

Bree Collaborative Implementation Survey Results | Hospitals End-of-Life Care

This report summarizes adoption of the Bree Collaborative’s End-of-Life Care Recommendations, completed by Washington State hospitals in 2016. We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each hospital.

Results: 12 Hospitals Responding

0 -No action taken; 1 -Actively considering adoption; 2 -Some/similar adoption; 3 -Full adoption

| | AVERAGE SCORE |
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| Health care providers and staff are educated on: | |
| a) How to have empathetic, realistic, and patient- and family-centered (e.g., using lower literacy materials if appropriate) advance care planning conversations; | 1.50 |
| b) How to be reimbursed for these conversations; | 1.50 |
| c) The difference between an advance directive and POLST, and patients for whom each would be acceptable; | 2.42 |
| d) How to refer patients to community-based advance care planning resources if appropriate; | 2.00 |
| e) Explaining the terms on an advance directive and POLST to family and friends at the end of a patient’s life; | 2.42 |
| f) Supporting the patient, family, and friends during a time of crisis. | 2.42 |
| Organization has worked with your community’s organizations (e.g., churches, non-profits focused on end-of-life care) to promote community-wide discussions about how to have conversations regarding personal goals of care and the type of care desired at the end of life with family members, friends, health care providers; the importance of having an advance directive that includes a living will (also known as a health care directive), a durable power of attorney for health care, and a written personal statement about health care goals and values; and the difference between POLST and an advance directive | 1.92 |
| Organization’s protocol has been reviewed regarding asking about and honoring advance directives to decrease barriers to patients’ wishes being honored at the end of life | 2.83 |
| An advance care planning tool is in used across your system. Examples include Honoring Choices Pacific Northwest or the Institute for Health Care Improvement’s Conversation Ready. | 2.08 |
| Advance directives and/or POLST are entered into the patient’s medical record once completed. | 2.83 |
| Advance directives and/or POLST that originate in the hospital are communicated back to the patient’s primary care provider. | 2.25 |
| Awareness of the value of hospice is promoted, with encouragement of appropriate hospice referrals. | 2.67 |

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| Hospice referrals that originate in the hospital are communicated back to the patient’s primary care provider. | 2.25 |
| A quality improvement program is implemented to encourage greater adherence to patients’ requests as outlined in advance directives and POLST if accurate and applicable to the current situation | 2.17 |
| Family and friend satisfaction with end-of-life care are measured by widespread use of an after-death survey tool similar to that used by hospice agencies | 1.67 |
| Patients are supported as they navigate care between different health care facilities and systems including facilitation of information sharing and patient and family outreach during times of crisis | 2.08 |

Scale

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|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 - No action taken | <ul style="list-style-type: none"> No leadership awareness of Bree Collaborative Topics No team formed |
| 1 - Actively considering adoption | <ul style="list-style-type: none"> Bree topics, aims and components have been discussed Education, assessment, information gathering Changes planned but not tested Information gathering and baseline measurement begun |
| 2 - Some/similar adoption | <ul style="list-style-type: none"> Initial test cycles completed for more than one element Quality metrics and data available demonstrating adoption/effectiveness Other similar (Bree-like) changes adopted for this topic |
| 3 - Full adoption | <ul style="list-style-type: none"> Changes implemented in all areas All components integrated into care process (i.e. orders, etc.) Partial or complete closure of gap between baseline & target outcomes |

Participating Hospitals

CHI Franciscan Health

Highline Medical Center
 St. Elizabeth Hospital
 St. Francis Hospital
 St. Joseph Medical Center
 Harrison Medical Center

University of Washington

Harborview
 Valley Medical Center
 Northwest Hospital
 University of Washington Medical Center

Confluence Health-Central Washington Hospital

Swedish

First Hill
 Cherry Hill
 Issaquah
 Ballard
 Edmonds

The Everett Clinic (surgical bundle topics)

MultiCare

Tacoma General Hospital
 Good Samaritan Hospital
 Auburn Medical Center
 Covington Hospital
 Mary Bridge Children’s Hospital

Virginia Mason Medical Center