INESSS
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Levels of care: Norms and quality standards

Webinar

presented by

Dr. Ruth Vander Stelt
Lucy Boothroyd

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Institut national d'excellence en santé et en services sociaux
Québec

Webinar presenters

Dr. Ruth Vander Stelt

- Dr. Ruth Vander Stelt practices medicine in the Department of General Medicine of the Outaouais CISSS, in the Pontiac region. She is a clinical faculty lecturer at McGill University and the University of Ottawa. In 2010, she received the Reg L. Perkin prize for Canadian family doctor of the year. As president of the Association médicale du Quebec (2011-2012), she made the request for INESSS to study levels of care.

Lucy Boothroyd, PhD

- Lucy Boothroyd is a professional scientist at INESSS.

Technical information

Downloading the presentation

- Click on the links in the *Fichiers* module, on the right of the screen

Technical problems

- Contact Mohamed Latifi for assistance
- His coordinates are found in the *Notes* module, at the bottom left of the screen

Discussion period

- Last 10 minutes
- During the presentation, you can send us your questions or comments by writing in the *Conversation* module, at the bottom of the screen

Outline of the presentation

1. Context and methods used to produce the guide.
2. Presentation of key elements in the guide and harmonized form.
3. Key messages.
4. Discussion period.
5. Tools available from INESSS.

Objectives

Following this webinar, participants will:

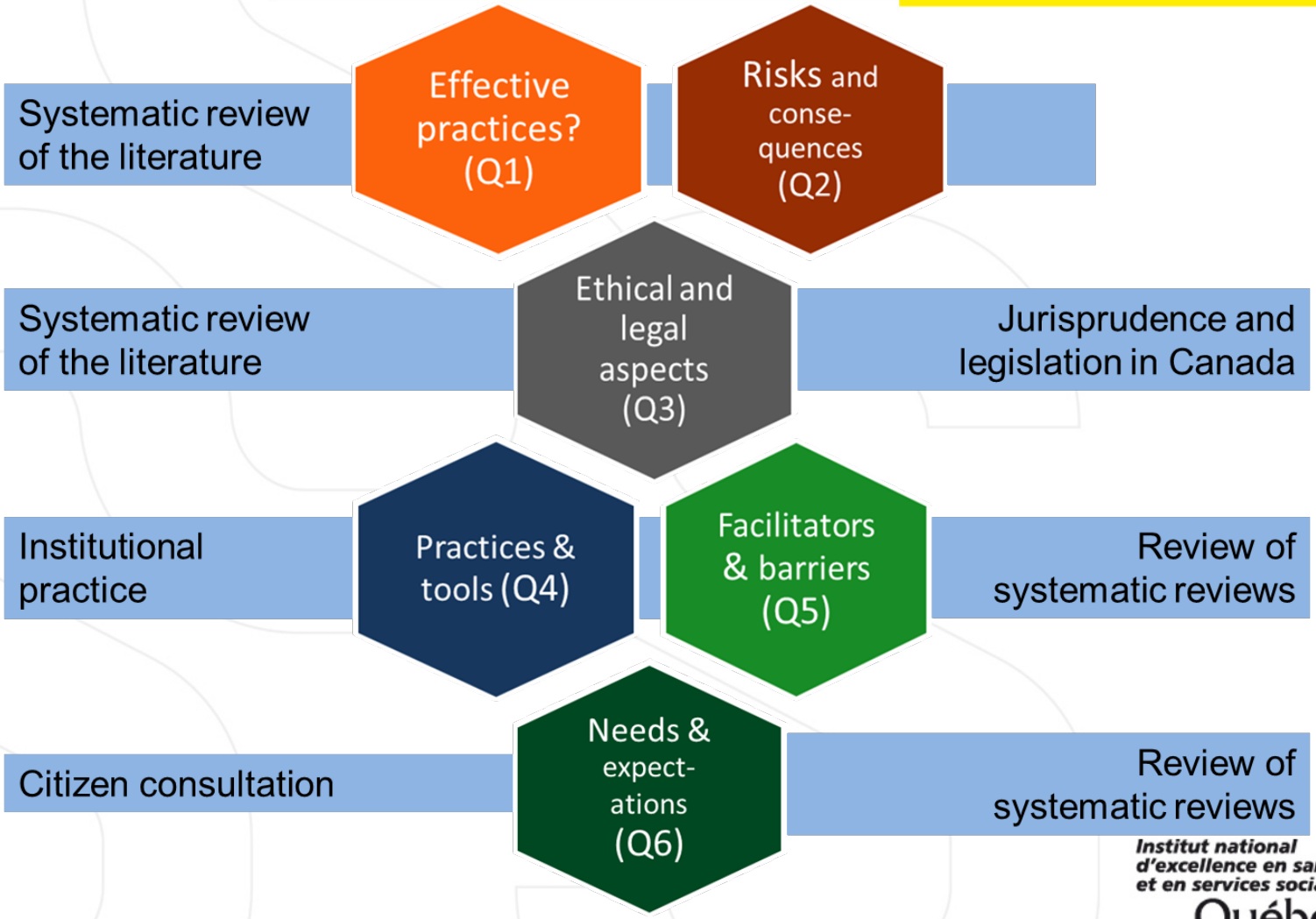
1. Know the definition of levels of care and the target patient populations.
2. Appreciate the interdisciplinary nature of the practice of levels of care.
3. Be able to anticipate ethical and organizational issues related to the practice of levels of care.
4. Understand the harmonized form and its methods of use.

Context

- Request by the Association médicale du Québec to harmonize levels of care forms.

- Provide health care professionals and institutions with a guide on norms and quality standards for levels of care.

2015: A report by INESSS examined the state of affairs in levels of care



Methods used to produce the guide

- Review and synthesis of the evidence in the global literature.
- Overview of current practice of levels of care in Quebec.

- Literature searching on practices elsewhere.

- Development of a consensus on the definition of levels of care, the wording of the goals of care and the essential elements of a form.

- Wide consultation with professionals and managers across Quebec.
- Citizen participation in discussion groups.

- Finalization of the regulatory and administrative aspects.

Definition of levels of care by INESSS

- Expression of the values and wishes of a patient in the form of goals of care,
- resulting from discussion between the patient or his/her representative and the physician,
- concerning the anticipated evolution of health status as well as medically-appropriate care options and their consequences,
- in order to orient care and guide the choice of diagnostic and therapeutic interventions.

Target populations for levels of care

Levels of care concern everyone whose prognosis suggests a lack of improvement in the short or medium term or a sustained deterioration in their health condition, quality of life or autonomy.

In this context, the practice of levels of care aims to improve the coherence between the person's life goals and the delivery of care that is medically indicated by his or her health situation.

Distinction from other ways of expressing wishes

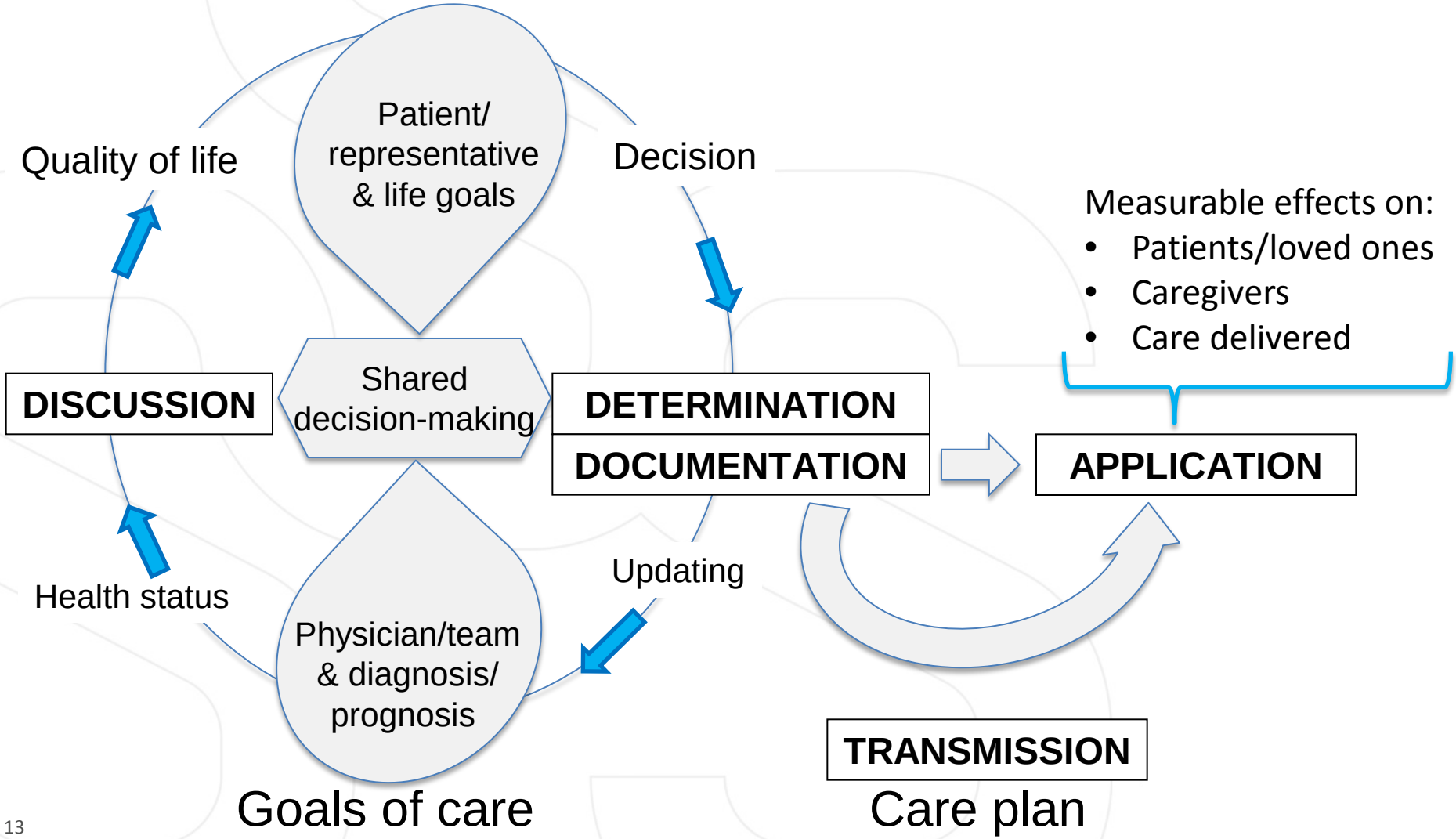
	Level of care and resuscitation decision	Advance medical directives	Mandate in anticipation of incapacity	Other ways of expressing wishes
Usually initiated by:	Physician/medical team	The person		The person
Determined by:	A competent person or his/her representative	A competent person		A competent person
Determined with:	A physician	Two witnesses or a notary		Alone or with a witness
Determined when:	In advance of care decisions for a health state that is likely to significantly worsen in the foreseeable future	At any time		At any time
Is there a registry?	No; they are put in the medical chart	Yes, or they can be put in the medical chart	Yes (the registry of protective supervision)	No; ideally they should be made known to the care team

Levels of care:
A practice with 5 components

INESSS suggests that all health care institutions develop of levels of care policy that addresses five components:

- ✓ Discussion
- ✓ Determination
- ✓ Documentation
- ✓ Transmission
- ✓ Application

Levels of care:
A practice with 5 components



The harmonized levels of care form

no. AH-744 DT9261 (2016-01)

The form is available on the INESSS and MSSS websites:

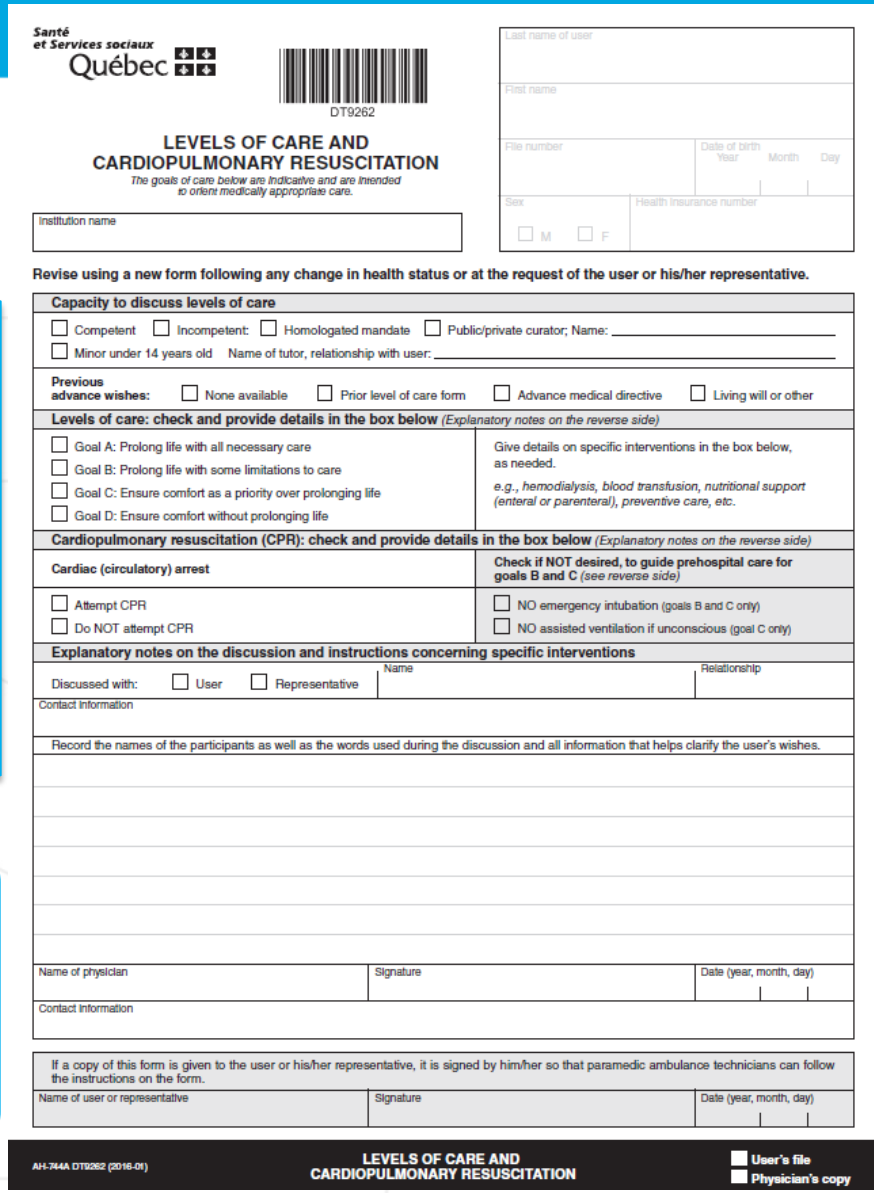
http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/OrganisationsSoins/LevelsofCare_CPR_Form.pdf

msssa4.msss.gouv.qc.ca/intra/formres.nsf/

in English and in French

The form is signed by the physician.

Application out of hospital requires the signature of the patient or his/her representative.



Santé et Services sociaux Québec

DT9262

LEVELS OF CARE AND CARDIOPULMONARY RESUSCITATION

The goals of care below are indicative and are intended to orient medically appropriate care.

Institution name

Last name of user
First name
File number
Date of birth Year Month Day
Sex M F
Health insurance number

Revise using a new form following any change in health status or at the request of the user or his/her representative.

Capacity to discuss levels of care

☐ Competent ☐ Incompetent: ☐ Homologated mandate ☐ Public/private curator; Name: _____
☐ Minor under 14 years old Name of tutor, relationship with user: _____

Previous advance wishes: ☐ None available ☐ Prior level of care form ☐ Advance medical directive ☐ Living will or other

Levels of care: check and provide details in the box below *(Explanatory notes on the reverse side)*

☐ Goal A: Prolong life with all necessary care
☐ Goal B: Prolong life with some limitations to care
☐ Goal C: Ensure comfort as a priority over prolonging life
☐ Goal D: Ensure comfort without prolonging life

Give details on specific interventions in the box below, as needed.
e.g., hemodialysis, blood transfusion, nutritional support (enteral or parenteral), preventive care, etc.

Cardiopulmonary resuscitation (CPR): check and provide details in the box below *(Explanatory notes on the reverse side)*

Cardiac (circulatory) arrest

☐ Attempt CPR
☐ Do NOT attempt CPR

Check if NOT desired, to guide prehospital care for goals B and C *(see reverse side)*

☐ NO emergency intubation (goals B and C only)
☐ NO assisted ventilation if unconscious (goal C only)

Explanatory notes on the discussion and instructions concerning specific interventions

Discussed with: ☐ User ☐ Representative Name Relationship
Contact information

Record the names of the participants as well as the words used during the discussion and all information that helps clarify the user's wishes.

Name of physician | Signature | Date (year, month, day)
Contact information

If a copy of this form is given to the user or his/her representative, it is signed by him/her so that paramedic ambulance technicians can follow the instructions on the form.

Name of user or representative | Signature | Date (year, month, day)

AH-744A DT9262 (2016-01) LEVELS OF CARE AND CARDIOPULMONARY RESUSCITATION ☐ User's file ☐ Physician's copy

The harmonized levels of care form

The reverse side of the form provides definitions and explanations of the goals of care and cardiopulmonary resuscitation.

The grey sections address application by paramedic ambulance techniciens.

Explanatory notes

- **This form is not a substitute for consent to treatment, which must always be obtained *(except in certain emergency situations)*.**
- **This form must be signed by a physician.**

Description of levels of care

The discussion about levels of care is carried out with the user or, in the case of incapacity, with his/her representative, in the spirit of shared decision-making about medically appropriate care. The explanations and examples provided in the following descriptions do not assume capacity on the part of the user, nor do they necessarily reflect his/her usual care setting.

Goal A **Prolong life with all necessary care**	• Care includes all interventions that are medically appropriate and transfer[1] if the intervention is not available in the current setting. • All invasive interventions can be considered, including, for example, intubation and intensive care. ▶ **In the prehospital setting**, unless otherwise advised by the user or his/her representative, all protocols apply; intubation, assisted ventilation[2] and assisted respiration[3] are included when appropriate.
Goal B **Prolong life with some limitations to care**	• Care incorporates interventions with the aim of prolonging life, which offer the possibility of correcting deterioration in health status while preserving quality of life. • Interventions may lead to discomfort that is judged to be acceptable by the user or his/her representative acting in the sole interests of the user, given the circumstances and the expected outcomes. • Certain interventions are excluded since they are judged to be disproportionate[4] or unacceptable[4] by the user or his/her representative acting in the sole interests of the user, given the potential for recovery and undesired consequences *(e.g., short-term or long-term intubation, major surgery, transfer)*. ▶ **In the prehospital setting**, unless otherwise advised by the user or his/her representative, all protocols apply; assisted ventilation[2] and assisted respiration[3] are included; intubation is included unless indicated as not desired on the form (checked in the prehospital care box).
Goal C **Ensure comfort as a priority over prolonging life**	• The user's comfort is prioritized through the management of symptoms. • Interventions which may prolong life are used as needed in order to correct certain reversible health problems, by means judged acceptable by the user or his/her representative acting in the sole interests of the user *(e.g., oral or intravenous antibiotics to treat pneumonia)*. • Transfer to an appropriate care setting is considered only if care available locally is insufficient to ensure comfort *(e.g., for a hip fracture with significant discomfort or for respiratory distress at home)*. ▶ **In the prehospital setting**, unless otherwise advised by the user or his/her representative, all protocols apply; assisted respiration[3] is included; intubation and assisted ventilation[2] are included unless indicated as not desired on the form (checked in the prehospital care box).
Goal D **Ensure comfort without prolonging life**	• Care is exclusively aimed at maintaining comfort through the management of symptoms *(e.g., pain, trouble breathing, constipation, anxiety)*. • Interventions do not aim to prolong life; illness is left to its natural course. • A treatment that is usually given with curative intent may be used, but only because it represents the best option to relieve discomfort *(e.g., oral antibiotics for a lower urinary tract or C. difficile infection)*. • Transfer to an appropriate care setting is considered only if care available locally is insufficient to ensure comfort *(e.g., for a hip fracture with significant discomfort or for respiratory distress at home)*. ▶ **In the prehospital setting**, unless otherwise advised by the user or his/her representative, the following protocols apply: oxygenation, salbutamol, nitroglycerin (chest pain) and glucagon. For respiratory distress in a conscious user, assisted respiration[3] (CPAP) can be used unless refused. Intubation and assisted ventilation[2] are excluded. Manoeuvres to clear an obstructed airway in a living user can be carried out.

Cardiopulmonary resuscitation (CPR)

CPR is part of the same discussion as levels of care. The decision is specified in a distinct manner to allow rapid decisions in the case of cardiorespiratory arrest. A CPR decision is only applicable in the case of a cardiac arrest with arrest in circulation. In the case that a CPR attempt is desired, measures available on site will be deployed while awaiting the arrival of emergency medical services, according to the situation.

[1] The term **"transfer"** implies moving the user to a setting that is different from his/her current environment (leaving his/her home, inter-institutional or intra-institutional transfer, etc.). If a transfer is not being considered, a care goal other than A must be selected.
[2] **Assisted ventilation** is carried out via non-invasive techniques (bag-valve-mask, Oxylator) in an unconscious user.
[3] **Assisted respiration** is carried out via non-invasive techniques (CPAP) in a conscious user.
[4] The sense of the terms **"disproportionate"** or **"unacceptable"** is based on subjective perceptions and values that vary from person to person and across time. The words used by the user or his/her representative are important to record in the box provided for this purpose.

AH-744A DT9262 (2016-01)

LEVELS OF CARE AND CARDIOPULMONARY RESUSCITATION

The harmonized levels of care form

Santé et Services sociaux Québec

DT9262

LEVELS OF CARE AND CARDIOPULMONARY RESUSCITATION

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Last name of user

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File number

Date of birth
Year Month Day

Sex
☐ M ☐ F

Health insurance number

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The harmonized levels of care form

Levels of care: check and provide details in the box below *(Explanatory notes on the reverse side)*	
☐ Goal A: Prolong life with all necessary care ☐ Goal B: Prolong life with some limitations to care ☐ Goal C: Ensure comfort as a priority over prolonging life ☐ Goal D: Ensure comfort without prolonging life	Give details on specific interventions in the box below, as needed. *e.g., hemodialysis, blood transfusion, nutritional support (enteral or parenteral), preventive care, etc.*

Explanatory notes on the discussion and instructions concerning specific interventions		
Discussed with: ☐ User ☐ Representative	Name	Relationship
Contact information		
Record the names of the participants as well as the words used during the discussion and all information that helps clarify the user's wishes.		
Name of physician	Signature	Date (year, month, day)
Contact information		

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Description of levels of care
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Goal B **Prolong life with some limitations to care**	• Care incorporates interventions with the aim of prolonging life, which offer the possibility of correcting deterioration in health status while preserving quality of life. • Interventions may lead to discomfort that is judged to be acceptable by the user or his/her representative acting in the sole interests of the user, given the circumstances and the expected outcomes. • Certain interventions are excluded since they are judged to be disproportionate[4] or unacceptable[4] by the user or his/her representative acting in the sole interests of the user, given the potential for recovery and undesired consequences *(e.g., short-term or long-term intubation, major surgery, transfer).*

The harmonized levels of care form

Goal C **Ensure comfort as a priority over prolonging life**	• The user's comfort is prioritized through the management of symptoms. • Interventions which may prolong life are used as needed in order to correct certain reversible health problems, by means judged acceptable by the user or his/her representative acting in the sole interests of the user *(e.g., oral or intravenous antibiotics to treat pneumonia).* • Transfer to an appropriate care setting is considered only if care available locally is insufficient to ensure comfort *(e.g., for a hip fracture with significant discomfort or for respiratory distress at home).*
Goal D **Ensure comfort without prolonging life**	• Care is exclusively aimed at maintaining comfort through the management of symptoms *(e.g., pain, trouble breathing, constipation, anxiety).* • Interventions do not aim to prolong life; illness is left to its natural course. • A treatment that is usually given with curative intent may be used, but only because it represents the best option to relieve discomfort *(e.g., oral antibiotics for a lower urinary tract or C. difficile infection).* • Transfer to an appropriate care setting is considered only if care available locally is insufficient to ensure comfort *(e.g., for a hip fracture with significant discomfort or for respiratory distress at home).*

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Cardiopulmonary resuscitation (CPR): check and provide details in the box below *(Explanatory notes on the reverse side)*	
Cardiac (circulatory) arrest	**Check if NOT desired, to guide prehospital care for goals B and C** *(see reverse side)*
☐ Attempt CPR ☐ Do NOT attempt CPR	☐ NO emergency intubation (goals B and C only) ☐ NO assisted ventilation if unconscious (goal C only)

Implementation factors

The three bases of implementation

- ✓ The community, such that the target population and their loved ones know that they have a say and can make choices.
- ✓ Health care institutions that support the practice through clear policies about participative decision-making by users and their loved ones.
- ✓ Health care professionals and their professional organizations, on whom the quality and appropriateness of care depend.

Complementary professional roles

The practice of levels of care relies on well-defined professional roles; for example:

- ✓ Physician: responsible for the diagnoses and prognoses, determining the level of care, and signing the form.
- ✓ Nurse: supports the patient or his/her representative and loved ones in understanding the issues; assures continuity of care.
- ✓ Other care givers: moral and psychological support.
- ✓ Other staff: contribute to knowing the needs of patients.

Levels of care: Evaluation

Evaluation: A guarantee of quality

- Evaluation of practice
- Evaluation of results

Key messages

A level of care:

- ✓ Is not a substitute for consent to proposed care.
- ✓ Is a decision-making tool.
- ✓ Arises from a voluntary discussion between the physician and a competent person or his/her representative.

Factors to verify when using the form:

- ✓ The health status and the choices of the person are still current.
- ✓ Signed by the physician.
- ✓ A description of the situation and the words used by the patient or his/her representative during the discussion are recorded.
- ✓ Easily retrievable and accompanies all patient transfers.

All verbal directives have precedence over a completed form

Guide on norms and quality standards and other tools

www.inesss.qc.ca

Institut national d'excellence en santé et en services sociaux Québec

Discussion and question period

Acknowledgements

Stakeholder committee

Mr. Pierre Blain, RPCU
Ms. Marie-Ève Bouthillier, AQEC
Ms. Lise Chagnon, AGISQ
Dr. Denis Coulombe, ACMDP
Ms. Suzanne Durand, OIIQ
Dr. Nathalie Girouard, Ordre des psychologues du Québec
Ms. Regina Lavoie, MSSS
Ms. Nicole Picard, OTSTCFQ
Dr. Manon Poirier, CMQ
Mr. Michel Sanscartier, OPDQ
Dr. Ruth Vander Stelt, AMQ
Ms. Diane Verreault, Corporation d'Urgences-santé

External readers

Dr. Anne Bhéreur, family doctor
Ms. Carolyn Ells, professor in ethics
Dr. Marie-Jeanne Kergoat, geriatrician

Other collaborators

Executive of the Association québécoise en éthique clinique (AQEC)

Expert committee

Dr. Lucie Baillargeon, family doctor, Université de Laval
Ms. Emmanuelle Bernheim, LLD, professor, UQAM
Dr. Anne-Marie Boire-Lavigne, family doctor, Université de Sherbrooke
Ms. Gina Bravo, PhD, researcher, Université de Sherbrooke
Dr. François de Champlain, emergency doctor, CUSM
Ms. Diane Guay, nurse, Université de Sherbooke
Dr. Antoine Payot, neonatologist & paediatrician, CHU Sainte-Justine

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Levels of care:
A conversation about life!

inesss.qc.ca
inesss@inesss.qc.ca

2535, boulevard Laurier, 5e étage
Québec (Québec) G1V 4M3

2021, avenue Union, bureau 10.083
Montréal (Québec) H3A 2S9

Institut national
d'excellence en santé
et en services sociaux
Québec