The utility of the Gold Standards Framework Prognostic Indicator Guideline© to identify Patients Requiring a Palliative Approach to Care in Complex Continuing Care and Long Term Care

Grossman D, MD, CCFP(PC) FCFP©; Burke G, BSc (Hons)©; Feldman K©; Karuza J, PhD; Oh Y©; Potashner R, BSc (Hons)©; Rootenberg M, BSc (Hons)©; Berall A, BScN, RN©;
1 Baycrest Health Sciences, 2 North York General Hospital  McMaster University, 4 University of Toronto, 5 Technicon American Medical School, 6 York University

Background

- Older adults are living longer with symptoms associated with both malignant and non-malignant terminal illnesses.
- Understanding the burden of illness and the disease trajectory allows for the planning of palliative care needs.
- Advanced Care Planning (ACP) and Goals of Care (GoC) discussions, symptom control, and preparation for end of life improve patient outcomes and decrease likelihood of invasive interventions at end of life.

Methods

- The Gold Standards Framework Prognostic Indicator Guideline© (GSF-PIG©) and the Palliative Performance Scale (PPS) were introduced as a screening tool to the interdisciplinary health care teams working on 3 complex continuing care (CCC) units and 1 long term care (LTC) unit at Baycrest Health Sciences, an academic geriatric care centre in Toronto, Canada.
- Between July and August 2014, the GSF-PIG© and the PPS were integrated, with the assistance of the palliative care physician into the interdisciplinary rounds which occurred weekly on these units.
- The format of the GSF-PIG© was modified to a checklist template for ease of use during rounds. The Surprise Question was put at the end of the tool instead of the beginning after feedback was received by the research team expressing that the answer to this question was clearer after the general indicators of decline and specific symptoms indicators were reviewed.
- Of the 83 patients admitted to these 4 units, a total of 40 patients were randomly assessed.
- Chart reviews of the electronic medical records were conducted on the patients reviewed with the GSF-PIG© and the PPS both during the study period and 4 months after.
- Clinical staff completed a paper questionnaire evaluating the GSF-PIG© tool and an on-line survey about the challenges of goals of care discussions.
- Descriptive statistics were used to characterize the patient sample. Data analysis included both qualitative and quantitative methods.
- The study was approved by the Research Ethics Board at Baycrest Health Sciences.

Patient Characteristics (N = 40)

Demographics
- Age: Median 80.7 (± 11.4)
- Sex: Male (21/0.55); Female (19/0.45)
- Marital Status: Single (6/15.0%); Married (21/52.5%); Divorced (17/42.5%); Widowed (11/27.5%) Male
- Functional Status: Mobility: CGA Total: 1/4 (0.0%); Mostly Bed: 3/7 (10.0%); Mostly Chair: 18/45.0% Walking: 11/27.5%

Evaluation of the Gold Standards Framework Prognostic Indicator Guideline©

Physicians: N = 5
- GSF-PIG© useful in Advanced Care Planning discussions
- GSF-PIG© informs of the patient's condition

Clinical Team: N = 27
- This tool helps increase the awareness of palliative care goals for patients on our unit.
- Families do not fully understand or are in denial of patients' condition.
- The GSF-PIG© helps families who do not believe that they have loved ones would benefit from palliative care approach that they feel they will/shold improve.
- Not being involved inACP discussions makes it difficult to discussACP patients needs.

More discussion, being better informed, having other staff present as a team.

Conclusion

- The tool can be easily implemented by care teams in complex continuing care and long term care to assist in discussions concerning patients’ burden of illness and likelihood of dying within one year.
- This study supports findings in the literature that the GSF-PIG© increases interdisciplinary collaboration and increases awareness of the patient’s burden of illness.

Limitation

- Team meetings were assisted by someone from the research team, which makes it difficult to generalize to an outlined team.
- Chart reviews were four months after completion of the study because some of the patients included in the study were on the slow stream rehabilitation unit and the alternate level of care unit (awaking long term care). These patients would be discharged from Baycrest Health Sciences and therefore would be lost to follow up at the one year mark.

Future Steps

- Train teams to use the tool independently
- Assess changes in practice patterns concerning GoC and ACP discussions with implementation of the tool at weekly rounds.
- Conduct one year chart reviews post GSF-PIG© to determine accuracy of the Surprise Question

Acknowledgments

Shane Kapman, Rachel Lebof, Cindy Tran
Contact: Dr. Daphna Grossman, daphna.grossman@nygh.on.ca

Findings

The GSF-PIG is a screening tool that helps the health care teams identify patients who have significant burden of illness and who are likely in the last year of their life. The GSF-PIG focuses on 3 factors:
1. General Indicators of decline including the Palliative Performance Scale (PPS) as the performance measure.
2. Indicators of decline related to specific illnesses (CHF, COPD, dementia etc.)
3. The “Surprise Question” which calls on the clinical team to determine if they would have performed the task if the patient died within the next 12 months.

Chart Review Comorbidities and Gold Standards Framework Indicators for the Gold Standards Framework© Surprise Question

Number of GSF indicators
- Number of Patients living 4 months post GSF-PIG©
- Number of Patients deceased 4 months post GSF-PIG©

Gold Standards Framework Prognostic Indicator Guideline©

PIG© - 8
Surprise Question
(N = 26)

Pre-Implementation GSF-PIG©

- Inadequate understanding of the patients' condition.
- This tool helps increase the awareness of palliative care goals for patients on our unit.
- Families do not fully understand or are in denial of patients' condition.
- The GSF-PIG© helps families who do not believe that they have loved ones would benefit from palliative care approach that they feel they will/shold improve.
- Not being involved inACP discussions makes it difficult to discussACP patients needs.

More discussion, being better informed, having other staff present as a team.

*Please indicate patient’s PPS Score

Post Evaluation GSF-PIG©

- Inadequate understanding of the patients’ condition.
- This tool helps increase the awareness of palliative care goals for patients on our unit.
- Families do not fully understand or are in denial of patients’ condition.
- The GSF-PIG© helps families who do not believe that they have loved ones would benefit from palliative care approach that they feel they will/shold improve.
- Not being involved inACP discussions makes it difficult to discussACP patients needs.

More discussion, being better informed, having other staff present as a team.

*Please indicate patient’s PPS Score

Evaluation of the Gold Standards Framework Prognostic Indicator Guideline© (N = 26)
(1) Not at all to 5 - Very Much

Question

The Gold Standards Framework tool is easy to use.

On a 5-point scale, 1 = Not at all to 5 = Very Much

Mean

SD

Total Number

Mean (Standard Deviation)

The Gold Standards Framework tool is easy to use.

25 4.0 (± 0.9)

Do you feel you had enough information about your patient to complete the Gold Standards Framework tool?

25 4.4 (± 0.6)

Is this helpful in flagging patients who require symptom approach care in conjunction with acute care?

24 4.0 (± 1.0)

Is the tool useful to you in communicating to other team members whether a patient has palliative care needs?

24 3.9 (± 1.2)

Is the tool useful in communicating to other team members whether a patient has palliative care needs?

24 4.0 (± 1.0)