



# Meta-LARC ACP Serious Illness Conversation Training Part A

## Module 1: Introduction

Hello, and Welcome to Serious Illness Conversation Training Part A.

The first module of this training provides a brief introduction to Serious Illness Conversations.

Serious Illness Care Conversations are a structured approach to having conversations designed to engage patients in discussions about their values and what matter to them.

All references used in this presentation are listed in the Helpful Resources section in the left side bar.

## *Serious Illness Care Program*

**Mission:** Improve the lives of all people with serious illness by increasing meaningful conversations with their clinicians about their values and priorities

**Approach:** Simple scalable solutions for complex problems



- This training is based on **Serious Illness Care Program** developed by the Ariadne Labs that is a collaboration of Harvard University and Brigham and Women's Hospital.
- The mission of the Serious Illness Care Program is to improve the lives of all people living with serious illness by increasing meaningful conversations among clinicians, patients, and families about what matters most to patients.
- The Ariadne Labs' approach to changing health care is to provide simple and scalable solutions for complex problems.
- In the case of Serious Illness Care Program, the approach is to use a structured Conversation Guide that is designed to help clinicians have comprehensive conversations with patients and their families about what they want.

## *Serious Illness Care Program*

This material has been modified by Meta-LARC ACP. The original content can be found at <https://portal.ariadnelabs.org> and is licensed by Ariadne Labs under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Ariadne Labs licenses the original content as-is and as-available, and makes no representations or warranties of any kind concerning the original content or concerning this material, which Ariadne Labs has not reviewed or endorsed.



- We, the Meta-LARC ACP trial are responsible for the modifications to the Serious Illness Care Program. The program was created by Ariadne Labs and the allow modifications.



## Components of SICP intervention

- **Training clinicians to have Serious Illness Conversations**
- Identifying patients for SIC
- Support patient and family to have SIC
- Serious illness conversation
- Documenting conversations in EHR
- Monitoring and evaluation
- Coaching and performance/process improvement

The Serious Illness Care Program breaks advance care planning into 7 components. Together, these are designed to promote engaging patients and families in conversations about what matters most to them and to help make these conversations as part of routine practice.

This training is one of the key components and is intended to help prepare clinicians so they can have meaningful conversations with patients and families.



## Objectives of Meta-LARC SIC Training

1. Describe goals of Serious Illness Care Program and why it is important in practice
2. Describe the elements of and rationale for the Serious Illness Conversation Guide
3. Feel confident in having the conversations in your practice
4. Use the Serious Illness Conversation Guide

By the end of this Serious Illness Conversation Training, participants will be able to:

1. Describe the goals of the Serious Illness Care Program and why it is important in your practice
2. Describe the elements of the Serious Illness Conversation Guide and the rationale for the Guide
3. Feel confident in their abilities to have serious illness conversations
4. Use Serious Illness Conversations Guide

This online module is Part A of the training and is designed to meeting objectives 1 and 2.

This will be followed by Part B, a real time (either in-person or virtual) training session to meet objectives 3 and 4.



## Not knowing patient's values and goals may harm them and their families



Allison, 2013; Teno, 2004; Teno 2007; Wright 2008; Wright, 2010; Wright 2016

- We can all recall situations where the care of a seriously ill patient did not go well.
- Family members and clinicians often struggle to make decisions not knowing what the patient really wants.
- Not knowing patient's goals and values and thus not being able to honoring their preferences may harm patients and their family caregivers.
- Without knowing what patient wants, care we provide could lead to
  - Poor quality of life
  - Unnecessary physical and emotional suffering for patients
  - Increased family distress - even major depression, anxiety, or PTSD for family members
  - Poor alignment of medical care with patient wishes – that could lead to prolonged or undesired hospitalizations and ICU stays, and
  - Distress among clinical staff

In addition, an increasing number of healthcare organizations regard disregarding patient's preference as a medical error.



## This happens because conversations are

### Infrequent

- <30% of patients with end-stage diagnoses discussed end-of-life (EOL) preferences with clinicians

### Late

- The conversations tend to happen in the last few weeks of life, often in the hospital, and patients are not able to participate

### Limited

- Conversations often fail to address key elements of quality of life discussions

### Siloed

- Conversation limited to one clinician may not be shared

Evans, 2014; Glaudemans, 2015; Hawkins, 2005; Mack, 2012

- Seriously ill patients and their families are more likely to be harmed by their health care because honest conversations about their serious illness - what patients want and what is important to them - do not happen frequently enough.
- Conversations happen less than 1/3 of of time...and even when conversations do happen, they are often too late—they happen in the last few days or weeks of patient's life, often in a hospital during a crisis, with healthcare providers who never met the patient before, and patients are often too sick to participate in the conversation.
- Conversations are also often limited to a few issues such as whether a patient wants CPR or a ventilator. Even when clinicians have the best intentions, the conversations may not identify what is most important to patients.
- In addition, even when a clinician has conversations with the patient, if what the clinician learned from the conversation is not communicated across teams, care could be siloed and the patient may not receive care that is consistent with what is most important to him or her.



## Reflection

- Think about an instance when communication about serious illness care goals had a positive or negative impact on your patient or their family's experiences
- Write a brief description of case you thought of in Step 2 of the online module. Describe the patient, the situation, what was (not) discussed, and what happened at the end.

Take a moment to reflect on your experiences. Think about a situation when communication about serious illness care goals (or lack of the communication) had a positive or negative impact on one of your patients and their family.

This is the end of Module 1.

Click on Step 2 and write a brief paragraph or two describing the case you thought of in your reflection. Describe the patient, the situation, what was or was not discussed, and what happened at the end.