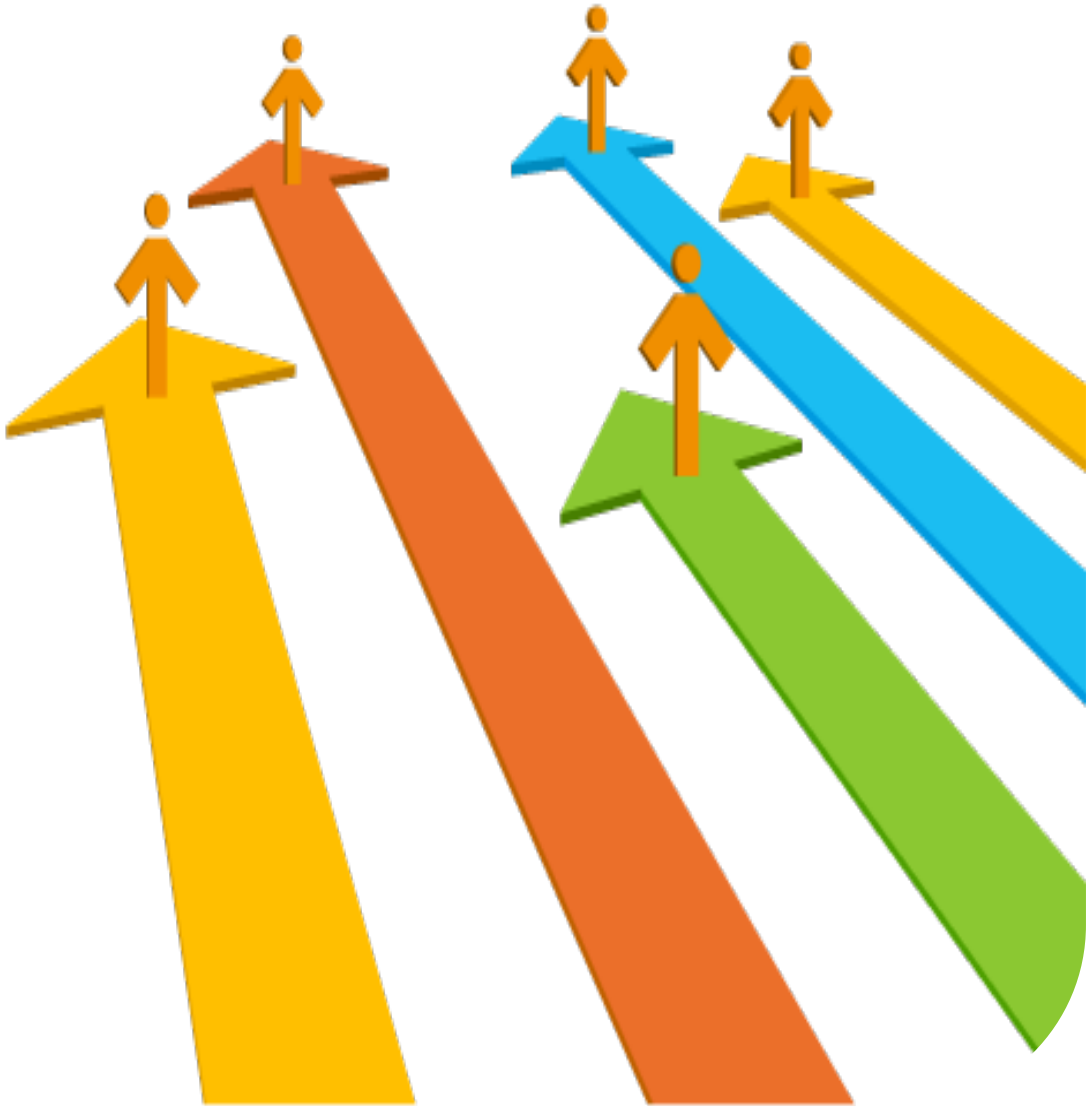

Palliative and End of Life Care

ADVANCE CARE PLANNING | GOALS OF CARE
CONVERSATIONS MATTER
A GUIDE FOR MAKING HEALTHCARE DECISIONS

Responding to Policy Issues:

How a Provincial ACP/GCD Community of Practice Promotes Excellence

Alberta Health Services

Presentation Objectives

- Provide an overview of AHS Advance Care Planning/Goals of Care Designation Policy
- Share an Alberta implementation strategy to spread best practice in palliative and end-of-life care in a homecare setting
- Share our successes and struggles
- Open up a dialogue

Alberta Health Services (AHS)

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Palliative and End of Life Care

HISTORY

08

Founded
May 2008

Brought together

9 regional health authorities

and

3 agencies

Largest, fully-integrated health system in Canada.

1 organization

5 zones

Integrated Palliative Care Services

Palliative and End of Life Care

Advance Care Planning / Goals of Care Designation

24/7 Palliative Physician On-Call support

Provincial PEOLC Website

EMS PEOLC Assess, Treat and Refer Phase 1, 2 and 3

In the beginning

Advance Care Planning / Goals of Care Designation Policy

- 2008 -first developed and implemented in one zone, across all sectors of care, supported by official policy. Multi – site experience..
- 2014 - provincial policy built on the work from 2008 developed
- Large health system serving > four million people.
- Applies to all populations, care sectors
- Wide reach… Multi zones… Multi sites..

Green Sleeve Packages

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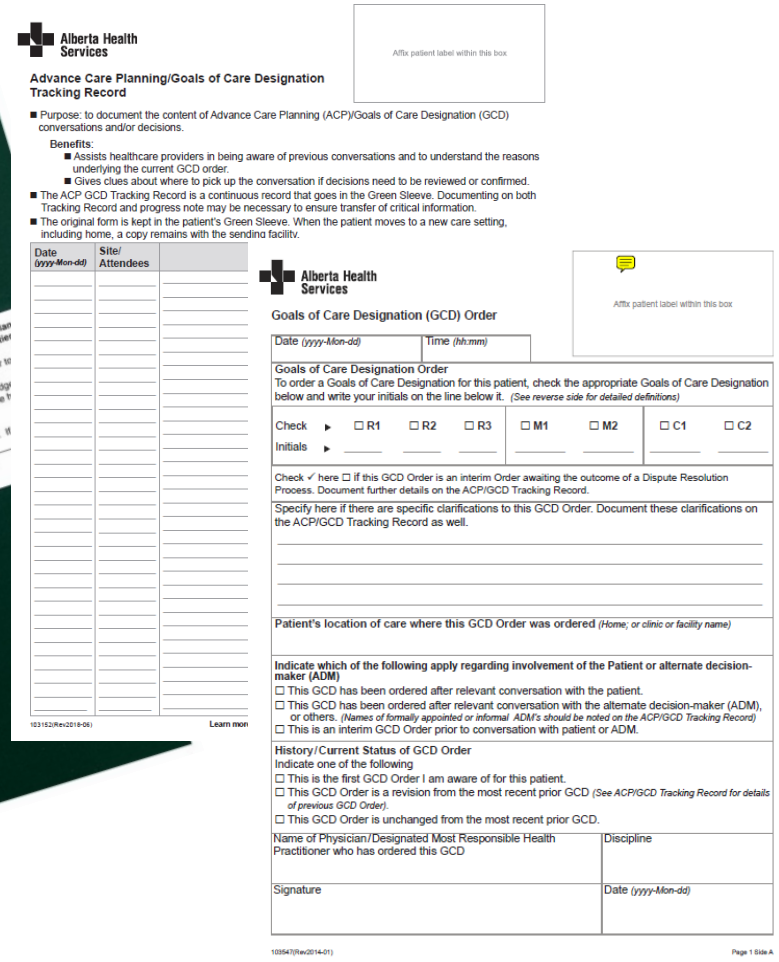

Alberta Health Services

Advance Care Planning/Goals of Care Designation Tracking Record

Affix patient label within this box

- Purpose: to document the content of Advance Care Planning (ACP)/Goals of Care Designation (GCD) conversations and/or decisions.

Benefits:
- Assists healthcare providers in being aware of previous conversations and to understand the reasons underlying the current GCD order.
- Gives clues about where to pick up the conversation if decisions need to be reviewed or confirmed.

- The ACP GCD Tracking Record is a continuous record that goes in the Green Sleeve. Documenting on both Tracking Record and progress note may be necessary to ensure transfer of critical information.
- The original form is kept in the patient's Green Sleeve. When the patient moves to a new care setting, including home, a copy remains with the sending facility.

Date *(yyyy-Mon-dd)*	Site/ Attendees	

103152(Rev2018-06) Learn mon

Alberta Health Services

Goals of Care Designation (GCD) Order

Affix patient label within this box

Date *(yyyy-Mon-dd)*	Time *(hh:mm)*

Goals of Care Designation Order
To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

Check ▸	☐ R1	☐ R2	☐ R3	☐ M1	☐ M2	☐ C1	☐ C2
Initials ▸							

Check ✓ here ☐ if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

Patient's location of care where this GCD Order was ordered *(Home; or clinic or facility name)*

Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)
☐ This GCD has been ordered after relevant conversation with the patient.
☐ This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM's should be noted on the ACP/GCD Tracking Record)*
☐ This is an interim GCD Order prior to conversation with patient or ADM.

History/Current Status of GCD Order
Indicate one of the following
☐ This is the first GCD Order I am aware of for this patient.
☐ This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order).*
☐ This GCD Order is unchanged from the most recent prior GCD.

Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date *(yyyy-Mon-dd)*

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Clinical Documents and Support Tools

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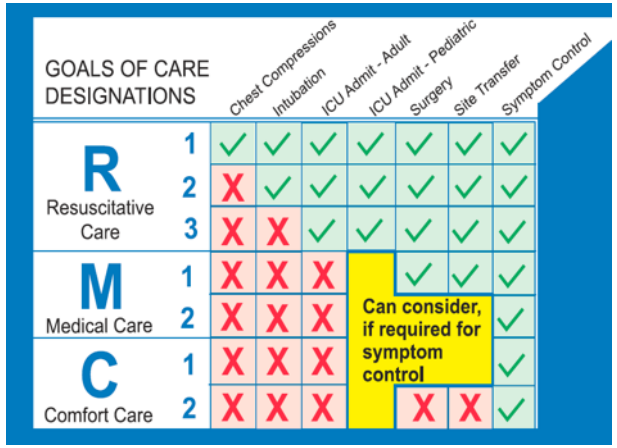
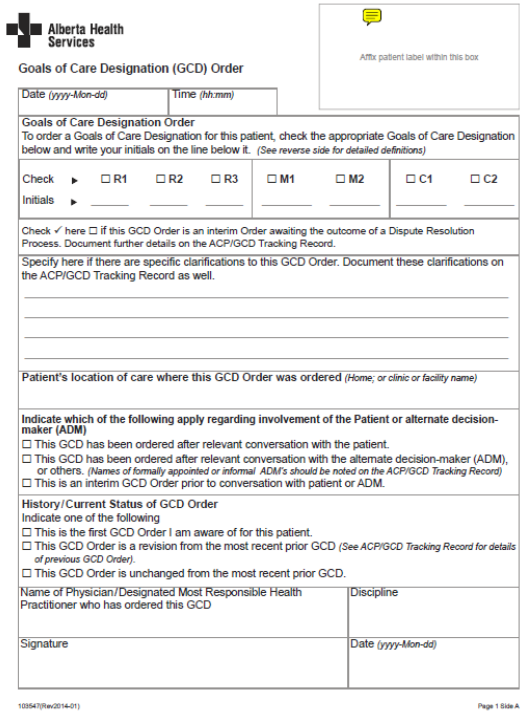


Pocket Card



Alberta Health Services

Goals of Care Designation (GCD) Order

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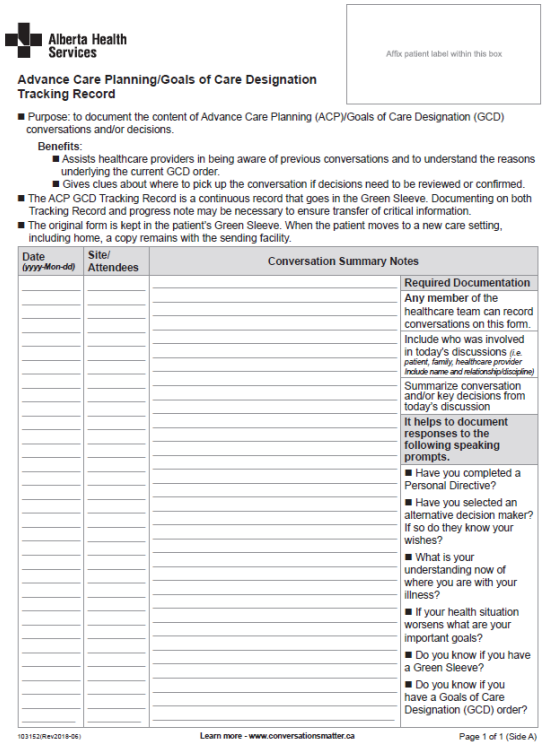
Name of Physician / Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date (yyyy-Mon-dd)

103547(Rev2014-01) Page 1 Side A

GCD Order Form



Alberta Health Services

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Date (yyyy-Mon-dd)	Site/ Attendees	Conversation Summary Notes

Required Documentation

Any member of the healthcare team can record conversations on this form.

Include who was involved in today's discussions *(i.e. patient, family, healthcare provider Include name and relationship/discipline)*

Summarize conversation and/or key decisions from today's discussion

It helps to document responses to the following speaking prompts.

- Have you completed a Personal Directive?
- Have you selected an alternative decision maker? If so do they know your wishes?
- What is your understanding now of where you are with your illness?
- If your health situation worsens what are your important goals?
- Do you know if you have a Green Sleeve?
- Do you know if you have a Goals of Care Designation (GCD) order?

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Tracking Record

Web based Resources

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www.conversationsmatter.ca

Website for Patients/Families and Health Care Providers

Mobile App

Policy post implementation .. now what?

Zones operationalize the policy yet issues arise that have provincial implications

February 2017

Provincial ACP GCD Community of Practice (COP) struck

a centralized meeting place for ACP GCD stakeholders to collectively identify, share and problem-solve clinical ACP GCD issues.

How we started

Call for interest was distributed widely to teams and departments in each zone especially targeting “ roll out “ point people

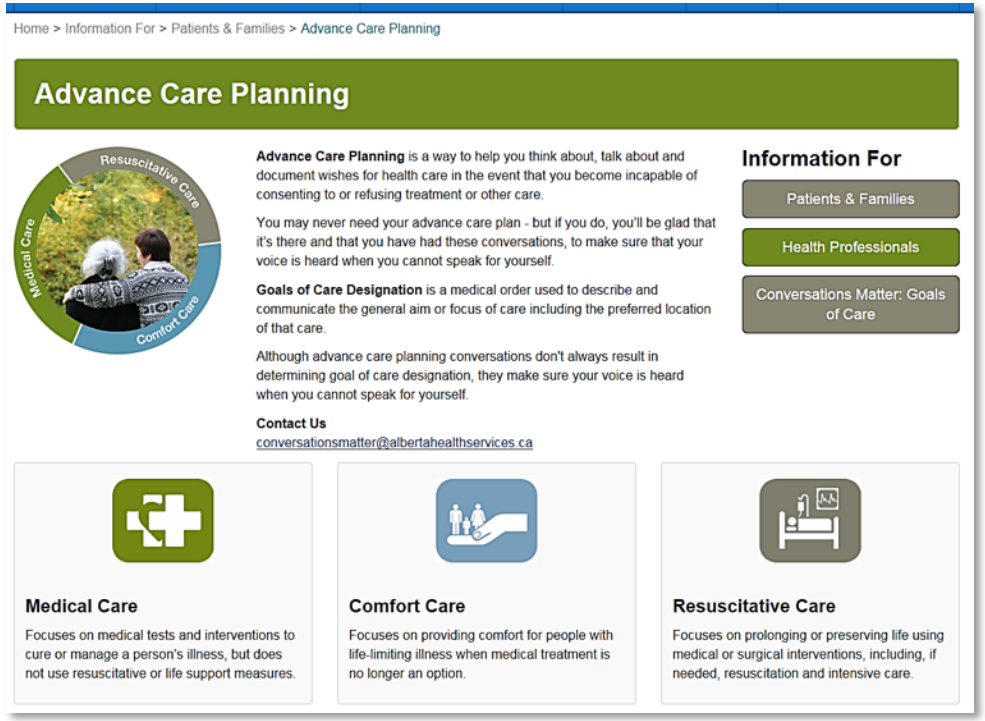
- Many ACP GCD zone champions emerged eager to shine a light / share their experiences of “living” the policy.
- Membership seeks to be representative, but it is, in fact, voluntary
- Terms of Reference developed
- Scheduled meeting day and time “ best for most”

Feb 2018 - COP meets every 2 months

- 1.5 hour online meeting over Skype for Business
- COP SharePoint site developed
- Host 4 per year online educational webinars to promote best practice and quality improvement activities.
- Senior leadership very supportive

Problems Discussed

- Ways to improve HCP use of ACP/GCD Tracking Record
  - revised clinical form
- Strategies to increase public's understanding of ACP
  - revising resources: guidebook, brochures, teaching tools
- HCP seeking guidance and expert advice
  - Updated (FAQ) Frequently Asked Questions
    www.conversationsmatter.ca



Small sub-COP working groups are best suited to "work on a specific project"

Issues Log / Clinical practice questions

- Use of stickers or arm bracelets to communicate GCD (counter to policy)
- Incorrect documentation or workflow practices
- Role confusion
- Use of GCD photocopies * led to policy amendment
- Legitimacy of images of a GCD order on an electronic device
- Interpreting the policy for choking events
- Pre-op, do surgeons need to revise a patient's non-R GCD to R

Evaluation

Member Feedback:

"I feel more connected to a credible source of clinical guidance and support."

"Hearing from other departments and zones helps me understand their role better"

Extensive Provincial Evaluation

- September 2017 to February 2018
- > 3000 patient charts in Acute Care, Home Care and Facility Living audited
- Assessed utilization of Green Sleeves, GCD Orders and Advance Care Planning (ACP) GCD Tracking Records (TR)
- Steadily increased in the last 2 years and especially within the community.

Indicators of Success

Growth in membership - 35 current members.

Related teams /programs seeking to join – adding to the diversity of membership

- ACP Program Manager, Canadian Hospice Palliative Care Association.
- Additional Emergency Medical Services reps
- Facility Living

Zones are starting to strike spin off ACP GCD COP's to address local quality improvement issues.

- Edmonton Zone hosts monthly meetings for ACP GCD champions
- Facility Living and Home Care are exploring striking a COP

Impact of Provincial PEOLC Work on Albertans

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Meeting Patients & Families Needs Faster

Quality Care to Patient & Family

Better Access to Programs & Services

Awareness & Information

Planning Ahead Together

Better Use of Provincial Resources

Questions, Comments, Feedback

Sharon Iversen RN MC Education

Lead, Provincial Palliative and End-of-Life Care, Community, Seniors, Addiction & Mental Health, Alberta Health Services

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Phone: 403-909-5537