Arriving at the “best fit” for our patients

Adding tools to our conversation toolbox in anesthesiology

“We are all individuals, and one person’s plan may not be a good fit for another who… appears to be in a similar situation. Enabling people to be architects of their own solution is key to respecting their dignity.”

(Dr. Kathryn Mannix, 2018)

Dara Lewis, *Regional Palliative Approach to Care Education (RPACE) lead*

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We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.2 million people, including the First Nations, Métis and Inuit in our region, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

Session Overview

- VCH RPACE program
- Shared decision-making
- Conversation strategies to support shared decision-making
- Documentation of these conversations
- RPACE resources and support

RPACE in a nutshell

We are shifting the culture across VCH to support the practice of early, frequent goals of care conversations with our patients.

We strive to have all care teams explore and incorporate patients' goals, values and beliefs into all care so that we can achieve exceptional care.

Supporting a shift to earlier conversations

Education on Goals of Care and a palliative approach

Conversation coaching, role-modeling and

Connecting teams and patients with resources

Before we discuss **how**
we can improve
our conversations,
let's first review the **why**.

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The big picture

According to the UN, by 2050 there will be three times as many people age 80+. (United Nations, 2017)

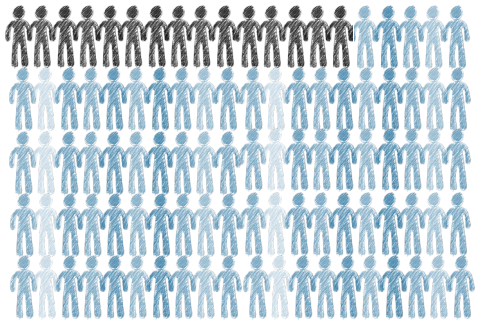
Many older adults are living with comorbidities and frailty. Still, many are having high-risk surgery with an **increased likelihood of perioperative morbidity and mortality.** (Etzioni, Liu, Maggard & Ko, 2003; McIsaac, Bryson, & van Walraven, 2016; Seib et al., 2017).

Perioperative regret

Amongst adult patients

A systematic review that included more than 70 articles from 10 countries, reported **perioperative regret in 15% of adult patients.**

(Wilson, Ronnekleiv-Kelly, & Pawlik, 2017)



Amongst next of kin decision-makers

A cross-sectional analysis of 23 studies on next of kin post-operative regret, 10 studies had cases of **moderate to strong regret in 2-17% of their next of kin.**

(Maillard et al., 2023)

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Results of shared decision-making regarding surgery

- Literature review of 42 studies
  - Decisional conflict decreased
  - Rates of choosing surgery decreased
  - Clearer preferences that guide postoperative management

(Niburski, Guadagno, Abbasgholizadeh-Rahimi, S. *et al.*, 2020)

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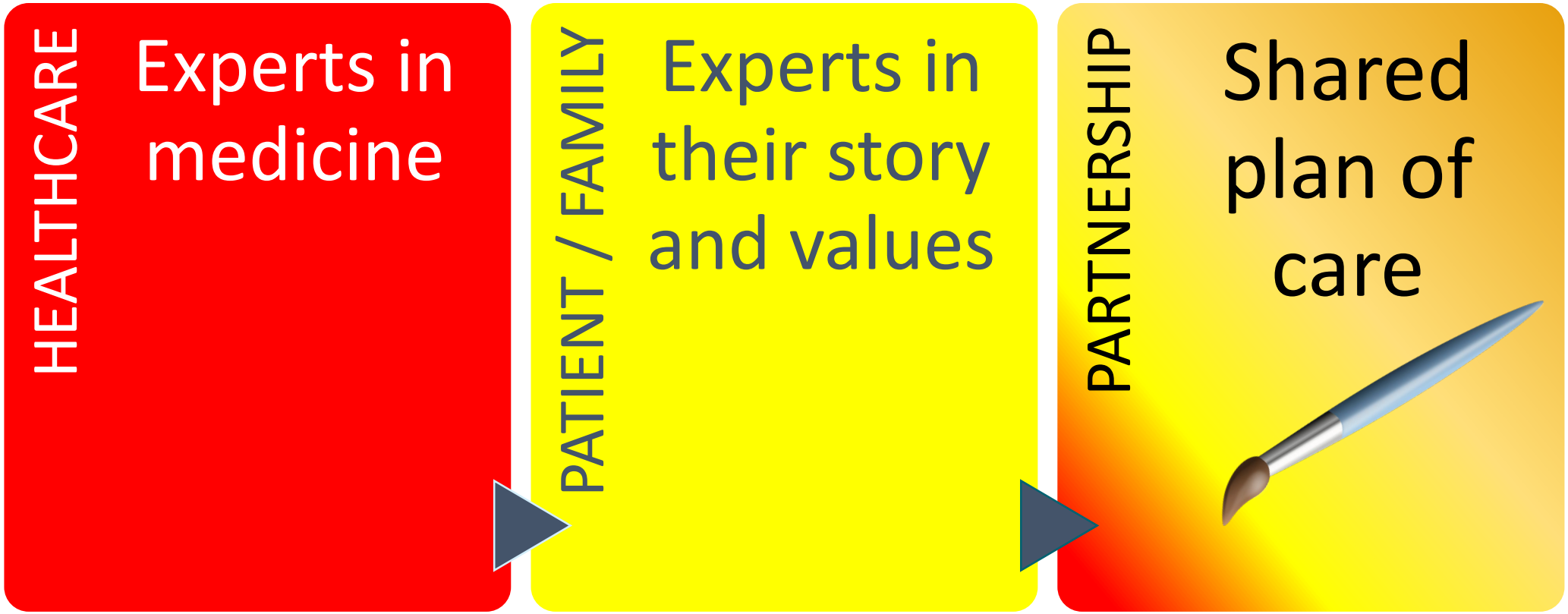
Shared decision-making: The “best” fit

It’s not about “*can we do it*”, but “*should we do it*”



(NEJM, 2017)

Conversation Strategies

One pre-surgical conversation study: A series of suggested questions

Derived from the opinions of expert surgeons, intensivists, anesthesiologists, psychiatrists, and palliative medicine physicians to elicit high-risk patients' goals for surgery and values for perioperative treatment.

Expectations:

What do you hope to gain from this surgery?

Are there personal goals that motivated you to have this surgery?

Fears/worries:

Do you have any worries about your procedure and recovery for you and your family?

Function:

Are there conditions or health states that you would find unacceptable?

Tradeoffs:

If you become sicker, how much are you willing to go through for the possibility of living longer?

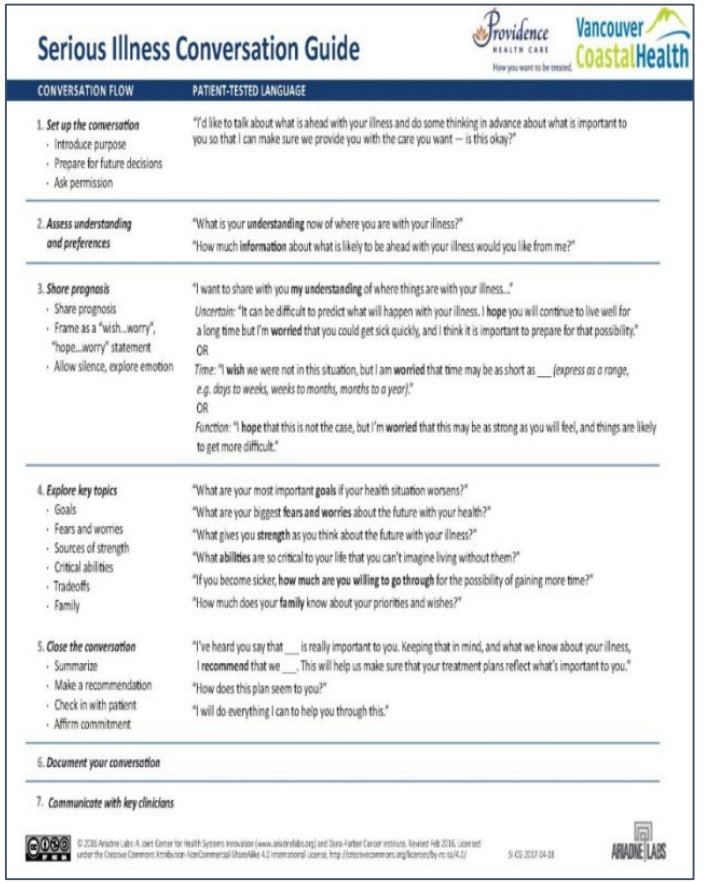
Would this change if these were permanent states that didn't get better?

(Cooper, Corso, Bernacki, Bader, Gawande, & Block, 2014)

The Serious Illness Conversation (SIC) Guide

A helpful, well-tested framework for care conversations

- Research-based out of Ariadne Labs
- Uses logical flow
- Both exploratory and informative
- Utilized in 87 countries



Serious Illness Conversation Guide

Providence HEALTH CARE — How you want to be treated.

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CONVERSATION FLOW	PATIENT-TESTED LANGUAGE
1. *Set up the conversation* · Introduce purpose · Prepare for future decisions · Ask permission	"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — is this okay?"
2. *Assess understanding and preferences*	"What is your **understanding** now of where you are with your illness?" "How much **information** about what is likely to be ahead with your illness would you like from me?"
3. *Share prognosis* · Share prognosis · Frame as a "wish...worry", "hope...worry" statement · Allow silence, explore emotion	"I want to share with you **my understanding** of where things are with your illness..." *Uncertain:* "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility." OR *Time:* "I **wish** we were not in this situation, but I am **worried** that time may be as short as ___ *(express as a range, e.g. days to weeks, weeks to months, months to a year)*." OR *Function:* "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."
4. *Explore key topics* · Goals · Fears and worries · Sources of strength · Critical abilities · Tradeoffs · Family	"What are your most important **goals** if your health situation worsens?" "What are your biggest **fears and worries** about the future with your health?" "What gives you **strength** as you think about the future with your illness?" "What **abilities** are so critical to your life that you can't imagine living without them?" "If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?" "How much does your **family** know about your priorities and wishes?"
5. *Close the conversation* · Summarize · Make a recommendation · Check in with patient · Affirm commitment	"I've heard you say that ___ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your treatment plans reflect what's important to you." "How does this plan seem to you?" "I will do everything I can to help you through this."
6. *Document your conversation*	
7. *Communicate with key clinicians*	

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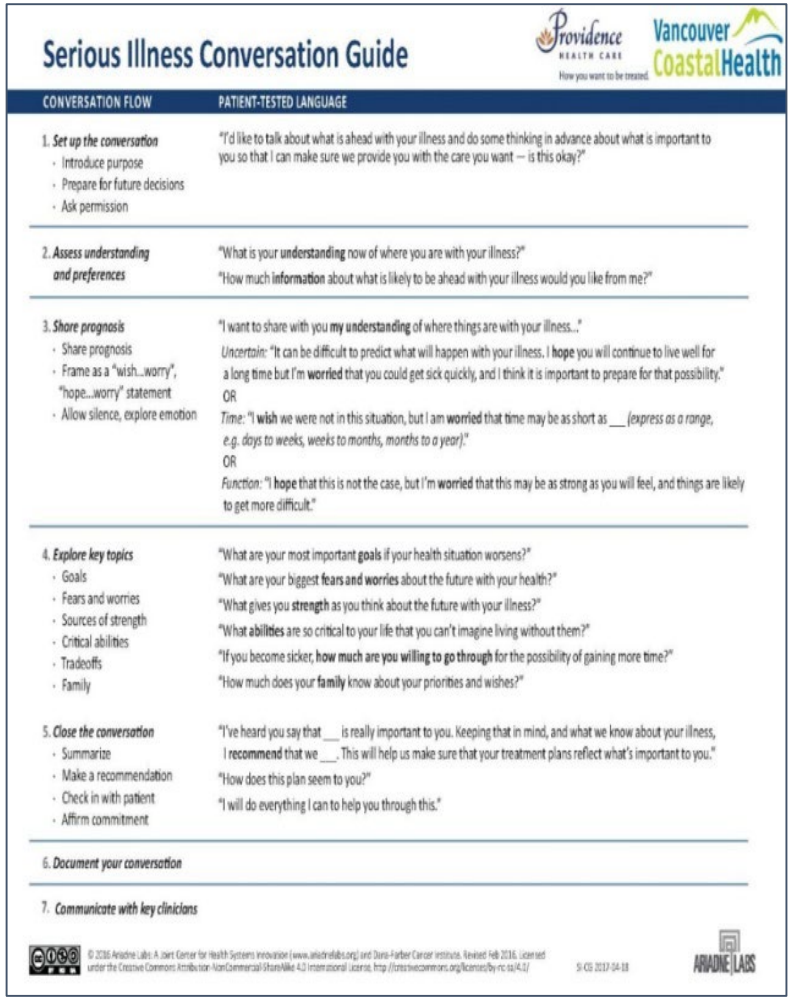
ARIADNE LABS

(Ariadne Labs, 2015-2023)

Overview of the SIC Guide

1. **Open** the conversation.
2. **Explore** understanding
3. **Share** concerns and potential outcomes
4. **Explore** what matters
5. **Summarize** and make a recommendation



Serious Illness Conversation Guide

Providence HEALTH CARE How you want to be treated. Vancouver CoastalHealth

CONVERSATION FLOW	PATIENT-TESTED LANGUAGE
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6. *Document your conversation*	
7. *Communicate with key clinicians*	

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First steps of the SIC Guide

1. **Open** the conversation.

2. **Explore** understanding
3. **Share** concerns and potential outcomes
4. **Explore** what matters

5. **Summarize** and make a recommendation

I'd like to talk together about your health and gain an understanding of **what matters to you** so that we can ensure we're providing you with the care you want.
Is that ok?

Can you share with me **your understanding** of what's happening with your health?

Potential modifications/additions:
Can you share with me your understanding of this surgery? What have you been told?

What are your hopes or expectations of this surgery?

Framing concerns and potential outcomes

1. **Open** the conversation.
2. **Explore** understanding
3. **Share** concerns and potential outcomes
4. **Explore** what matters
5. **Summarize** and make a recommendation
6. **Document** in centralized location

Align with their hope,
but plant the seeds of possible changes

"I'd like to share with you **my understanding** of your health situation… [*very brief summary]"*

*Then use **Wish/worry, Hope/worry framework***

"I/we wish _____, but we also worry that (it's possible) _____."

"I/we hope _____, but we worry that (it's possible) _____."

e.g. "We hope for a good outcome from this surgery, but we also worry that given your [*risk factors*], it's possible/likely that you would really struggle to be independent again afterwards. This might mean….. [*paint a picture*]."

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Exploring what matters

1. **Open** the conversation.
2. **Explore** understanding
3. **Share** concerns and potential outcomes
4. **Explore** what matters
5. **Summarize** and make a recommendation
6. **Document** in centralized location

- **Goals/Priorities:**

  "What's most important to you when it comes to your health?"

- **Worries**

  "What are your worries about [the surgery]?

  "What are your worries about [not doing the surgery]?

- **Unacceptable trade-offs**

  "What are the day to day abilities that you want to avoid losing?" *and/or*

  "Are there any outcomes from this surgery that would be unacceptable to you?"

- **Willing to go through**

  "What would you be willing to go through for the possibility of [having more time, recovering from this surgery?"

- **Awareness of people closest to you**

Summarizing and making a recommendation

1. **Open** the conversation.
2. **Explore** understanding
3. **Share** concerns and potential outcomes
4. **Explore** what matters
5. **Summarize and make recommendation**
6. **Document** in centralized location

"**I've heard** you say _____ are important to you. With that in mind and what we know about your [health and this surgery], **I recommend** _____ as this is most likely to achieve your goals."

If you're NOT recommending surgery, focus on what we can do (e.g. We will continue to do everything we can to support your comfort).

If you're recommending surgery, you could add…

"If things don't go as we hope, I think I would recommend that we…"

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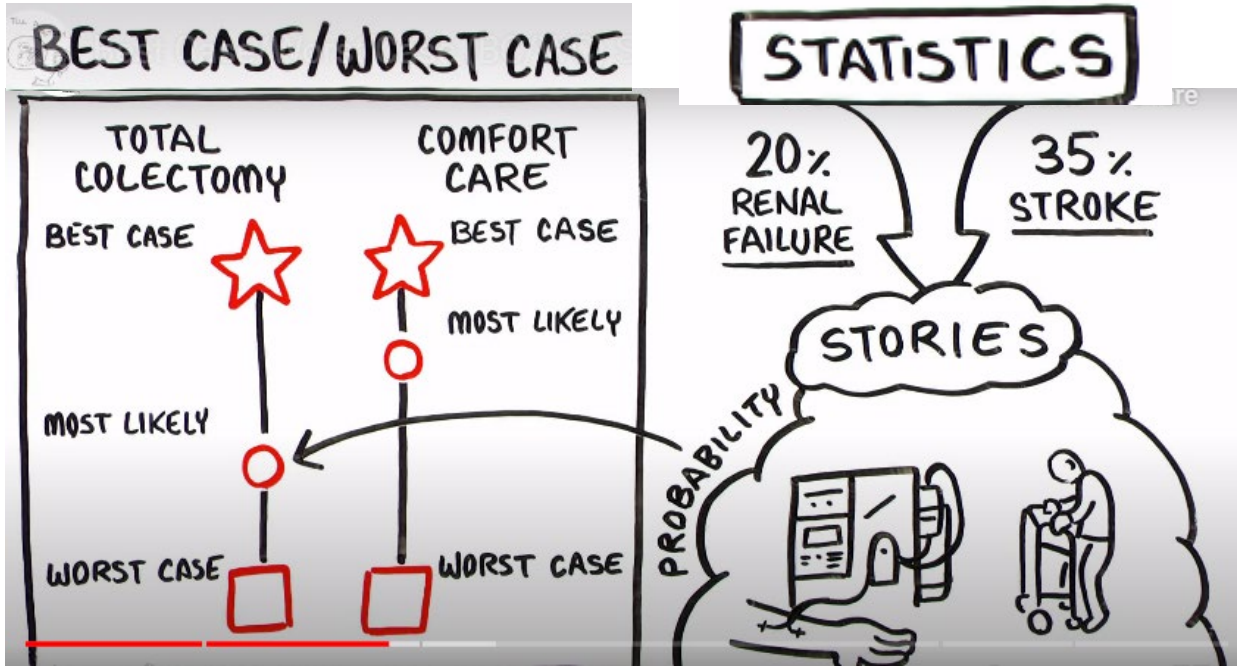
Best Case / Worst Case Communication Tool

A shared decision-making framework:

- Uses graphics and verbal descriptions
- **Helps patients organize information, visualize options and weigh outcomes.**

Physicians use a diagram with each treatment option.

- Describe each “case” using your experience and evidence.
- **Paint a picture** of what life would look life if these complications were to occur.
- **Likelihood:** “most likely” outcome = oval



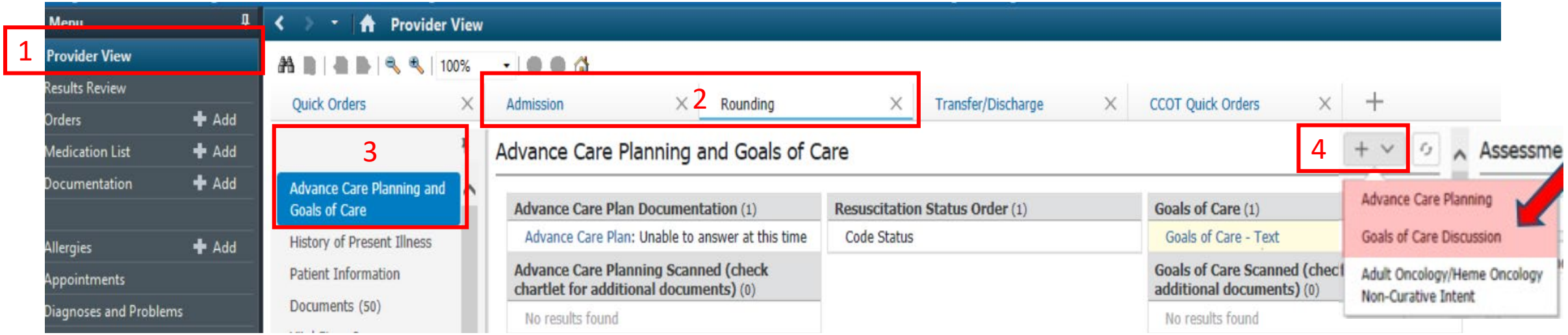
Video link: https://youtu.be/FnS3K44sbu0?si=UjcjJCasZDA-Q0Mz

(Kruser et al., 2015)

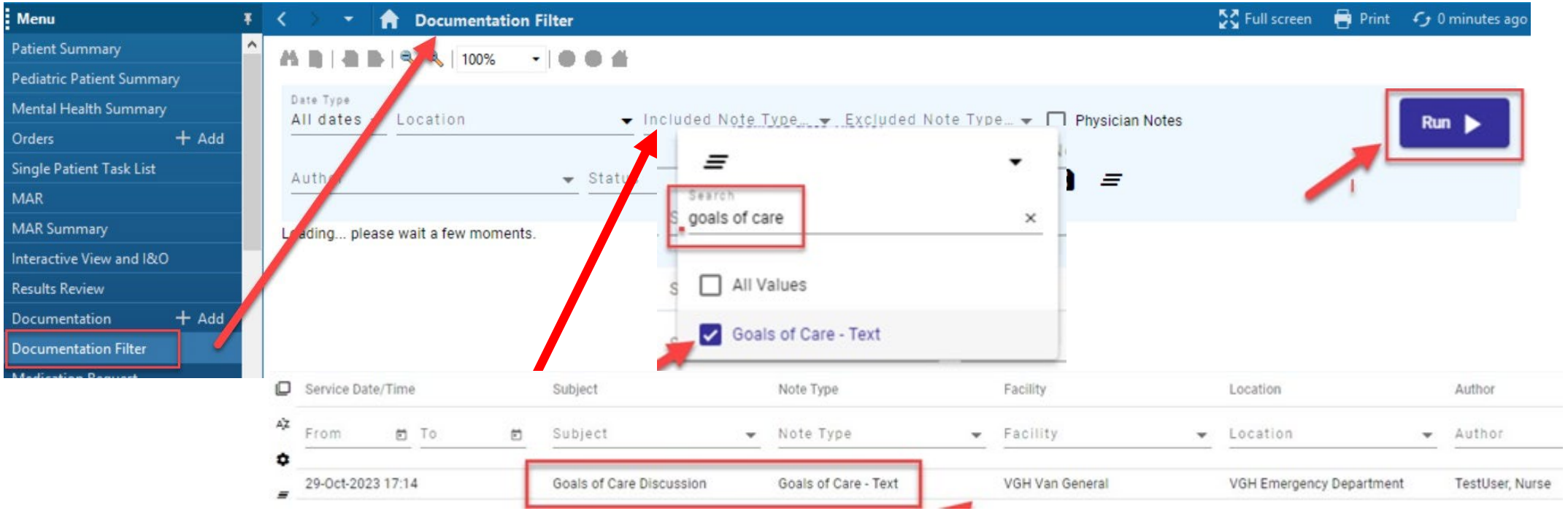
“No, I wouldn't go through the surgery… I know I'm going to die anyway… I don't want to deal with a nursing home or be unable to do stuff by myself, so I'd rather just go on and not suffer anymore.”

(Kruser et al., 2015)

Documentation in CST/Cerner PowerChart



Looking for previous ACP or GOC documentation in CST



RPACE training and support

- Group workshops:
  - Virtual / In-person (includes simulation)
  - Various conversation guides: Serious Illness Conversation Guide, Rapid Code Status Conversation Guide, adapted guides
- 1:1 coaching
  - Address your desired learnings
  - Phone, email, in-person
- Joint visit with clinician & patient/family
- RPACE webpage: www.vch.ca → search RPACE
  - Additional resources (videos, links, resources)

Contact Information

RPACE team

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Mon-Fri

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Thank you

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