Improving Goals of Care Communication After a Severe Stroke

S. Maltais[1],[2], M. Sharp[1], W. Taylor[1], T. Diner[1], A. Purton[1], E. Edwards[1], M. Allain[1], J. Faubert[1], K. Visser[1], C. Johnson[1], L. Swancar[1], M. Shonosky[1], A. Hassan[1]

[1]Thunder Bay Regional Health Sciences Centre, Thunder Bay, Ontario, Canada.[2]Institute of Health Policy, Management and Evaluation, University of Toronto, MSc Quality Improvement and Patient Safety Program, Toronto, Ontario, Canada.

Background: In 2017-18, the Thunder Bay Regional Health Sciences Centre (TBRHSC) Regional Stroke Unit (RSU) admitted 371 acute stroke patients, 64 were deemed severe strokes (using an alphaFIM score < 30), of these, 26 (40%) died within 30 days of admission. Understanding goals of care (GOC) after stroke is essential to align care with patients' values and wishes. At baseline, we lacked a consistent approach to establish GOC.

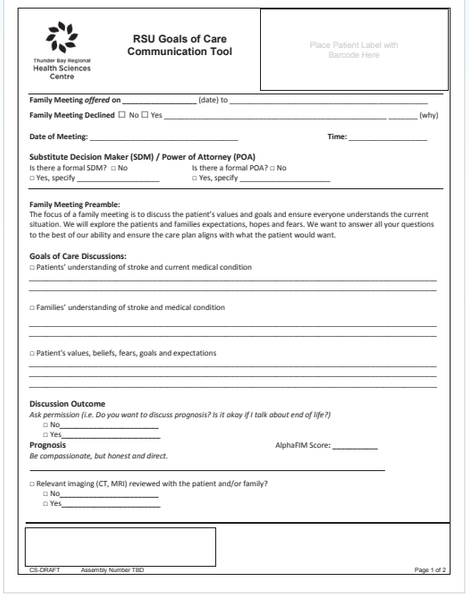
Objective: The aim of this quality improvement initiative was to increase patient and family satisfaction scores with quality and timing of goals of care conversations after a severe stroke by 20% by June 30, 2018.

Methods: To assess patient and family satisfaction at baseline, severe stroke patients (or their next of kin) admitted to the RSU between September 1, 2017 and February 2018 were asked to complete the validated Canadian Health Care Evaluation Program questionnaire[1] in a telephone interview. In total, 1 patient and 14 family members participated (15/25 or 60% completion). At baseline, only 46% of patients and families were satisfied with communication regarding where the patient would be cared for if they were to get worse and only 53% were satisfied with the timing of GOC conversations. Root cause analysis identified the following as the root causes: poor palliative communication skills; lack of standardization and role clarity; time constraints; and prognostic uncertainty.

Interventions: Between March 2018 and June 2018, the Model for Improvement methodology[2] was used and Plan-Do-Study-Act (PDSA) cycles were implemented for 4 change ideas: 1) Palliative communication training through the Learning the Essential Approaches to Palliative Care workshop. 2) Utilization of a GOC communication and documentation tool (Figure 1). 3) Standard offer of a family meeting to severe stroke admissions by day 3 was embedded in the Stroke Patient Order Set. 4) An informational leaflet (Figure 2) describing the purpose of a family meeting was developed and distributed to patients and families.

Figure 1

The GOC Communication and Documentation Tool



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RSU Goals of Care Communication Tool

Place Patient Label with Barcode Here

Family Meeting *offered* on _____ (date) to _____

Family Meeting Declined ☐ No ☐ Yes _____ (why)

Date of Meeting: _____ **Time:** _____

Substitute Decision Maker (SDM) / Power of Attorney (POA)

Is there a formal SDM? ☐ No ☐ Yes, specify _____

Is there a formal POA? ☐ No ☐ Yes, specify _____

Family Meeting Preamble:

The focus of a family meeting is to discuss the patient's values and goals and ensure everyone understands the current situation. We will explore the patients and families expectations, hopes and fears. We want to answer all your questions to the best of our ability and ensure the care plan aligns with what the patient would want.

Goals of Care Discussions:

☐ Patients' understanding of stroke and current medical condition

☐ Families' understanding of stroke and medical condition

☐ Patient's values, beliefs, fears, goals and expectations

Discussion Outcome

Ask permission (i.e. Do you want to discuss prognosis? Is it okay if I talk about end of life?)

☐ No _____

☐ Yes _____

Prognosis AlphaFIM Score: _____

Be compassionate, but honest and direct.

☐ Relevant imaging (CT, MRI) reviewed with the patient and/or family?

☐ No _____

☐ Yes _____

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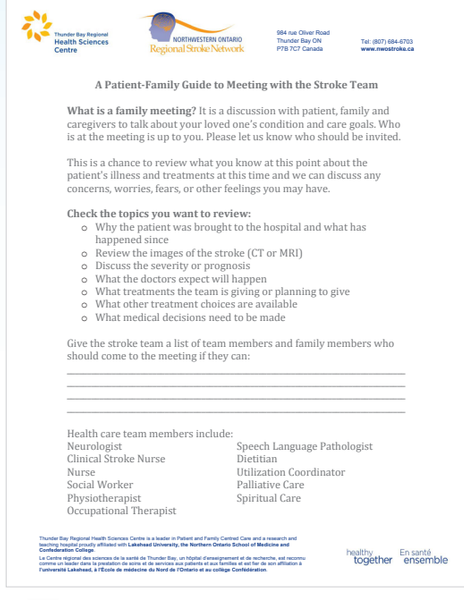
Figure 2

Family meeting information leaflets



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984 rue Oliver Road, Thunder Bay ON P7B 7C7 Canada. Tel: (807) 684-6703. www.nwostroke.ca

A Patient-Family Guide to Meeting with the Stroke Team

What is a family meeting? It is a discussion with patient, family and caregivers to talk about your loved one's condition and care goals. Who is at the meeting is up to you. Please let us know who should be invited.

This is a chance to review what you know at this point about the patient's illness and treatments at this time and we can discuss any concerns, worries, fears, or other feelings you may have.

Check the topics you want to review:

- Why the patient was brought to the hospital and what has happened since
- Review the images of the stroke (CT or MRI)
- Discuss the severity or prognosis
- What the doctors expect will happen
- What treatments the team is giving or planning to give
- What other treatment choices are available
- What medical decisions need to be made

Give the stroke team a list of team members and family members who should come to the meeting if they can:

_____

_____

_____

_____

Health care team members include:

Neurologist, Clinical Stroke Nurse, Nurse, Social Worker, Physiotherapist, Occupational Therapist, Speech Language Pathologist, Dietitian, Utilization Coordinator, Palliative Care, Spiritual Care

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with Lakehead University, the Northern Ontario School of Medicine and Confederation College.

Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'université Lakehead, à l'École de médecine du Nord de l'Ontario et au collège Confédération.

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Results: 10 severe stroke patients were admitted to the RSU during the 4-month intervention period. Outcome, process, and balancing data was collected and measured throughout. Patients, family members and staff were interviewed with each PDSA cycle. Patient and family satisfaction scores have yet to demonstrate special cause variation, but have shown improvement (Figure 3). The GOC Communication and Documentation Tool was completed in 5 of 8 admissions (63% completion) and 71% of severe stroke patients and families were offered a family meeting, a 16% improvement from baseline (55%) (Figure 4). Family meeting information leaflets were distributed to 57% of patients and families with very positive feedback.

Conclusions: Since March 2018, patient and family satisfaction and occurrence of family meetings have increased. Changing practice, attitudes, comfort and confidence will take time. We are dedicated to continuing to build our team's capacity in addressing these difficult conversations. This project is ongoing, new change ideas continue to be developed and PDSA cycles will be implemented with qualitative measurement to assess how the experience feels for patients, families, and staff.

Figure 3

Patient-Family Satisfaction

5-point Likert scale (1 = not at all satisfied 5 = completely satisfied) - (I Chart)

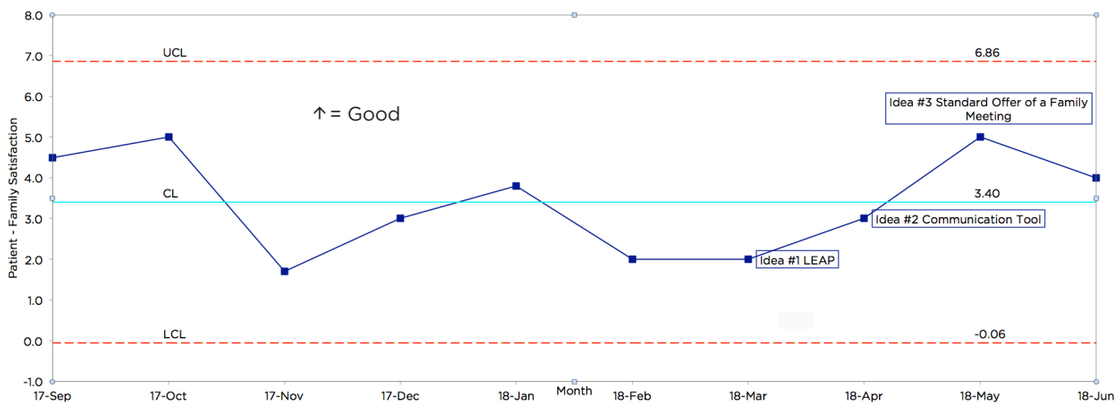
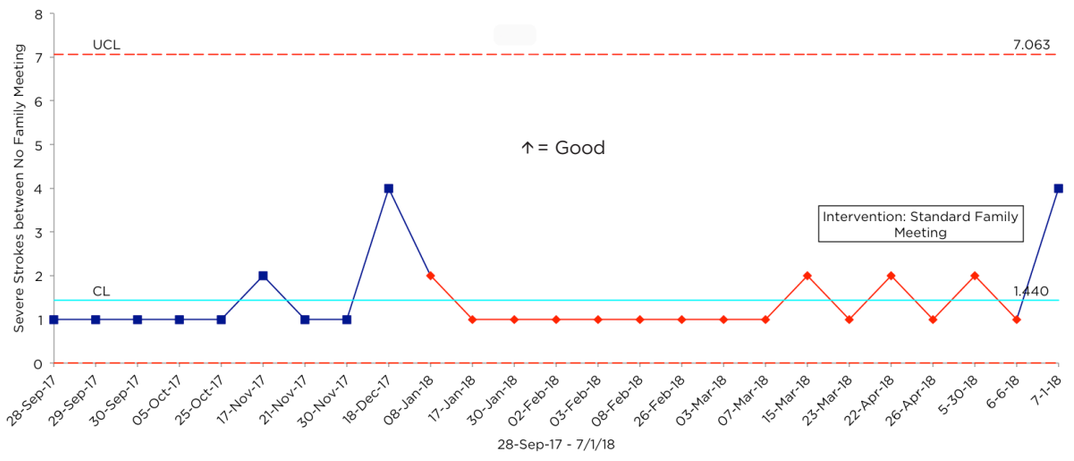


Figure 4

Severe Stroke Admissions between No Family Meeting (g Chart)



Sheri Maltais, MSc,
Registered Dietitian, Regional Stroke Program, Thunder Bay Regional Health Sciences Centre
maltaiss@tbh.net

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

Thunder Bay Regional Health Sciences Centre

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References:

[1] http://www.thecarenet.ca/resource-center/canhelp [2] http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx