Early Serious Illness Conversations on Medicine
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Introduction
1. Patients/families prefer less aggressive treatment than was prescribed.
2. This was partly due to absence of early Serious Illness Conversations (SICs) in the hospital stay.  
   • The Serious Illness Conversation Guide (SICG) is a structured way of discussing goals of care with patients who have a serious illness or life-limiting disease.
   • The SICG includes patient understanding of illness, preferences, prognosis, goals, fears, acceptable trade-offs, and wishes.  
3. Lack of time for lengthy conversations on busy hospital units.
4. A quicker and efficient way of identifying patients to have SICs with is needed.
5. The Suggestion Question (SQ): “Would you be surprised if this patient died within the next year?” used to identify patients near end-of-life, has been shown to vary in terms of accuracy, from poor to reasonable.  
6. Our goal is not to accurately prognose patients, but to promote early SICs.
   • The SQ can be a quick and efficient tool to promote early SICs.
6. There is ambiguity in who is responsible for having SICs with patients.  
7. Although the majority of SICs occur with physicians, nurses, allied health.
8. Roles in advocating for patients’ wishes.
   • This team approach to SICs is recommended.  

Methods
Aims
We aimed to use the SQ: “Would you be surprised if this patient died in the next year?” during interdisciplinary team care rounds to:
1. Identify patients who would benefit from early SICs.
2. Create positive changes in the interdisciplinary team’s beliefs, confidence, and engagement in SICs on SPH Medicine unit 7A.

Study Population
- 300 possible healthcare team participants (clinical nurse leaders (CNLs), clinical teaching units (CTUs) doctors, nurses, and allied health).
- 88 participants completed both the pre- and post-intervention tests.
- Median age of healthcare team participants was 30 years old.
- Most healthcare team participants had a bachelor’s degree.
- Most healthcare team participants had 5 to 10 years of professional experience.
- Many in the sample had seen and received previous education about SICs.

Intervention
- The CNL, CTU physician teams, nurses, and allied health all attended daily (Monday-Friday) interdisciplinary team care rounds on medicine units 7A/B/C/D, where medical, nursing, functional, and psychosocial updates on all patients on the unit are discussed.
- The patient population on SPH Medicine is diverse and includes vulnerable groups with complex psychosocial situations and substance use disorders.
- The SQ algorithm intervention took place on 7A from April 1-19, 2019.
- On April 1, the SQ was asked for all CTU patients on 7A.
- From April 1 to 19, the SQ was asked for all newly admitted CTU patients on 7A.
- On April 1, our original SQ algorithm was that in order to indicate SICC for a patient any team member wouldn’t be surprised if the patient died within the next year, and thought that an SIC should be indicated.
- However, feedback from 7A healthcare staff indicated they would rather be in full agreement to indicate SICC for a patient, so the SQ algorithm changed effective April 21, that in order to indicate SICC all team members must be in agreement about the surprise question answer and agree that an SIC should be indicated.

Outcome Measurements
- To test the impact of the SQ, healthcare staff participants’ beliefs, confidence, and engagement in SIC were measured through pre- and post-tests.
- Actual SIC engagement was measured via chart review of SIC-related data in patient charts on 7B (SQ was used) and 7D (no SQ used, control).
- Data regarding advance care plan (ACP) forms, code status, and documented discussion of serious illness topics such as goals, strengths, and fears were collected.

Statistical Analysis
Bivariate tests (Kruskal-Wallis test for continuous variables and Pearson’s chi-squared test or Fisher’s exact test for categorical variables) were used in both analyzing the self-reported data and the chart review data.

Results
Pre- and Post-Test Results
- 7A SQ (intervention) group = 16 participants.
- 7B/C/D No-SQ (control) group = 42 participants.
- No results with p > 0.05 regarding the use of the SQ positively affecting participants’ SIC beliefs, confidence, nor engagement.
- Intervention group (n=16) had significant (p=0.028) decrease in confidence in conveying serious news to patients.

Chart Review Results
- Actual engagement was measured via chart review of SIC-related data (37 charts).
- More of the SIC topics are charted on the SIC-indicated patients than the no-SIC-indicated patients.
- Two of the six (33%) SIC-indicated patients had Options for Care (Indicates code status) forms charts after the intervention compared to none in the comparison group and none in the no-SIC-indicated group.

Conclusions
- Whole team needs to be on same page for SICs (prevent mixed messages).
- Having a SQ to identify patients for SIC but no concerted effort to educate cannot be used efficiently to less confidence. More education and practice on having SICs (interactive workshops) may be needed in addition to identifying patients.
- Identifying the SQ-needed patients (may not increase SICs overall, but instead focus to have SICs with the “right” patients).
- SQ alone isn’t feasible as an identification tool for SIC for SPH Medicine.
- Explore other quick and efficient tools – ACP screening in Cerner is a start.
- For sustainability: continue team care rounds to discuss patient goals use Cerner to track patient goals, SICs, and ACP wishes.

“Would you be surprised if this patient died within the next year?” may shift focus to Serious Illness Conversations with the right patients.

Take a picture to download the full study

Extra Figures
Would you be surprised if this patient died within the next year?

CTU team answers:
- NO
- YES

Nursing and Allied Health agreements:
- NO
- YES

Nursing and Allied Health agreements:
- NO
- YES

March 4-29, 2019
April 1-19, 2019
May 6-24, 2019

Pre-Intervention Test Period
Recruit healthcare team members and gather their demographics and information about beliefs, confidence, and engagement in SICs.

Intervention Group:
7A team rounds ask SQ: “Would you be surprised if this patient died within the next year?”

Control Group:
Medicine units 7B/C/D team rounds remain the same.

Chart Review: Data up to May 6, 2019
7A no-SIC-indicated patients 7A mixed decision patients 7A no-SIC-indicated patients
Comparison: 70 patient charts

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References

Questions? Contact us at earlyscmedicine@gmail.com