

Reducing variation in end-of-life care services and documentation of patient wishes in Washington State Hospitals:

A retrospective study

To assess uptake of Bree Collaborative aligned policies and variation in end-of-life (EOL) care services and documentation of patients wishes through Advance Directives (living will, health care directives, durable power of attorney for health care) and Physician Orders for Life-Sustaining Treatment (POLST), the Bree undertook a retrospective review of hospital policies and services for EOL that were submitted to the WA DOH.

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Background and Setting

In 2014 the Bree Collaborative wrote guidelines for health care ecosystem actors, including hospitals, on how to improve documentation and services for EOL care.

In 2022 The WA state legislature required hospitals to submit their EOL policies to the Department of Health and to document any changes to those policies within 30 days of change adoption. DOH developed an EOLS checklist with 13 items.



Rational and Methods

The rationale for this study is to highlight the impact of the Bree Collaborative reports and to determine whether the EOL report requires revisions to further improve EOL care across Washington State.

This study used chi-squared tests and binary regression models to assess the distribution of EOLS checklist items and to control for geography and critical access hospital status when comparing Bree to non-Bree member hospitals uptake and variation in care policies and services.



Discussion Although variation in EOL service and review, implementation, and support of patients documented wishes is low, there is still some variation in access to EOL planning services between Bree and non-Bree hospitals.

Additionally, uptake of EOL care best practices is not 100% and there is slightly less uptake among rural and non-Bree hospitals.

Future Steps: The Bree Collaborative will investigate the uptake of the EOL report recommendations for other system actors (such as legislative, primary care, etc.) to assess other gaps in care planning services implementation.



Advice

- Other states may want to consider leveraging regulatory processes to improve uptake of best-practice aligned EOL policies in hospitals, especially those that do not have access or do not participate in Quality Improvement initiatives for EOL care.

Washington State should consider:

- Identifying ways to support EOL care planning in rural communities.
- Identifying ways to help rural hospitals improve their ability to honor patient's advance directives and POLST.
- Identifying ways to support in-house EOL care services such as hospice and spiritual care.



Statistics

Variation in Bree-aligned EOLS checklist items, comparing Bree to non-Bree members:
EOLS Item 2 (planning services): OR 2.1, P=0.04

Uptake of Bree-aligned EOLS checklist items:

- 52.7% of all hospitals had complete uptake
- Bree member hospitals 85.2% to 96.4% ; Non-Bree member hospitals 52.3% to 80.0%

Uptake of non-Bree aligned EOLS checklist items:

- Bree member hospitals 75.0% to 85.7% ; Non-Bree member hospitals 32.3% to 46.2%

Bree Collaborative developed EOL care guidelines

COVID-19 pandemic

WA state requires hospital submission of EOL policies to DOH

Amendment to 2009 Death with Dignity Act

Updates to hospital policies

Review of hospital policies

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026

◆ Activity

● External event