



An evidence-based approach to knowledge translation and change management in advance care planning

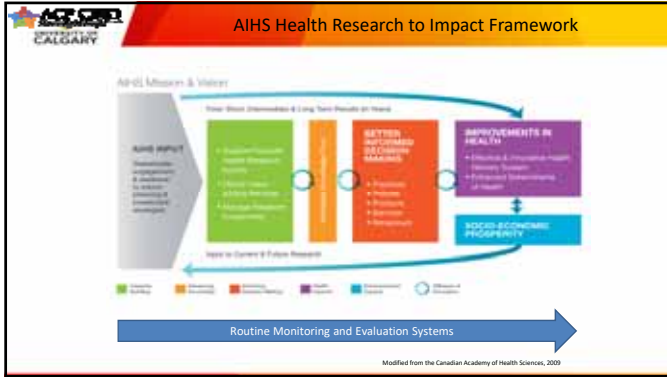
Dec 1-3, 2016. Banff, Alberta, Canada
 Max Bell Auditorium (Chairs: Per Sjøgren and Jon Håvard Loge)
 Konrad Fassbender, MD, Assistant Professor, Palliative Care Medicine,
 University of Alberta
 on behalf of ACP CRIO Investigators

Faculty/Presenter Disclosure

- **Konrad Fassbender PhD**
- **Relationships**
 - University of Alberta / Department of Oncology / Division of Palliative Care Medicine
 - Scientific Director for the Covenant Health Palliative Institute
 - Advisory to research and governmental committees (unpaid)
- **Funding**
 - Alberta Innovates Health Solutions AIHS (CRIO + PRIHS)
 - Canadian Institutes for Health Research
 - Canadian Foundation Healthcare Improvement
 - Alberta Cancer Foundation
 - Covenant Health / Covenant Health Foundation
 - Catholic Health Alliance of Canada
 - Canadian Partnership Against Cancer
 - Canadian Cancer Society Research Institute
 - Health Canada / Accreditation Canada

Objectives and Outline

- This presentation is intended to introduce the audience to research and knowledge translation activities applied to ACP. Selected Progress and activities are highlighted:
 - Development and Implementation of ACP Quality Indicators for an Alberta Dashboard
 - Evaluating Change Management as a Strategy to Overcome Barriers Implementing ACP in a Regional Cancer Center
 - Mid-Grant Review and Membership Survey



ACP CRIO Team

Co-Leads:

- Dr. Neil Hagen
- Dr. Jessica Simon
- Dr. Konrad Fassbender

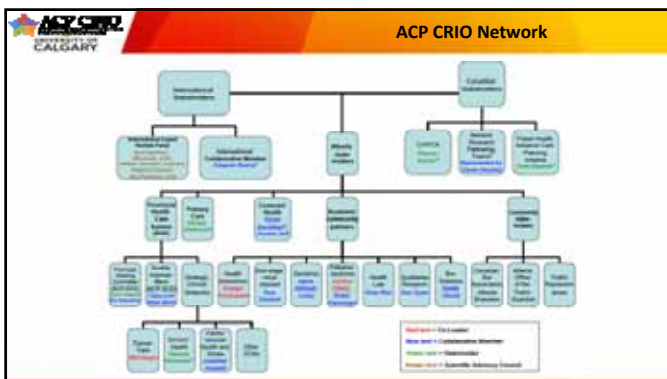
Trainees:
 Dr. Shannon Cunningham
 Dr. Petra Grendarova
 Maryam Nesari
 Marta Shaw

Collaborative Membership:

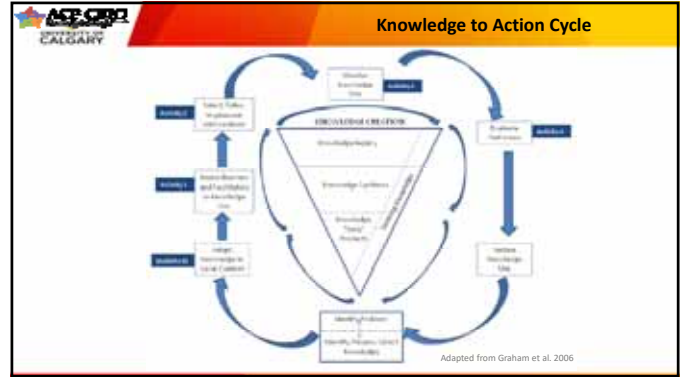
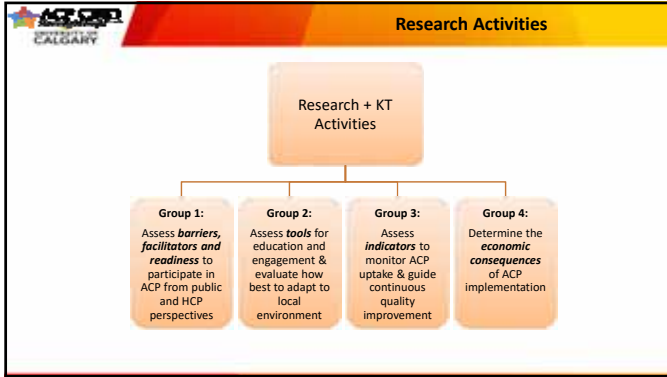
- Dr. Sara Davison
- Dr. Sunita Ghosh
- Dr. Jayna Holroyd-Leduc
- Karen Macmillan
- Gordon Self
- Dr. Eric Wasylenko

- Dr. Robin Fainsinger
- Dr. Daren Heyland
- Dr. Jonathan Howlett
- Nola Ries
- Dr. Ann Syme
- Tracy Lynn Wityk-Martin

Support Staff:
 Dr. Patricia Biondo
 Maureen Douglas
 Lauren Ogilvie



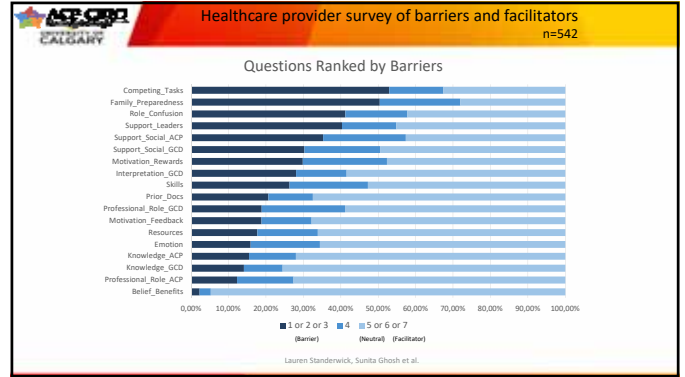
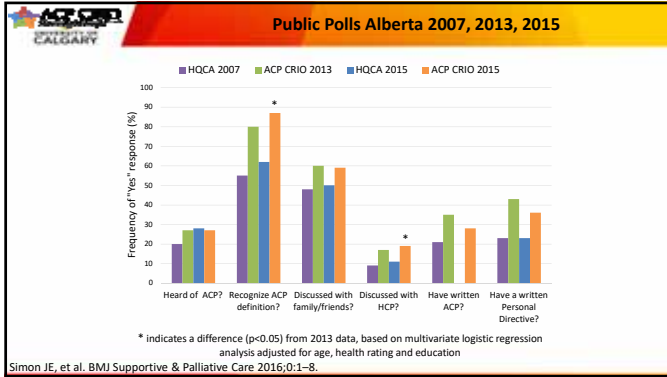
- ### Key components of a KT plan
- 1) What are your **main messages**?
 - 2) Who needs to know? Who are your **target audiences / knowledge users**?
 - 3) What are your **KT goals** for these knowledge users?
 - 4) **How** will you engage them?
 - 5) **When** will you engage them?
 - 6) What **KT strategies** will you use to address the KT goal?
 - 7) How will you **implement** your KT strategies?
 - 8) With what **impact** (how will you **evaluate** the success of the KT plan relative to KT goals?)
 - 9) What **resources** are required (budget, staffing, etc.)?
- Barwick M, Butterill D, Lockett DM, Buckley L & Goering P. (2005). Scientist knowledge translation training manual. The Hospital for Sick Children, Toronto, Ontario, Canada.



Surveys underpinned by the Theoretical Domains Framework (Michie et al.)

Domains	Construct (abbreviated)
Knowledge	Knowledge, Scientific Rationale, Procedural Knowledge
Skills	Skills, Competence, Skill Assessment
Social/Prof. Role/Identity	Identity, Professional Identity, Roles, Boundaries
Beliefs about Capabilities	Self-Efficacy, Empowerment, Self-Esteem, Control
Beliefs about Consequences	Outcome expectations, Regret, Attitudes, Reward/Sanctions
Motivation and Goals	Intention, Goals, Priorities, Commitment
Memory & Decision Process	Memory, Attention Control, Decision Making
Environmental Context	Resources (Material or Other)
Social Influences	Social Support, Group Norms, Conformity, Leadership
Emotion	Affect, Stress, Regret, Fear, Threat
Behavioral Regulation	Goals, Implementation Intention, Self Monitoring
Nature of the Behavior	Routine, Automatic Habit or Breaking a Habit,
Optimism	Hope for Improvement/Change
Reinforcement	Behavioral Reinforcement (intended and unintended)





Strategic Clinical Networks Survey

Major barriers were identified across three SCNs: Cancer, Seniors, and Cardiovascular and stroke

DOMAIN	ELEMENT	n=51	%
Public/patient factors	Insufficient public engagement	43	84
	Public misunderstanding	41	80
Systems factors	Conflict because of too many other AHS initiatives	42	82
	Lack of infrastructure, especially expert staff	40	78
	Ineffective public awareness campaign	37	73
Resources	Adequate time for ACP/GCD conversations	40	78
	Need for electronic record capability to track GCD orders and ACP conversations	35	69
Health care provider factors	Health Care Provider's mastery of GCD	31	61
	Ineffective staff education program	26	51
	Emotional discomfort initiating ACP / GCD conversations	25	49

Curr Oncol. 2015 Aug;22(4):e237-e245

Key enablers to mitigate these barriers


Identified via focused discussion with the Critical care SCN

DOMAIN	ELEMENT
Public/patient factors	Develop an impactful public awareness campaign so that patients and families are better prepared to participate in discussions
Systems factors	Leadership to communicate the high priority of ACP/GCD for frontline staff
Resources	Develop an electronic record to track ACP and GCD conversations
Health care provider factors	Provide HCP with training on conversation scripts and simple messages on ACP/GCD to promote comfort with the conversations




Development and Implementation of ACP Quality Indicators for an Alberta Dashboard

Konrad Fassbender, PhD;
 Patricia Biondo, PhD;
 Alex Potapov, PhD;
 Malcena Stalker, BSc;
 Jayna Holroyd-Leduc, MD, FRCPC;
 Jessica Simon, MD, FRCPC;
 Neil Hagen, MD, FRCPC




Background & Rationale

- In April 2014, the provincial health system in Alberta, Canada, implemented a province-wide policy for Advance Care Planning (ACP) and Goals of Care Designation (GCD)
- ACP/GCD registers patient's wishes for medical care for later use, when the patient is incapable of communicating his/her wishes
- *How to optimally implement* a formalized ACP/GCD framework across a large population (~4 million) and throughout a complex, multi-sector health system is not well understood



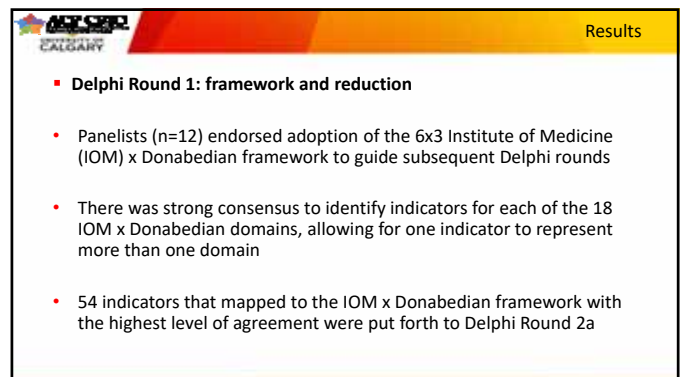
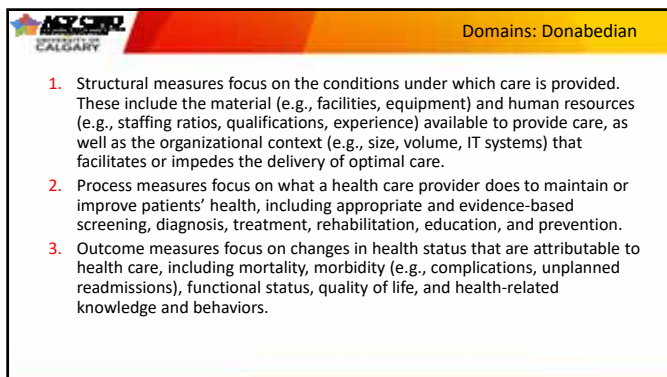
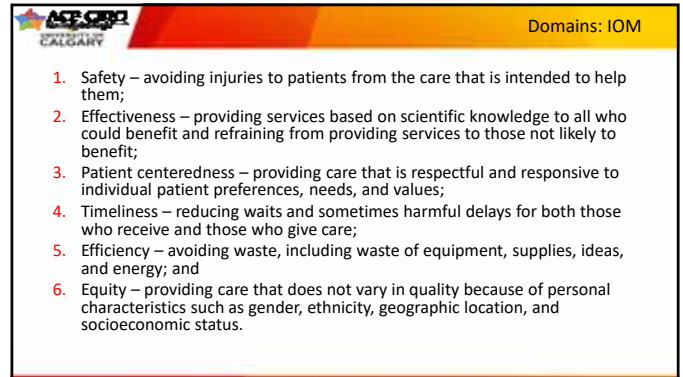
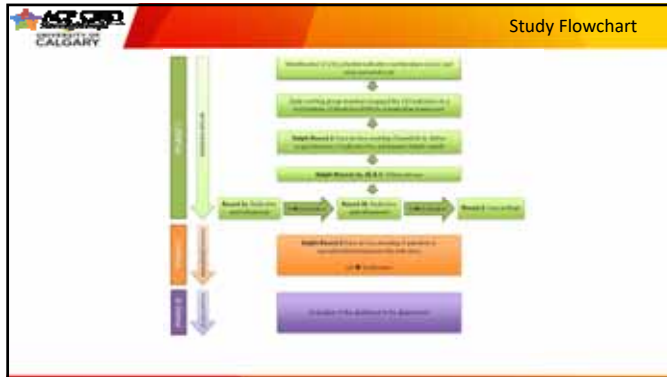
Study Purpose

- To identify, develop, implement and evaluate *performance indicators* for use in an ACP/ GCD dashboard
- To monitor and improve health system performance as a result of newly introduced ACP/GCD policies



Method: Delphi Study

- The Delphi approach is a method for collecting and organizing informed opinions from a group of individuals who are knowledgeable in a specialized area. A panel of individuals is generally surveyed about specific items or issues, usually involving several iterations ('rounds') of a structured questionnaire. The outcome is to obtain converging consensus on a given subject – in this case, on the most informative indicators to include in a dashboard to monitor uptake of ACP/GCD in Alberta.
- Invited panelists (n=149 across all Delphi rounds) evaluated and refined potential ACP/GCD indicators through a combination of face-to-face meetings and online surveys



Results

- **Delphi Rounds 2a and 2b (reduction and refinement):**
- Consensus (80%) was reached to retain **18 unique indicators** mapping to 14 IOM x Donabedian domains
- **Delphi Round 3 (care settings):**
- All settings of care were represented by the set of 18 indicators

Results


- **Delphi Round 4 (implementation):**
- Panelists (n=19) operationalized **nine indicators** into a measurable format covering 11 of the 18 IOM x Donabedian domains
- Definitions were standardized and data sources defined, tested and substantiated

ACP/GCD Indicators After Delphi Round 4


Indicator	Data source
1. Percentage of healthcare providers who have completed the AHS Advance Care Planning: Goals of Care Designations - Adult eLearning module	Administrative data
2. Percentage of charts with GCD order(s) in the Green Sleeve	Chart audit
3. Percentage of patients with a GCD order anywhere in the health record	Chart audit
4. Percentage of patients with a completed ACP/GCD tracking record	Chart audit
5. Percentage of patients with a Personal Directive in the health record	Chart audit
6. Percentage of patients and/or alternate decision-makers who have had an advance care planning conversation with a health care provider	Telephone survey
7. Percentage of deceased patients who die having had an M1, M2, C1 or C2 GCD in the week prior to their death, who received resuscitative or life-support interventions in advance of death	Administrative data, chart audit
8. Percentage of deceased long term care and home care patients with a C2 GCD who were transferred to acute care and/or ICU	Administrative data, chart audit
9. Percentage of patients or family members/friends satisfied with ACP conversation	Telephone survey

IOM x Donabedian framework


	Structure	Process	Outcome
Timely	#2		
Safe		#4	#7
Patient-centered		#6	#9
Effective	#1	#3, #5, #6	#7
Efficient	#2	#4	#8
Equity			

 Stakeholders

- Provincial
 - AHS / Covenant Health – Dashboard
 - AH – Chronic Disease Surveillance
 - AHQC – Survey
 - Office of Public Guardian
- National
 - Accreditation Canada
 - Canadian Partnership Against Cancer
 - CHPCA National Working Group
 - Canadian Institutes Health Information
- International
 - US NQMC
 - ACTION project, www.action-acp.eu, HorizonHealth.eu, White paper 2016


 Conclusions

- **Nine ACP/GCD indicators** have been operationalized for implementation within a web-based dashboard.
- These indicators describe a strategy to **standardize evaluation and audit** for ACP and GCD policies, and provide a systematic basis for reporting ACP/GCD implementation.
- Delphi methods should involve participants throughout the health care system
- Implementation of indicators is a lot of work
- Evaluation and spread are the next steps




Evaluating Change Management as a Strategy to Overcome Barriers Implementing ACP

Kenneth Christensen
Marta Diaz
Patricia Knapik
Maurice Dugdale

 **Goal**

- To determine the effectiveness of AHS Improvement Way (AIW) change management strategy, methods and tools applied to delivery of Advance Care Planning (ACP) for the following populations:
 - Heart Failure, all settings, Calgary
 - Outpatient Cancer Clinics, Edmonton
 - Vascular Surgery, Edmonton


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Implementation / evaluation of AIW

1. Current State Analysis and Goal Statement - a good description of the issue
2. Process Assessment, Mapping and Root Cause Analysis - Understand current state to determine why the problem exists
3. Stakeholder & Communication Strategies - Identify key groups or individuals who may impact, influence or be affected by the change and actions required to build their engagement and support
4. Improvement Selection & Implementation Plan - Brainstorm potential solutions, evaluate and select options, create implementation plan, assess and plan for potential risk
5. Reinforce Ownership, Measurement & Continuous Improvement- Include key performance indicators, visual controls, job descriptions, procedures, standard work, ownership clarification, etc.
6. Lessons Learned- Identify and share with groups who may benefit from your experience – inside and outside of your team


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Evaluation Methods

- A quasi-experimental, mixed-methods study design will capture qualitative and quantitative data guided by Susan Michie's Theoretical Domains Framework
- An interrupted time series design with comparison group will yield repeated measurements before, during and after the implementation of AIW
- Outcome measures include improving communication, team-based care, increasing patients' knowledge and quality of life plus improved family satisfaction will yield insights which can then be applied to other patient settings throughout Alberta cancer care.

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Feasibility

- Failure to deliver is mitigated through active engagement and continuity of effort (momentum)
- Project championed by senior management at the Cross Cancer Institute (Louise Kashuba, Director of Cancer Care Teams; Matt Parliament, Medical Director)
- Physician engagement: Wilson Roa (Radiation Oncology) and Scott North (Medical Oncology) "see the benefit of engaging in the work and moving forward with this project. They share a vision that we would endeavour to explore this robustly not merely increase the output of completed green sleeves for the sake of making it look good."
- Robust AHS Process Improvement Support: Chetan Tamhane; Mona Udowicz, Albert Phung
- Evidence-based evaluation plan approved by AIW implementation team

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Sustainability

- Sustainability is ultimately achieved through improved satisfaction (and hence treatment compliance) by patients, families and health care providers
- Alignment and agreement of treatment goals by health care providers, patients and families will result in better care and treatment outcomes
- Increased efficiency realized by reallocating resources from facility-based intensive settings to less intensive, community-based settings of care

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Challenges

- Project challenges or pitfalls
 - AIW is scientifically designed to tackle common change management barriers
 - Lack of Leadership Support
 - Resistance and Staff Skepticism
 - Shortage of Internal Resources to Lead Change Initiatives
 - Uncertain Roles and/or Lack of Accountability
- Challenges or pitfalls to be addressed as follows:
 - Engagement of leadership, staff and patient representatives
 - Clear communication, best practices evaluation and support

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Challenge Questions

- What are key tactics for engaging leadership?
- What are key tactics for engaging physician leaders?
- How can programs identify cost savings and free resources to support and sustain these processes?

Mid Grant Review and Membership Survey

Background:

- February-March 2016, Drs. Rebecca Sudore and Bernard Hammes conducted a mid-grant evaluation of the ACP CRIO research program
 - Assessed progress, early outcomes, and remaining workplan
- Large # of recommendations made ⇨ these were synthesized and themed into categories relating to:
 - 1) remaining ACP CRIO activities;
 - 2) future research; and
 - 3) knowledge translation.
- *Online survey* developed to seek input from ACP CRIO membership and network of colleagues to prioritize these recommendations

Respondents:

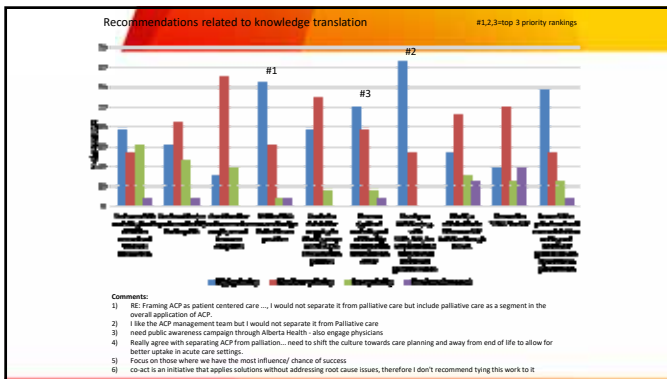
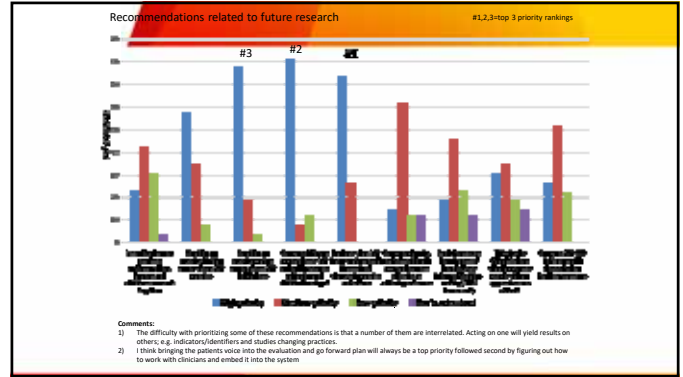
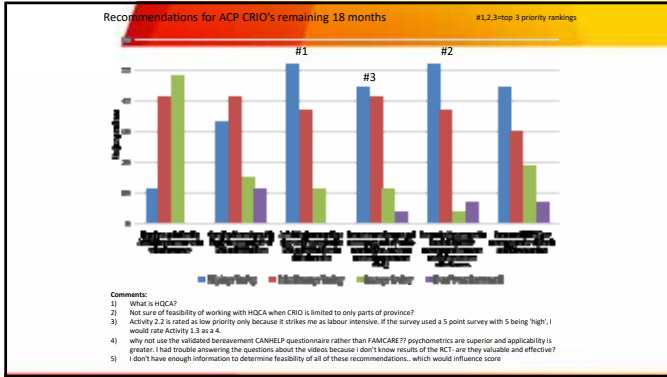
- Survey sent to the broad ACP network consisting of ACP Collaborative Members, Steering Committee, Trainees, Support Staff, Network Members, and colleagues working in the area

Response rate:

- 27 responses out of 111 invited (24%)

Timeline:

- Survey open Thursday July 7 2016 to Tuesday July 19 2016



Summary

1. What should be transferred?
2. To whom should research knowledge be transferred?
3. By whom should knowledge research be transferred?
4. How should research knowledge be transferred?
5. With what effect should research knowledge be transferred?

Grimshaw et al 2012

