CAGPO 2015: Advance Care Planning and Discussing End of Life Care

Michael Hartwick MD, MEd, FRCPC
Assistant Professor, Department of Medicine
Divisions of Critical Care and Palliative Medicine
University of Ottawa

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Financial Interest Disclosure

(over the past 24 months)

Dr. Michael Hartwick

I receive a salary as Regional Medical Lead for Trillium Gift of Life (Ontario's organ and tissue donation organization) since 2014.

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

CAGPO 2015: Advance Care Planning and Discussing End of Life Care

1. Recognize the need to consider and discuss EOL issues early in cancer care.
2. Discuss individual and institutional strategies to support early communication about EOL care plans with cancer patients

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA The Journal of the American Medical Association

A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients

The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT)

The SUPPORT Principal Investigators

- 9100 Patients
- 5 American hospitals
- 6 month mortality of 47%

SUPPORT, JAMA, 1995

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA The Journal of the American Medical Association

A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients

The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT)

The SUPPORT Principal Investigators

- 47% of physicians knew their patients preference for CPR
- 46% of DNR orders were written within 2 days of death
- 38% of patients who died spent at least 10 days in ICU and reports of moderate to severe pain were common

SUPPORT, JAMA, 1995

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA The Journal of the American Medical Association

A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients

The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT)

The SUPPORT Principal Investigators

"… Greater individual and societal commitment and more provocative measures may be needed ".

SUPPORT, JAMA, 1995

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

CMAJ RESEARCH

What matters most in end-of-life care: perceptions of seriously ill patients and their family members

Daren K. Heyland, Peter Dodek, Graeme Rocker, Dianne Groll, Amiram Gafni, Deb Pichora, Sam Shortt, Joan Tranmer, Neil Lazar, Jim Kutsogiannis, Miu Lam, for the Canadian Researchers, End-of-Life Network (CARENET)

- 434 Patients (37.7 % Cancer)
- 5 Canadian hospitals
- Rank 28 element in terms of importance to EOL care

Heyland, CMAJ., 2006

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

CMAJ RESEARCH

What matters most in end-of-life care: perceptions of seriously ill patients and their family members

Daren K. Heyland, Peter Dodek, Graeme Rocker, Dianne Groll, Amiram Gafni, Deb Pichora, Sam Shortt, Joan Tranmer, Neil Lazar, Jim Kutsogiannis, Miu Lam, for the Canadian Researchers, End-of-Life Network (CARENET)

1. To have trust and confidence in the doctors looking after you (55.8%)
2. Not to be kept alive when there is little hope for a meaningful recovery (55.7%)
3. That information about your disease be communicated to you by your doctor in a honest manner (44.1%)

Heyland, CMAJ., 2006

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA Internal Medicine
Formerly Archives of Internal Medicine

Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning

Daren K. Heyland, MD, MSc, FRCPC; Doris Barwich, MD, CCFP; Deb Pichora, RN, MSc; Peter Dodek, MD, MHSc; Francois Lamontagne, MD, MSc, FRCPC; John J. You, MD, MSc; Carolyn Tayler, RN, BN, MSA, CON(C); Pat Porterfield, RN, MScN; Tasnim Sinuff, MD, PhD, FRCPC; Jessica Simon, MB, ChB, FRCPC; for the ACCEPT (Advance Care Planning Evaluation in Elderly Patients) Study Team and the Canadian Researchers at the End of Life Network (CARENET)

- 278 Patients (19.4 % Cancer)
- 12 Canadian Hospitals
- 3% In-Hospital Mortality

Heyland, JAMA Intern Med., 2013

The Ottawa Hospital | L'Hôpital d'Ottawa

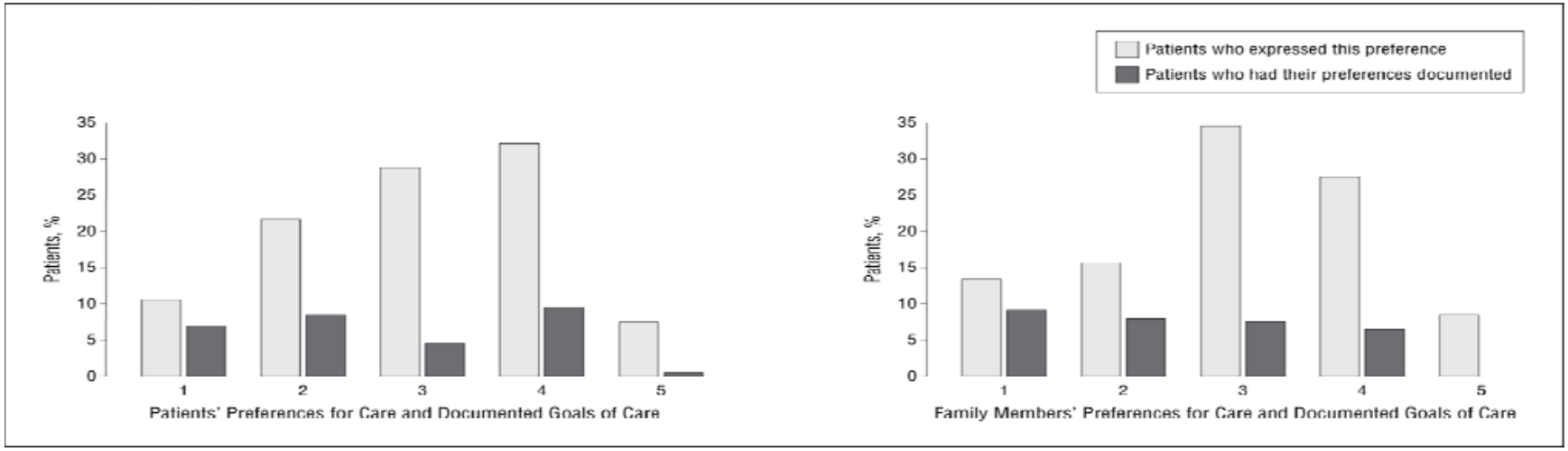
The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA Internal Medicine
Formerly Archives of Internal Medicine

Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning

Daren K. Heyland, MD, MSc, FRCPC; Doris Barwich, MD, CCFP; Deb Pichora, RN, MSc; Peter Dodek, MD, MHSc; Francois Lamontagne, MD, MSc, FRCPC; John J. You, MD, MSc; Carolyn Tayler, RN, BN, MSA, CON(C); Pat Porterfield, RN, MScN; Tasnim Sinuff, MD, PhD, FRCPC; Jessica Simon, MB, ChB, FRCPC; for the ACCEPT (Advance Care Planning Evaluation in Elderly Patients) Study Team and the Canadian Researchers at the End of Life Network (CARENET)



Heyland, JAMA Intern Med., 2013

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA Internal Medicine
Formerly Archives of Internal Medicine

Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning

Daren K. Heyland, MD, MSc, FRCPC; Doris Barwich, MD, CCFP; Deb Pichora, RN, MSc; Peter Dodek, MD, MHSc; Francois Lamontagne, MD, MSc, FRCPC; John J. You, MD, MSc; Carolyn Tayler, RN, BN, MSA, CON(C); Pat Porterfield, RN, MScN; Tasnim Sinuff, MD, PhD, FRCPC; Jessica Simon, MB, ChB, FRCPC; for the ACCEPT (Advance Care Planning Evaluation in Elderly Patients) Study Team and the Canadian Researchers at the End of Life Network (CARENET)

- 76.3% had considered what kinds of LST they would want
- 30.3% had discussed these preferences with FMD
- 17.0% had discussed these preferences with Specialist
- 30.2% Agreement between patients' preferences for EOL care and documentation in the medical record.

Heyland, JAMA Intern Med., 2013

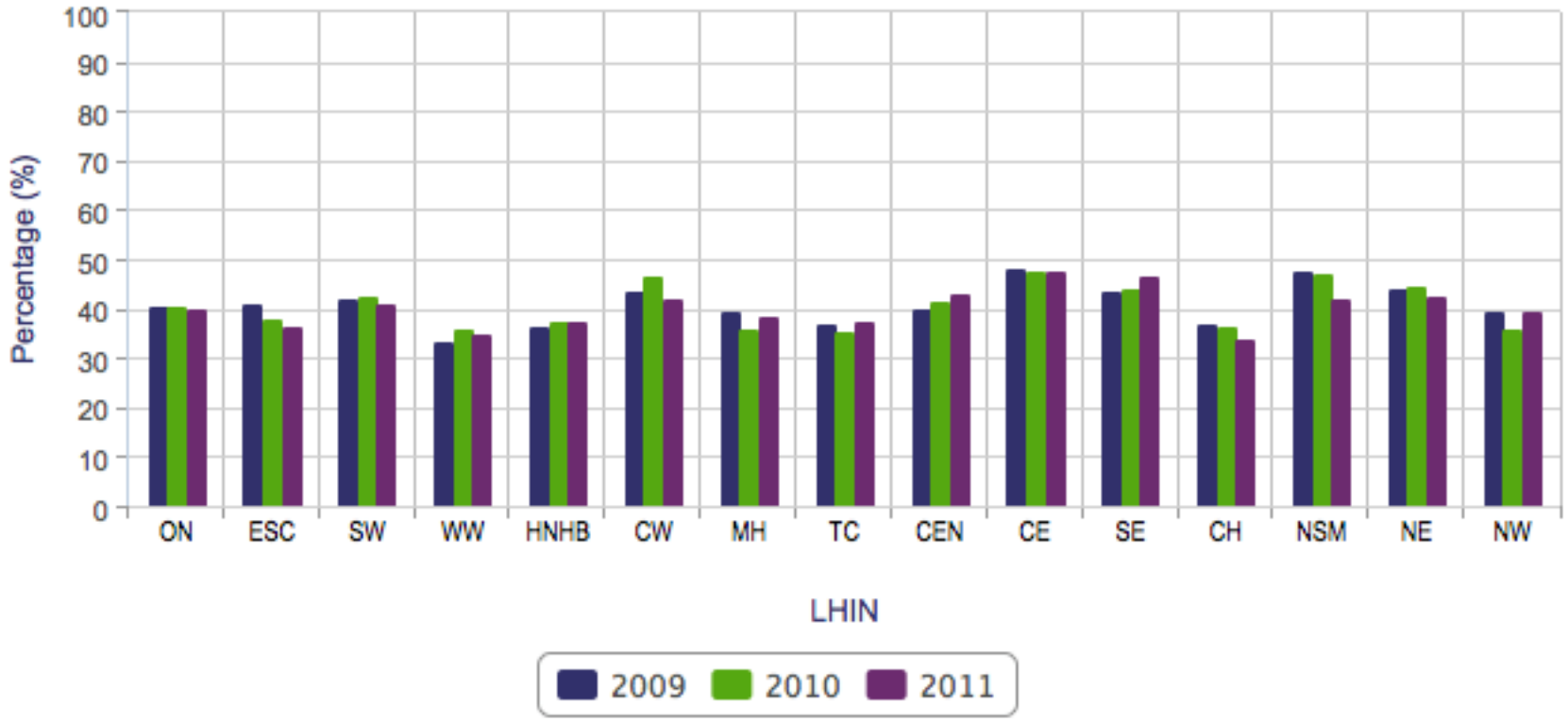
The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

End-of-Life Care

Figure 1: Percentage of cancer patients who visited the emergency department (ED) in the last two weeks of life, 2009–2011, by Local Health Integration Network (LHIN)



Report Date: February 2015
Source: OCR, NACRS, DAD
Prepared by: Analytics and Informatics, Cancer Care Ontario

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Emergency Room Use By Patients' with Cancer at the End of Life

Advance Care Planning In Cancer Patients Attending the Emergency Department. (N= 227)		
Indicator	**Yes**	**No OR Unknown**
'Do Not Resuscitate' (DNR) order documented	19.8% (n 45)	80.2% (n 182)
Power of Attorney (POA) Known/Appointed	13.7% (31)	86.3% (n 196)
Advance Care Directives	11% (n 25)	89% (n 202)
Currently Receiving Home Care Services	43.2% (n 98)	56.8% (n 129)
Referred to Palliative Care Program	12.3% (n 28)	87.7% (n 199)

Time from admission to death: **6.6 days** (±4.6) 0 -18 days
Time for DNR to be established: **3 days** (±3.5) 0 -14 days.
Time for Goals of Care to be clarified: **3.5 days** (±3) 0-14 days

Fitzgibbon, Sup Canc Care, 2010

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

When to Approach the Patient

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

CMAJ REVIEW CME

Just ask: discussing goals of care with patients in hospital with serious illness

John J. You MD MSc, Robert A. Fowler MD MS, Daren K. Heyland MD MSc; on behalf of the Canadian Researchers at the End of Life Network (CARENET)

1. 55 years
   a) Advanced organ failure
   b) Cancer (metastatic cancer or stage IV lymphoma)
   c) End-stage dementia
2. 80 years of age admitted due to an acute medical or surgical condition.
3. Would I be surprised if this patient died within the next year?

You, CMAJ., 2014

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

ECOG Performance Status Scale	
Grade	**Description**
0	Normal activity. Fully active, able to carry on all pre-disease performance without restriction.
1	Symptoms but ambulatory. Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature (*e.g.*, light housework, office work).
2	In bed <50% of the time. Ambulatory and capable of all self-care, but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	In bed >50% of the time. Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
4	100% bedridden. Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
5	Dead.

Palliative Performance Scale (PPSv2) version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Illness and Symptom Trajectory

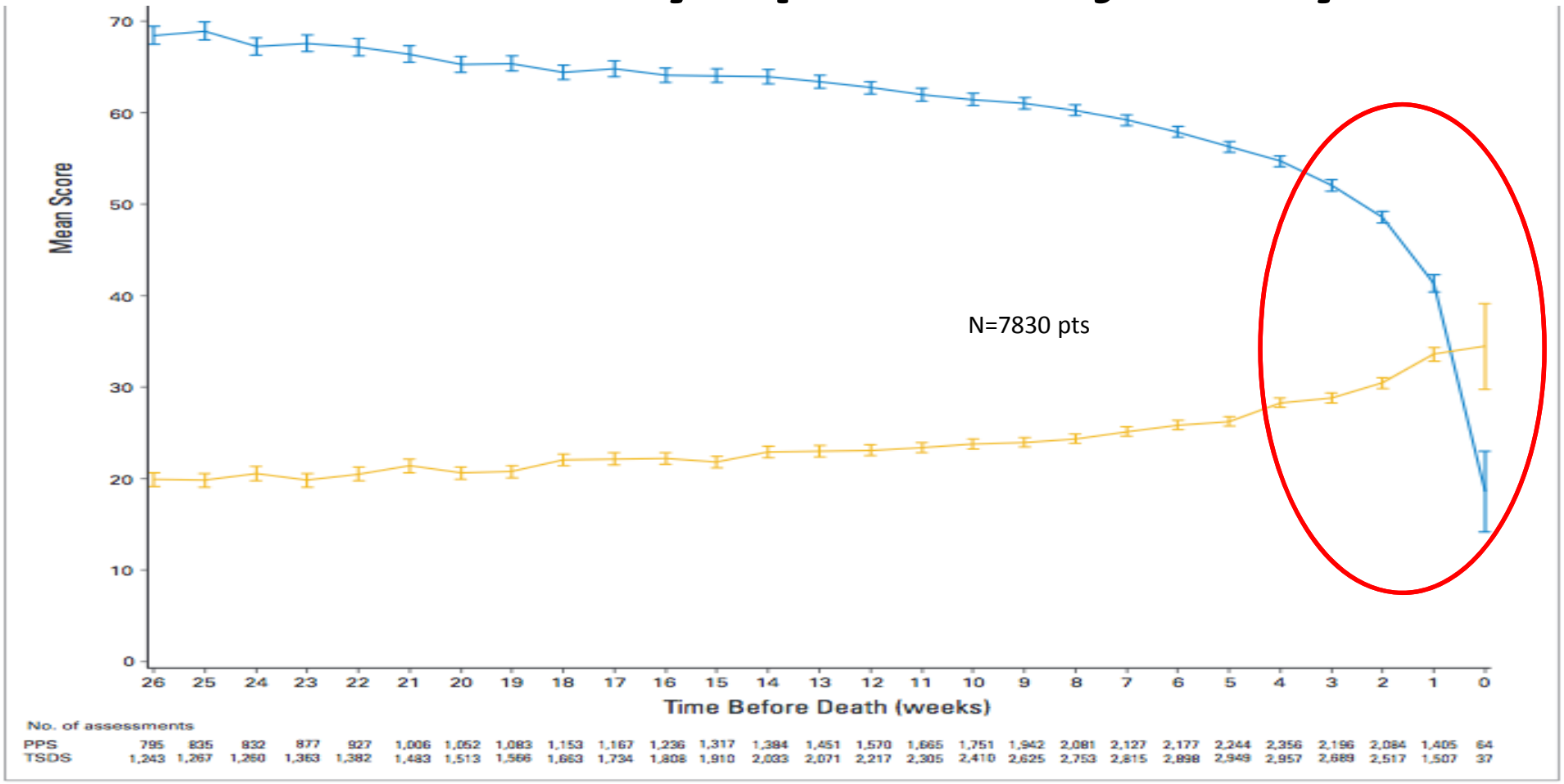


Fig 1. Mean Edmonton Symptom Assessment System (total symptom distress score [TSDS]) and Palliative Performance Scale (PPS) score. (*) Values below data points represent the total number of complete assessments available at a given week. Bars represent 95% CIs for the respective mean scores.

Seow, JCO., 2011

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Barriers

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JOURNAL OF ONCOLOGY PRACTICE
The Authoritative Resource for Oncology Practices

Oncologists' Strategies and Barriers to Effective Communication About the End of Life

By Leeat Granek, PhD, Monika K. Krzyzanowska, MD, MPH, Richard Tozer, MD, and Paolo Mazzotta, MD

Ben Gurion University of the Negev, Be'er Sheva, Israel; Princess Margaret Hospital; Sunnybrook Health Sciences Centre; University of Toronto, Toronto; and Juravinski Cancer Centre, Hamilton Ontario, Canada

- 20 Oncologists
- 3 Canadian Centres
- Interviewed about their experiences discussing EOL with patients
- Qualitative – Grounded Theory

Granek, J Oncol Pract. 2013

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Oncologists' Barriers to Communication about End of Life

1. Discomfort with Death and Dying and Palliative Care Stigma
2. The "Death Defying" Mode
3. Patient and Family Reluctance
4. Team Dynamics and Responsibilities
5. Lack of Experience, Good Mentorship, Tools and/or Training

Adapted from; Granek, J Oncol Pract. 2013

Discomfort with Death and Dying and Palliative Care Stigma

World Health Organization, 1990

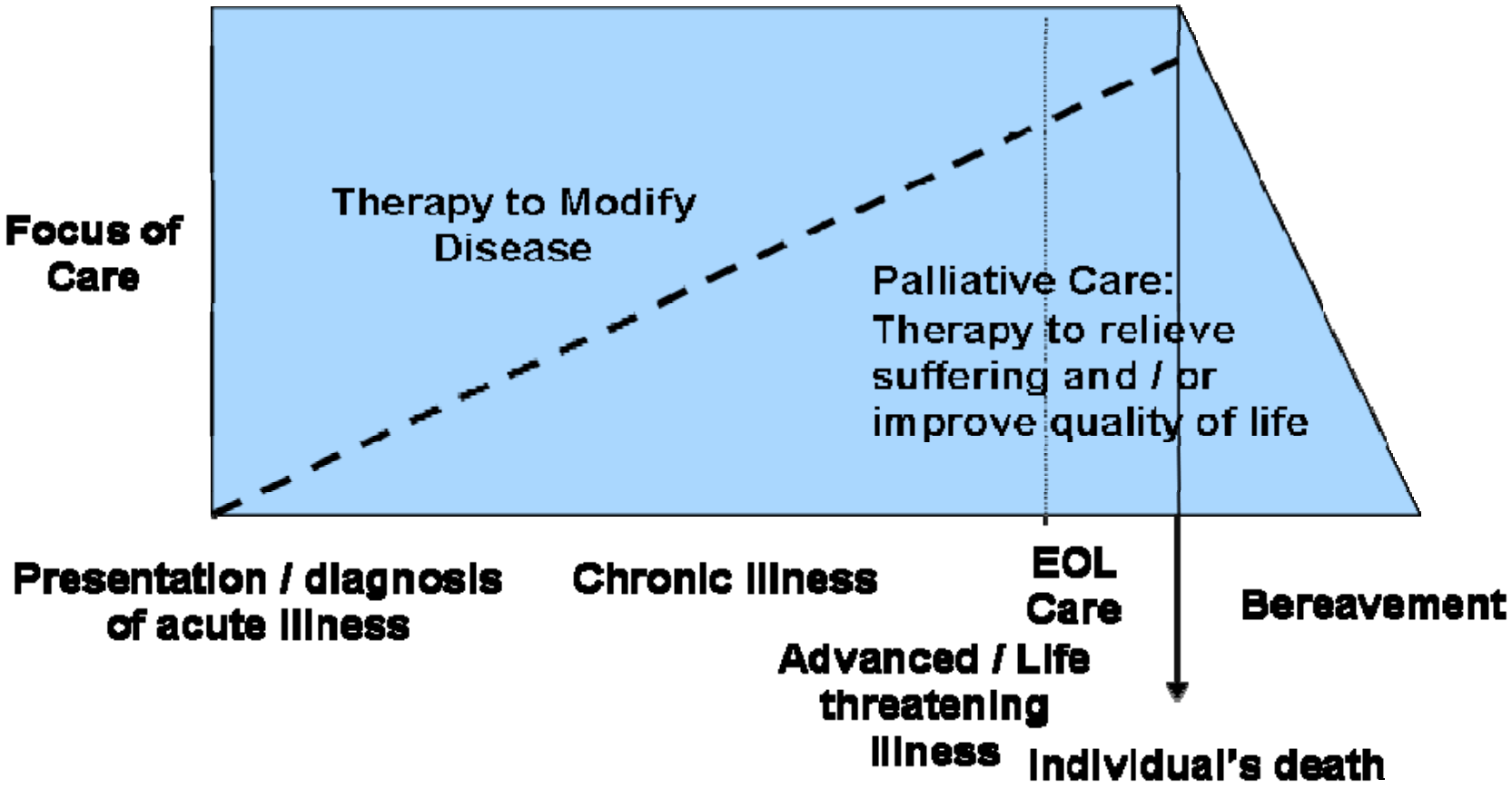
An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Discomfort with Death and Dying and Palliative Care Stigma



The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

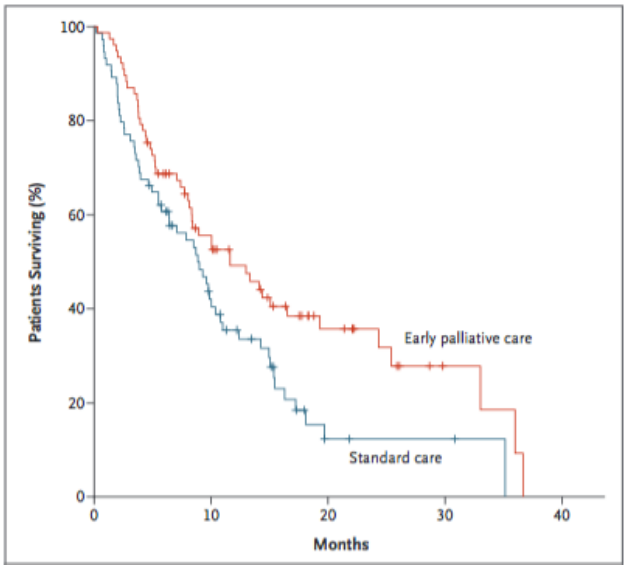
uOttawa
Faculté de médecine
Faculty of Medicine

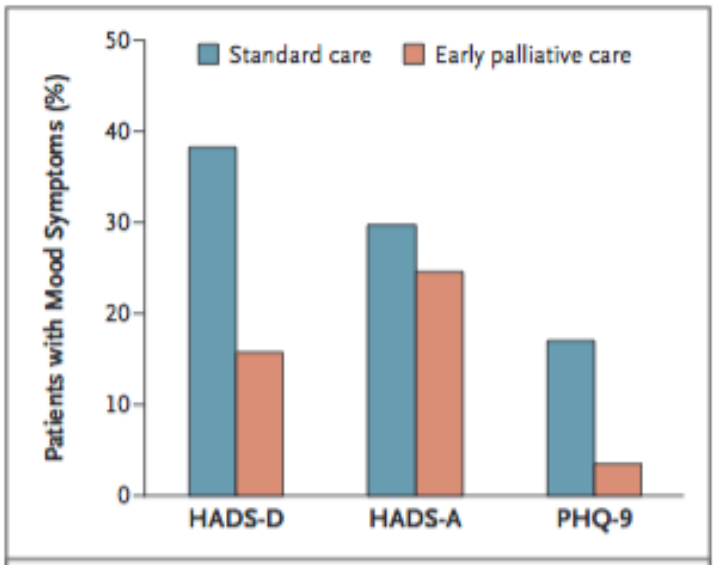
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.





Temel, NEJM. 2010

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

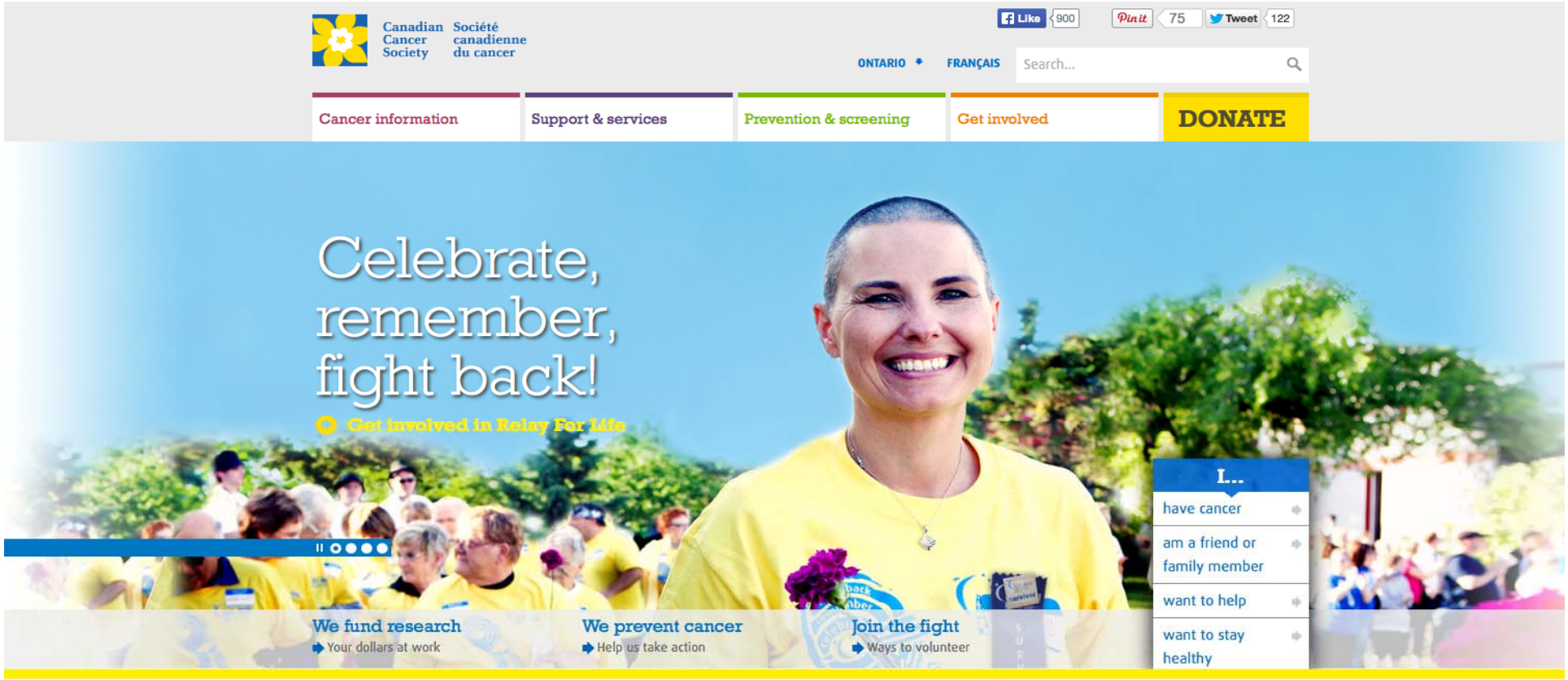
uOttawa
Faculté de médecine
Faculty of Medicine

Oncologists' Barriers to Communication about End of Life

1. Discomfort with Death and Dying and Palliative Care Stigma
2. The "Death Defying" Mode
3. Patient and Family Reluctance
4. Team Dynamics and Responsibilities
5. Lack of Experience, Good Mentorship, Tools and/or Training

Adapted from; Granek, J Oncol Pract. 2013

The “Death Defying” Mode



The Ottawa Hospital | L’Hôpital d’Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Oncologists' Barriers to Communication about End of Life

1. Discomfort with Death and Dying and Palliative Care Stigma
2. The "Death Defying" Mode
3. Patient and Family Reluctance
4. Team Dynamics and Responsibilities
5. Lack of Experience, Good Mentorship, Tools and/or Training

Adapted from; Granek, J Oncol Pract. 2013

Patient and Family Reluctance

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

CMAJ RESEARCH

What matters most in end-of-life care: perceptions of seriously ill patients and their family members

Daren K. Heyland, Peter Dodek, Graeme Rocker, Dianne Groll, Amiram Gafni, Deb Pichora, Sam Shortt, Joan Tranmer, Neil Lazar, Jim Kutsogiannis, Miu Lam, for the Canadian Researchers, End-of-Life Network (CARENET)

1. To have trust and confidence in the doctors looking after you (55.8%)
2. Not to be kept alive when there is little hope for a meaningful recovery (55.7%)
3. That information about your disease be communicated to you by your doctor in a honest manner (44.1%)

Heyland, CMAJ., 2006

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA Internal Medicine
Formerly Archives of Internal Medicine

Failure to Engage Hospitalized Elderly Patients and Their Families in Advance Care Planning

Daren K. Heyland, MD, MSc, FRCPC; Doris Barwich, MD, CCFP; Deb Pichora, RN, MSc; Peter Dodek, MD, MHSc; Francois Lamontagne, MD, MSc, FRCPC; John J. You, MD, MSc; Carolyn Tayler, RN, BN, MSA, CON(C); Pat Porterfield, RN, MScN; Tasnim Sinuff, MD, PhD, FRCPC; Jessica Simon, MB, ChB, FRCPC; for the ACCEPT (Advance Care Planning Evaluation in Elderly Patients) Study Team and the Canadian Researchers at the End of Life Network (CARENET)

- 76.3% had considered what kinds of LST they would want
- 30.3% had discussed these preferences with FMD
- 17.0% had discussed these preferences with Specialist
- 30.2% Agreement between patients' preferences for EOL care and documentation in the medical record.

Heyland, JAMA Intern Med., 2013

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

THOMAS J. SMITH, MD
LINDSAY A. DOW, MD
ENID VIRAGO, M.Div.
JAMES KHATCHERESSIAN, MD
LAUREL J. LYCKHOLM, MD
ROBIN MATSUYAMA, PhD
Massey Cancer Center
Virginia Commonwealth University
Richmond, Virginia

Giving Honest Information to Patients With Advanced Cancer Maintains Hope

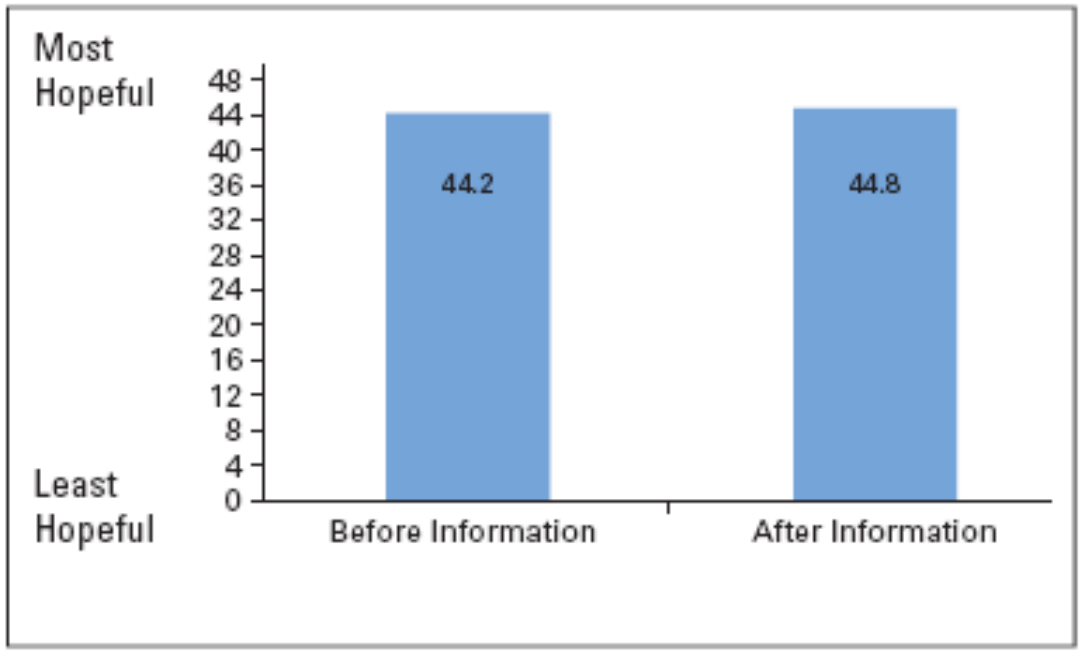


Fig 1. The effect of truthful information on the Herth Hope Index. Hope does not change with honest cancer information about prognosis and options. Data adapted with permission.[2]

- 27 Patients
- Printed Decision Aids
- No Survival and Cure
- Pre/post Herth Hope Index

Smith, Oncology. 2010

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

CMAJ RESEARCH

SYNOPSIS

What really matters in end-of-life discussions? Perspectives of patients in hospital with serious illness and their families

John J. You MD MSc, Peter Dodek MD MHSc, Francois Lamontagne MD MSc, James Downar MDCM MHSc, Tasnim Sinuff MD PhD, Xuran Jiang BM MSc, Andrew G. Day MSc, Daren K. Heyland MD MSc; for the ACCEPT Study Team and the Canadian Researchers at the End of Life Network (CARENET)

- 5 Elements – Preferences for care, Values, Prognosis, Fears or Concerns, Goals of Care
- Addressing more elements increase concordance with goals of care.
- Greater patient satisfaction

You, CMAJ. 2014

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

The NEW ENGLAND JOURNAL of MEDICINE

A Communication Strategy and Brochure for Relatives of Patients Dying in the ICU

Alexandre Lautrette, M.D., Michael Darmon, M.D., Bruno Megarbane, M.D., Ph.D., Luc Marie Joly, M.D., Sylvie Chevret, M.D., Ph.D., Christophe Adrie, M.D., Ph.D., Didier Barnoud, M.D., Gérard Bleichner, M.D., Cédric Bruel, M.D., Gérald Choukroun, M.D., J. Randall Curtis, M.D., M.P.H., Fabienne Fieux, M.D., Richard Galliot, M.D., Maité Garrouste-Orgeas, M.D., Hugues Georges, M.D., Dany Goldgran-Toledano, M.D., Mercé Jourdain, M.D., Ph.D., Georges Loubert, M.D., Jean Reignier, M.D., Fayçal Saidi, M.D., Bertrand Souweine, M.D., Ph.D., François Vincent, M.D., Nancy Kentish Barnes, Ph.D., Frédéric Pochard, M.D., Ph.D., Benoit Schlemmer, M.D., and Elie Azoulay, M.D., Ph.D.

VALUE based communication reduced the incidence of depression and post-traumatic stress in family member 3 months after WLST

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

JAMA The Journal of the American Medical Association

Effect of Communication Skills Training for Residents and Nurse Practitioners on Quality of Communication With Patients With Serious Illness

A Randomized Trial

J. Randall Curtis, MD, MPH[1,2]; Anthony L. Back, MD[3]; Dee W. Ford, MD, MSCR[4]; Lois Downey, MA[1]; Sarah E. Shannon, PhD, RN[2]; Ardith Z. Doorenbos, PhD, RN[2]; Erin K. Kross, MD[1]; Lynn F. Reinke, PhD, RN[2,5]; Laura C. Feemster, MD, MS[1,5]; Barbara Edlund, PhD, ARNP[6]; Richard W. Arnold, MD[7]; Kim O'Connor, MD[7]; Ruth A. Engelberg, PhD[1]

The intervention was associated with significantly increased depression scores among patients of post-intervention trainees

Curtis, JAMA. 2013

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Oncologists' Barriers to Communication about End of Life

1. Discomfort with Death and Dying and Palliative Care Stigma
2. The "Death Defying" Mode
3. Patient and Family Reluctance
4. Team Dynamics and Responsibilities
5. Lack of Experience, Good Mentorship, Tools and/or Training

Adapted from; Granek, J Oncol Pract. 2013

JOURNAL OF ONCOLOGY PRACTICE
The Authoritative Resource for Oncology Practices

Oncologists' Strategies and Barriers to Effective Communication About the End of Life

By Leeat Granek, PhD, Monika K. Krzyzanowska, MD, MPH, Richard Tozer, MD, and Paolo Mazzotta, MD

Ben Gurion University of the Negev, Be'er Sheva, Israel; Princess Margaret Hospital; Sunnybrook Health Sciences Centre; University of Toronto, Toronto; and Juravinski Cancer Centre, Hamilton Ontario, Canada

They ask me to see somebody stat one day and they said the patient is going to die within days and I said, "Is the patient DNR?," and the response was "No, but somebody should have that discussion." And I said "Well the somebody should be you because you're the doctor and you've known them for the last couple of years."

Granek, J Oncol Pract. 2013

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Team Dynamics and Responsibilities

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Exploring the Context for Teaching and Learning Communication Skills in Postgraduate Medical Education: A Qualitative Analysis

Amanda Roze des Ordons, Rola Ajjawi, John Macdonald, Aimee Sarti, Michael Hartwick

"But it's 2 am, you know, I don't want to… I'm by myself here and if he codes tonight… And I like dissuaded him from something and then I find out in the morning that it was… he's never talked about this with his family… I just felt really stuck like just really alone and isolated in this conversation that you basically have to have because you've got to fill out all the sheets or whatever. (Trainee)

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Focus on Treatment Plan not the Form

The Ottawa Hospital | L'Hôpital d'Ottawa
Civic

PHYSICIAN'S ORDERS
ORDONNANCES MÉDICALES

Medication Allergies/Reactions	Substances or Food Allergies/Reactions
☐ none known-aucune connue	☐ none known-aucune connue

CONSULT, TEST, NON MEDICATION TREATMENT, BLOOD TEST
DEMANDE DE CONSULTATION, EXAMEN, TRAITEMENT NON MÉDICAMENTEUX, EXAMEN SANGUIN

CARDIOPULMONARY RESCUCITATION AND PLAN OF TREATMENT
RÉANIMATION CARDIOPULMONARY ET PLAN DE TRAITEMENT

SECTION 1: PLAN OF TREATMENT OPTIONS (Please select one of the following):

- ☐ **CATEGORY 1**
  full treatment including ICU/CCU and CPR
- ☐ **CATEGORY 2**
  full treatment including ICU/CCU but no CPR
- ☐ **CATEGORY 3**
  full treatment excluding ICU/CCU/CPR and allow natural death
- ☐ if elaboration is needed on the above plan of treatment option, please specify: e.g Cat 2, no intubation
  _____

NB: if this patient's plan of treatment excludes CPR but the patient requires a medical or surgical intervention where CPR could reverse a risk associated with that procedure, physician must complete CPR Orders Prior to Medical or Surgical Procedure.

MRP-MPR (most responsible physician-médecin le plus responsable)
Signature | Printed name-Nom en lettres moulées | Date (yyaa/mm/dj) | Time-Heure

SECTION 2: DISCUSSED WITH (check all that apply):

FULL TREATMENT

- ☐ patient
- ☐ substitute decision maker named _____
- ☐ family
- ☐ consensus reached ☐ MD plan of treatment ☐ family aware

MRP-MPR (most responsible physician-médecin le plus responsable)
Signature | Printed name-Nom en lettres moulées | Date (yyaa/mm/dj) | Time-Heure

Updates

- ☐ I have verified that the above noted plan of treatment and CPR is current and valid for this admission.

MRP-MPR (most responsible physician-médecin le plus responsable)
Signature | Printed name-Nom en lettres moulées | Date (yyaa/mm/dj) | Time-Heure

- ☐ I have verified that the above noted plan of treatment and CPR is current and valid for this admission.

JOURNAL OF PAIN AND SYMPTOM MANAGEMENT

Improving End-of-Life Communication and Decision Making: The Development of a Conceptual Framework and Quality Indicators

Tasnim Sinuff, MD, PhD, Peter Dodek, MD, MHSc, John J. You, MD, MSc, FRCPC, Doris Barwich, MD, CCFP, Carolyn Tayler, RN, BN, MSA, CON (C), James Downar, MDCM, MHSc, FRCPC, Michael Hartwick, MD, MEd, FRCPC, Christopher Frank, MD, FCFP, Henry T. Stelfox, MD, FRCPC, PhD, Daren K. Heyland, MD, FRCPC, MSc

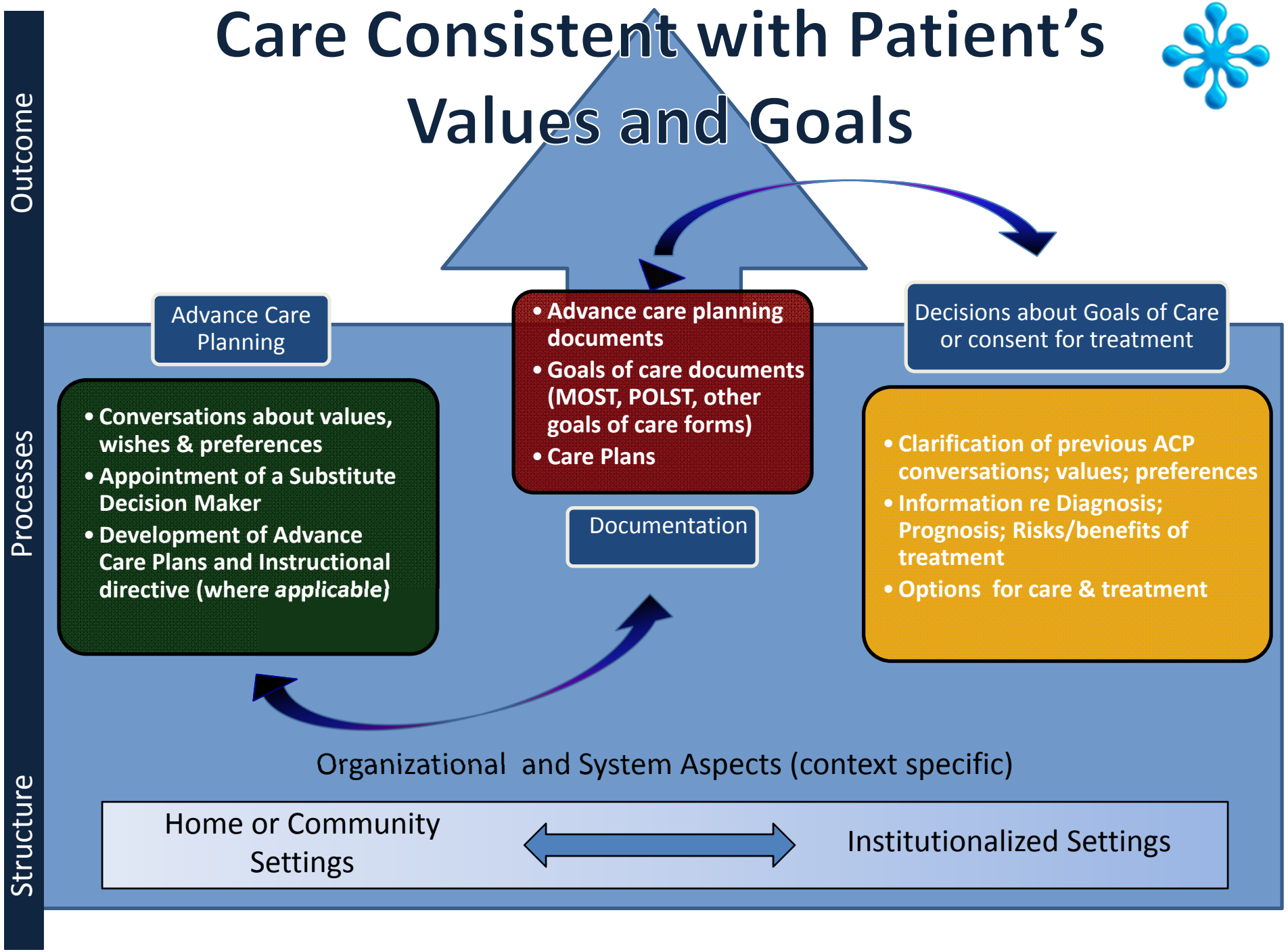
We have developed a conceptual framework and refined list of 34 quality indicators that can be used by researchers and healthcare decision-makers to evaluate and improve the quality of end of life communication and decision-making.

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Care Consistent with Patient's Values and Goals



Exploring the Context for Teaching and Learning Communication Skills in Postgraduate Medical Education: A Qualitative Analysis

Amanda Roze des Ordons, Rola Ajjawi, John Macdonald, Aimee Sarti, Michael Hartwick

"And the staff actually briefed me on how to approach it. I had a fabulous staff at this time… And we went into the room together and he asked me to take charge of the conversation, so I did. (Trainee)

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Oncologists' Barriers to Communication about End of Life

1. Discomfort with Death and Dying and Palliative Care Stigma
2. The "Death Defying" Mode
3. Patient and Family Reluctance
4. Team Dynamics and Responsibilities
5. Lack of Experience, Good Mentorship, Tools and/or Training

Adapted from; Granek, J Oncol Pract. 2013

Lack of Experience, Good Mentorship, Tools and/or Training

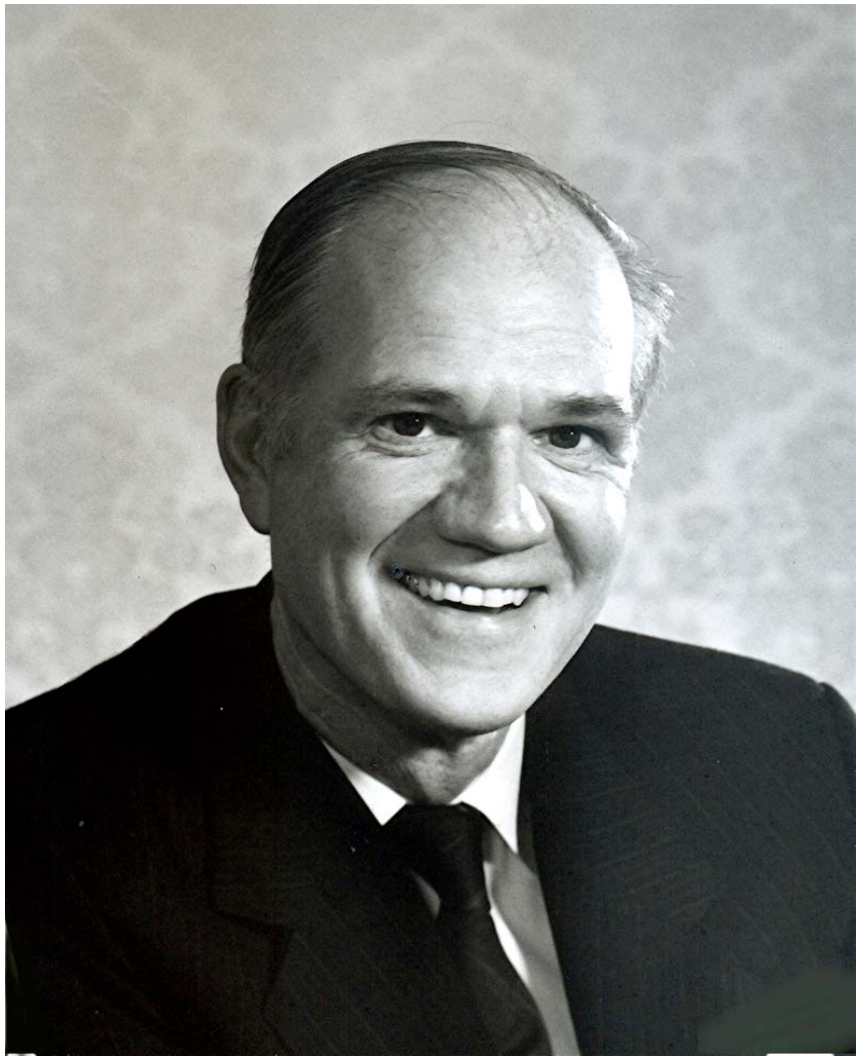
The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

John F. Seely *1936 - 2009*

"I try to make every interaction I have with a patient or their family healing in some way"



The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Robert A. Buckman *1948 - 2011*

SPIKES

- SETTING:
- PERCEPTION:
- INVITATION:
- KNOWLEDGE:
- EMPATHY:
- SUMMARY”

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

http://www.advancecareplanning.ca

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

"I didn't expect him to die so soon. I got the feeling the doctors weren't entirely honest with us about his condition. My husband resisted talking about dying and after 40 years of marriage I feel he let me down by not opening up and I guess I let him down for not knowing how to talk about some of the things that I needed to discuss. It would have been nice closure if things had been different in the end. I can never get that time back."–

Wife of participant in end-of-life study

Heyland, Open Med, 2009

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

Questions

Michael Hartwick MEd, MD FRCPC

Assistant Professor, Department of Medicine

Divisions of Critical Care and Palliative Medicine

University of Ottawa

mihartwick@toh.on.ca

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

References

1. The SUPPORT Principal Investigators. A controlled trial to improve care for seriously ill hospitalized patients. The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). JAMA. 1995 Nov 22-29;274(20):1591-8.
2. Heyland DK, Dodek P, Rocker G, Groll D, Gafni A, Pichora D, Shortt S, Tranmer J, Lazar N, Kutsogiannis J, Lam M; Canadian Researchers End-of-Life Network(CARENET). What matters most in end-of-life care: perceptions of seriously ill patients and their family members. CMAJ. 2006 Feb 28;174(5):627-33.
3. Heyland DK, Barwich D, Pichora D, Dodek P, Lamontagne F, You JJ, Tayler C, Porterfield P, Sinuff T, Simon J; ACCEPT (Advance Care Planning Evaluation in Elderly Patients) Study Team Canadian Researchers at the End of Life Network (CARENET). Failure to engage hospitalized elderly patients and their families in advance care planning. JAMA Intern Med. 2013 May 13;173(9):778-87.
4. Fitzgibbon, E., et al. Is Visiting the Emergency Department Indicative of Poor quality End of Life Cancer Care? Supportive Care Cancer. 2010 18 (S162)
5. You JJ, Fowler RA, Heyland DK; Canadian Researchers at the End of Life Network (CARENET). Just ask: discussing goals of care with patients in hospital with serious illness. CMAJ. 2014 Apr 1;186(6):425-32.
6. Seow H, Barbera L, Sutradhar R, Howell D, Dudgeon D, Atzema C, Liu Y, Husain A, Sussman J, Earle C. Trajectory of performance status and symptom scores for patients with cancer during the last six months of life. J Clin Oncol. 2011 Mar 20;29(9):1151-8.
7. Granek L, Krzyzanowska MK, Tozer R, Mazzotta P. Oncologists' strategies and barriers to effective communication about the end of life. J Oncol Pract. 2013 Jul;9(4):e129-35.

The Ottawa Hospital | L'Hôpital d'Ottawa

The AMS Phoenix Project
A Call to Caring

uOttawa
Faculté de médecine
Faculty of Medicine

References

8. World Health Organization. WHO Definition of Palliative Care. WHO.int. Retrieved Mar 4, 2014, from http://www.who.int/cancer/palliative/definition/en/
9. Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, Dahlin CM, Blinderman CD, Jacobsen J, Pirl WF, Billings JA, Lynch TJ. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med. 2010 Aug 19;363(8):733-42.
10. Smith TJ, Dow LA, Virago E, et al: Giving honest information to patients with advanced cancer maintains hope. Oncology 2010;24:521-525
11. Lautrette A, Darmon M, Megarbane B, Joly LM, Chevret S, Adrie C, Barnoud D, Bleichner G, Bruel C, Choukroun G, Curtis JR, Fieux F, Galliot R, Garrouste-Orgeas M, Georges H, Goldgran-Toledano D, Jourdain M, Loubert G, Reignier J, Saidi F, Souweine B, Vincent F, Barnes NK, Pochard F, Schlemmer B, Azoulay E. A communication strategy and brochure for relatives of patients dying in the ICU. N Engl J Med. 2007 Feb 1;356(5):469-78.
12. Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. Oncologist 2000;5(4):302-11.
13. Heyland DK, Cook DJ, Rocker GM, Dodek PM, Kutsogiannis DJ, Peters S, Tranmer JE, O'Callaghan CJ. Decision-making in the ICU: perspectives of the substitute decision-maker. Intensive Care Med. 2003 Jan;29(1):75-82.