



Health Quality Ontario Home and Community Care End of Life

Best Practices

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“Insanity is doing things the way we’ve always done them and expecting different results.”

Albert Einstein

[End of Life, Preferred Place of Death](http://indicatorlibrary.hqontario.ca/Indicator/Summary/End-of-life-preferred-place-of-death/EN) [<http://indicatorlibrary.hqontario.ca/Indicator/Summary/End-of-life-preferred-place-of-death/EN>] is a priority indicator for the QIP. This indicator measures the percentage of palliative/end of life patients who died in their preferred place of death. To access your organization's data for the reporting period, refer to Health Quality Ontario's [QIP Navigator](https://qipnavigator.hqontario.ca/) [<https://qipnavigator.hqontario.ca/>].

Below are best practices and change ideas for improving on the end of life preferred place of death indicator in home care. They are graded according to [Type of Evidence](http://qualitycompass.hqontario.ca/Documents/ENQualityCompassLevelsOfEvidence.pdf) [<http://qualitycompass.hqontario.ca/Documents/ENQualityCompassLevelsOfEvidence.pdf>]. Evidence-informed best practices are based on quality evidence, they can optimize outcomes and should be implemented into practice where possible.

To help you move from best evidence to best practice refer to Health Quality Ontario's relevant reports

- [Palliative Care at the End of Life](http://www.hqontario.ca/Portals/0/documents/system-performance/palliative-care-report-en.pdf) [<http://www.hqontario.ca/Portals/0/documents/system-performance/palliative-care-report-en.pdf>],
- [The Determinants of Place of Death: An Evidence-Based Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-determinants-pod-1411-en.pdf) [<http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-determinants-pod-1411-en.pdf>],
- [Palliative Care Quality Standard](http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care) [<http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care>] (Under Development)

Or browse the interactive table below for a quick summary of how to improve home care patients' end of life and facilitate dying in their preferred location.

EVIDENCE-INFORMED BEST PRACTICES

Proactive Discussions and Planning for a Palliative Model

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>When initial diagnosis of life limiting condition is given, engage the palliative care model and proactively discuss care planning (e.g. preferred place of death, management of pain etc.) with everyone involved.</p>	<ul style="list-style-type: none"> • Early referral to palliative care. • Advanced care planning with all members of the care team. Includes: patients, clinicians, caregivers and substitute decision makers. • Create an individualized, person-centred care plan. • Identify palliative needs through a holistic assessment (e.g. NHS PEPSI COLA tool or Distress Thermometer). • Surveying patients and caregivers about their end-of-life care needs and experiences (e.g. Voices Survey). 	<ul style="list-style-type: none"> • Health Quality Ontario's Patient Care Planning Discussions at End-of-Life [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-planning-discussions-1411-en.pdf] • Identify Palliative Care Needs using the: NHS PEPSI COLA tool [http://www.goldstandardsframework.org.uk/cd-content/uploads/files/Library%2C%20Tools%20%26%20Resources/Pepsi%20cola%20aide%20memoire.pdf] and Distress Thermometer [https://www.caresearch.com.au/caresearch/tabid/2950/Default.aspx#dist] • RNAO's Guideline for End-of-life during the last days and hours [http://mao.ca/sites/mao-ca/files/End-of-Life_Care_During_the_Last_Days_and_Hours_0.pdf] • The VOICES Survey [https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-017-0227-7] for Palliative Care and experience at end of life for patients and Caregivers.

Partnerships and Interprofessional Team Based Care

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Create multidisciplinary teams to implement the palliative care model in the patient's preferred place of death.</p>	<ul style="list-style-type: none"> • Create the care team by forging partnerships and combining services (i.e. nursing, PSW, allied health, specialists, primary care, mental health etc.) • Provide care in place of patient preference (avoid need for hospitalization and/or ED visits). • Facilitate staying in the home (if that is the preferred place of death) by scheduling in home visits for nurses and physicians. • Access to palliative care 24 hours a day, 7 days a week, according to the patient's needs. • Provide psychosocial support to patient and family caregivers to make sure their emotional needs are met. 	<ul style="list-style-type: none"> • Health Quality Ontario's Team-Based Models for End-of-Life Care [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-team-based-models-1411-en.pdf]. • Health Quality Ontario's Palliative Care Quality Standards [http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care] • HQO's Clinical Guide [http://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-palliative-care-clinical-guide-1709-en.pdf] • HQO's Patient Guide [http://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-palliative-care-patient-guide-1709-en.pdf] • RNAO's End-of-life during the last days and hours [http://mao.ca/sites/mao-ca/files/End-of-Life_Care_During_the_Last_Days_and_Hours_0.pdf]

Training, Education and Capturing Appropriate Information

Evidence-Informed Best Practice	Change Ideas	Toolbox

<p>Collect appropriate information for baseline data on preferred place of death for your organization and educating staff and clinicians.</p>	<ul style="list-style-type: none"> • Education (Audit & Feedback) for clinicians, and office staff (i.e. coding for discharge disposition patient preference). • Educate volunteers (e.g. sensitivity training) 	<ul style="list-style-type: none"> • Health Quality Ontario's Educational Intervention in End-of-Life Care [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-education-intervention-1411-en.pdf] • Cochrane Systematic Review [http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000259.pub3/abstract]. Audit and feedback: effects on professional practice and healthcare outcomes • Gold Standards Framework [http://www.goldstandardsframework.org.uk/]. The UK's leading provider of training in end of life care for frontline staff • Health Quality Ontario's Palliative Care Quality Standard Clinical Guide [http://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-palliative-care-clinical-guide-1709-en.pdf] • Improving Palliative Care [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4289012/] through point-of-care data collection, structured feedback and benchmarking.
<p>Provide education to patients, caregivers and substitute Decision Makers about palliative care.</p>	<ul style="list-style-type: none"> • Education for Patients, Substitute Decision-Makers, Families, and Caregivers. 	<ul style="list-style-type: none"> • Health Quality Ontario's Rapid Review on Supportive Interventions for Informal Caregivers [http://www.hqontario.ca/Portals/0/Documents/evidence/rapid-reviews/eol-supportive-interventions-1411-en.pdf] • Palliative Care: Printable Patient Resources [https://www.caresearch.com.au/caresearch/tabid/3666/Default.aspx] • Health Quality Ontario's Palliative Care Quality Standard Patient Guide [http://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-palliative-care-patient-guide-1709-en.pdf]

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Measurement

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"While all changes do not lead to improvement, all improvement requires change"

Institute for Healthcare Improvement

How do we know if a change is an improvement? Measurement is a critical step in QI to assess the impact of a change. Quality indicators are used in the QIPs to measure how well something is performing. There are three types of quality indicators used to measure QI efforts:

- **Outcome Indicators:** capture clinical outcomes and or system performance,
- **Process Indicators:** track the processes that measure whether the system is working as planned, and
- **Balancing Indicators:** ensure that changing one part of the system does not cause new problems in another

Indicator	End of Life, Preferred Place of Death [http://indicatorlibrary.hqontario.ca/Indicator/Summary/End-of-life-preferred-place-of-death/EN]
Topic	End of Life, Palliative
Quality Dimension	Patient – Centred
Type of Indicator	Outcome
Measure	Percentage (%)
Data Source	Client Health and Related Information System (CHRIS)
Data Collection Instrument	Collected by Health Shared Services Ontario (formerly the Ontario Association of Community Care Access Centres (OACCAC))
How to Calculate	The percentage is calculated as: (Numerator/Denominator) x 100 Numerator: # of palliative / end of life patients who died in their preferred place of death. Patient must be discharged with a disposition of death in the period selected. Denominator: # of palliative/ end of life patients whose discharge disposition is death in the reporting period.
Target	Higher is better
Range	0 – 100%
HQO Reporting Tool	Quality Improvement Plans (QIPs)

To read more about general measurement in QI refer to [Measurement for Quality Improvement](http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf) [\[http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf\]](http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf) or the [QI Getting Started Section](http://qualitycompass.hqontario.ca/portal/getting-started#WZMhL1F96Uk) [\[http://qualitycompass.hqontario.ca/portal/getting-started#WZMhL1F96Uk\]](http://qualitycompass.hqontario.ca/portal/getting-started#WZMhL1F96Uk).

Tools & Resources

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Health Quality Ontario's Tools and Resources

- Choosing Wisely Canada's [Recommendations for Palliative Care](https://choosingwiselycanada.org/palliative-care/) [https://choosingwiselycanada.org/palliative-care/]
- Health Quality Ontario's Report [Palliative Care at End of Life](http://www.hqontario.ca/System-Performance/Specialized-Reports/Palliative-Care-Report) [http://www.hqontario.ca/System-Performance/Specialized-Reports/Palliative-Care-Report]
- Health Quality Ontario's [Palliative Care Quality Standard](http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care) [http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Palliative-Care] (In Development)
- Health Quality Ontario's [End of Life Series](http://www.hqontario.ca/evidence-to-improve-care/health-technology-assessment/reviews-and-recommendations/health-care-for-people-approaching-end-of-life) [http://www.hqontario.ca/evidence-to-improve-care/health-technology-assessment/reviews-and-recommendations/health-care-for-people-approaching-end-of-life]:
 - End-of-Life Health Care in Ontario: [OHTAC Recommendation](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/recommendation-eol-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/recommendation-eol-1411-en.pdf]
 - Health Care for People Approaching the End of Life: [An Evidentiary Framework](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/evidentiary-framework-eol-health-care-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/evidentiary-framework-eol-health-care-1411-en.pdf]
 - Effect of Supportive Interventions on Informal Caregivers of People at the End of Life: [A Rapid Review](http://www.hqontario.ca/Portals/0/Documents/evidence/rapid-reviews/eol-supportive-interventions-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/rapid-reviews/eol-supportive-interventions-1411-en.pdf]
 - Cardiopulmonary Resuscitation in Patients with Terminal Illness: [An Evidence-Based Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-cpr-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-cpr-1411-en.pdf]
 - The Determinants of Place of Death: [An Evidence-Based Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-determinants-pod-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-determinants-pod-1411-en.pdf]
 - Educational Intervention in End-of-Life Care: [An Evidence-Based Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-education-intervention-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-education-intervention-1411-en.pdf]
 - End-of-Life Care Interventions: [An Economic Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/economic-analysis-eol-care-interventions-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/economic-analysis-eol-care-interventions-1411-en.pdf]
 - Patient Care Planning Discussions for Patients at the End of Life: [An Evidence-Based Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-planning-discussions-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-planning-discussions-1411-en.pdf]
 - Team-Based Models for End-of-Life Care: [An Evidence-Based Analysis](http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-team-based-models-1411-en.pdf) [http://www.hqontario.ca/Portals/0/Documents/evidence/reports/eba-eol-team-based-models-1411-en.pdf]

Other Tools and Resources

- [Canadian Society of Palliative Care Physicians \(CSPCP\)](http://www.cspcp.ca/) [http://www.cspcp.ca/]
- [Canadian Virtual Hospice](http://virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx) [http://virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx]
- The UK's leading provider of training in end of life care for frontline staff [Gold Standards Framework](http://www.goldstandardsframework.org.uk/) [http://www.goldstandardsframework.org.uk/]
- [Hospice Palliative Care Ontario \(HPCO\)](http://www.hpcoc.ca/) [http://www.hpcoc.ca/]
- [Ministry of Health and Long-Term Care Palliative and End-of-Life Care](http://www.health.gov.on.ca/en/public/programs/palliative/) [http://www.health.gov.on.ca/en/public/programs/palliative/]
- Palliative Care Knowledge Network [CareSearch](https://www.caresearch.com.au/caresearch/tabid/80/Default.aspx) [https://www.caresearch.com.au/caresearch/tabid/80/Default.aspx]
- [The Ontario Palliative Care Network \(OPCN\)](http://www.ontariopalliativecarenetwork.ca/) [http://www.ontariopalliativecarenetwork.ca/]
- The roadmap for an integrated palliative approach to care [The Way Forward Initiative](http://www.hpcintegration.ca/) [http://www.hpcintegration.ca/]

Background

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Issue

When surveyed, the majority of people in Ontario say they would prefer to die at home rather than in hospital (Brazil et al., 2005). However, the reality of a home death may not be easy to achieve. In some cases, medical interventions and procedures may be better performed in hospital, or the home death might be more challenging than originally thought (Costa 2014; Stenekes 2015; Hospice Palliative Care Association, 2012).

Where a person dies depends on an interplay of various factors known as the “determinants of place of death” (Costa, 2014). Determinants that increase the likelihood of dying at home include:

- multidisciplinary palliative care provided in the patient’s home
- early referral to palliative care
- fewer / no hospitalizations during the end-of-life period
- living with someone (i.e. presence of an informal caregiver)
- patients’ and family members’ preference for a home death
- the patient’s disease.

More than 54,000 people in Ontario received palliative care services between April 2014 and the end of March 2015. Of these patients about half (47.9%) began receiving palliative care in their last month of life. Of these people approximately two-thirds (64.9%) died in hospital and nearly two-thirds (62.7%) had unplanned emergency department visits in their last month of life (HQO, 2016). Less than half (43.3%) received palliative home care services with approximately one-third (34.4%) receiving a home visit from a doctor in their last month of life (HQO, 2016).

Call to Action

We know patients should receive palliative care much earlier than they often do, with a multidisciplinary team in the home. These factors increase the patient’s ability to die in their preferred place. In the past, the approach to palliative care was that it wouldn’t begin until the very latest stages of the illness or often not at all. The newer approach to palliative care is that it can begin immediately after the patient is diagnosed with a life-threatening condition. Efforts to improve palliative care delivery will require engaging with the public, with clinicians and teaching people to understand the role of palliative care which should be offered alongside care that is intended to prolong survival throughout the entire course of treatment.

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