Early Serious Illness Conversations on Medicine

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Introduction

1. Patients/families preferred less aggressive treatment than was prescribed
   - This was partly due to absence of early Serious Illness Conversations (SICs) in the hospital stay [1]
   - 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 SIC includes patient understanding of illness, preferences, prognosis, goals, fears, acceptable trade-offs, and wishes [2]
2. Lack of time for lengthy conversations on busy hospital units [3]
   - A quick and efficient way of identifying patients to have SICs with is needed
   - The Surprise 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 moderate to reasonable [4,5]
   - 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
3. There is ambiguity in who is responsible for having SICs with patients [2,3,6]
   - Although the majority of SICs occur with physicians, nurses and allied health have roles in advocating for patients' wishes
   - This team approach to SICs is recommended [6]

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 unit (CTU) doctors, nurses, and allied health)
- 58 participants completed both the pre- and post-intervention tests
- Median age of healthcare team participants was 30 years old
- Most healthcare team participants held a bachelor's degree
- Most healthcare team participants had 1 to 5 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 attend daily (Monday-Friday) interdisciplinary team care rounds on medicine units 7ABCD, 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 2-19, 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 SIC 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 SIC for a patient, so the SQ algorithm changed effective April 2 that in order to indicate SIC: 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 via through pre- and post-tests
- Actual SIC engagement was measured via chart review of SIC-related data in patient charts on 7A (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
Bivariable tests (Kruskall-Wallis test for continuous variables and Pearson's chi-squared test or Fisher's exact test for categorical variables) were used in both analysing the self-reported data and the chart review data

Results

Pre- and Post-Test Results
- 7A SQ (intervention) group = 16 participants
- 7BCD 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
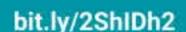
Chart Review Results
- Actual engagement was measured via chart review of SIC-related data (37 charts)
- More of the SIC topics are charted on in the SIC-indicated patients than the no-SIC-indicated patients charts
- Two of the six (33%) SIC-indicated patients had Options for Care (indicates code status) forms changed 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 can ironically lead to less confidence. More education and practice on having SICs (interactive workshops) may be needed in addition to identifying patients
- Identifying the SIC-needed patients (may not increase SICs overall, but instead shift 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.

bit.ly/2ShIDh2

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 agree?		Nursing and Allied Health agree?	
YES: Write SIC under "team care" on board. Write SIC on Charge Nurse Report Sheet	**NO:** Move on to next patient	**YES:** Move on to next patient	**NO:** Move on to next patient

March 4-29, 2019 — Pre-Intervention Test Period: Recruit healthcare team participants and gather their demographics and information about beliefs, confidence, and engagement in SICs.

April 1-19, 2019 — Intervention Group: 7A team rounds ask SQ: "Would you be surprised if this patient died within the next year?"
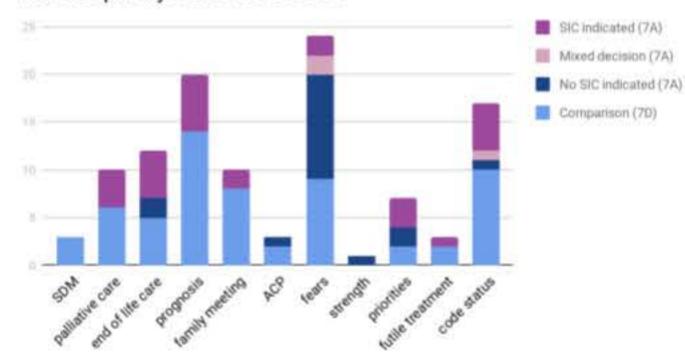Control Group: Medicine units 7BCD team rounds remain the same.

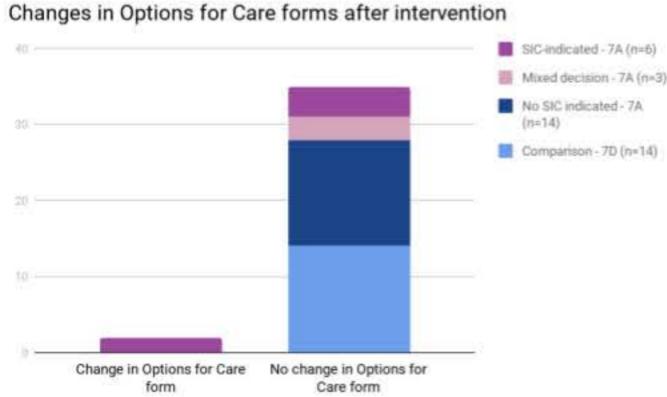**May 6-24, 2019** — Post-Intervention Test Period: Assess healthcare team participants' changes in beliefs, confidence, and engagement in SICs.
Chart Review: Data up to May 2, 2019
7A no-SIC-indicated patients
7A mixed decision patients
7A no-SIC-indicated patients
Comparison: 7D patient charts

Occurrence of each Serious Illness Conversation topic in the interdisciplinary notes chart review

Changes in Options for Care forms after intervention

Acknowledgements

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Questions? Contact us at earlysicmedicine@gmail.com