

Improving Patient-Physician communication in hospitals: Initial insights from a multi-centre Canadian quality improvement initiative to implement the Serious Illness Care Program (SICP) on medical wards

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Background

PROBLEM: There is a disconnect between seriously ill patients' personal priorities and the goals of their medical treatments.¹

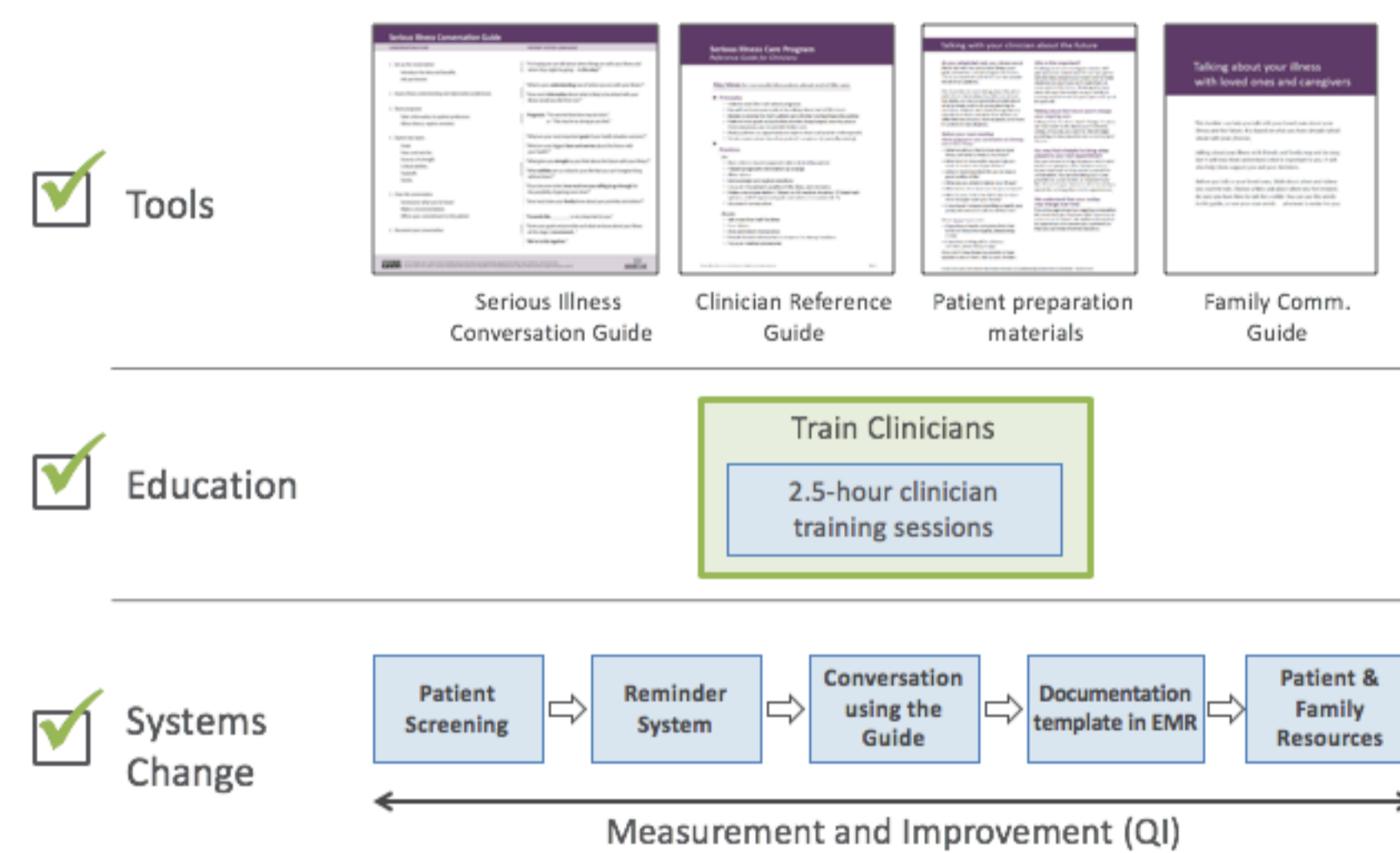
The **Serious Illness Care Program (SICP)**² seeks to improve the lives of people with serious illnesses by facilitating meaningful conversations with their clinicians about their values and priorities.

The SICP was initially developed for use in the outpatient oncology setting. Our multi-centre quality improvement study adapts and implements the SICP in the acute care setting³. This poster describes preliminary findings from one Internal Medicine unit in Calgary.

Objective

To increase the number and quality of conversations between **Internal Medicine (IM) physicians and hospitalized patients who have serious illnesses.**

Elements of the SICP



Methods

Phase 1: Preparation:

- Local implementation team assembled: Project leaders, Unit Champion (Nurse clinician)
- One-on-one physician engagement, assessment of local barriers, development of selection criteria for local workflow

Phase 2: SICP Implementation:

- Training physicians:** a series of small group workshop with CME credit
- Trigger/deliver/document** conversations with eligible patients
- Process evaluation:** # of clinicians trained, # of conversations triggered/delivered, # of documented conversations in designated EMR locations and **patient-reported experience surveys**

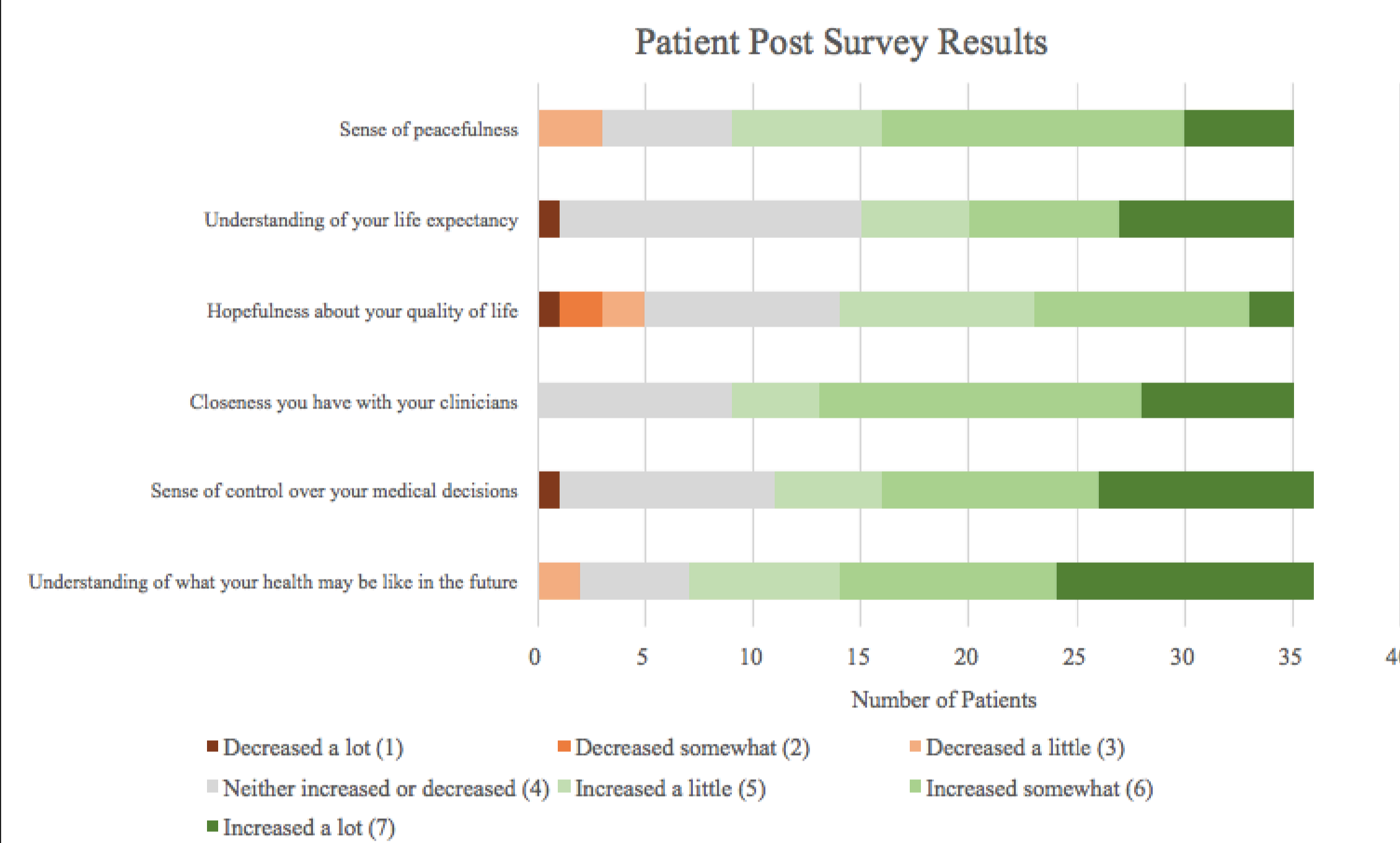
Preliminary Results

PROCESS MEASURES:

- 100% (n=28) Attending Physicians trained to use SICG**
- 82% (n=23) Attending Physicians led conversations**
- 56 MD-Patient conversations held**
- 94% (n=53) conversations documented in designated EMR location**

PATIENT-REPORTED EXPERIENCE MEASURES:

Most patients reported positive impacts from the conversation

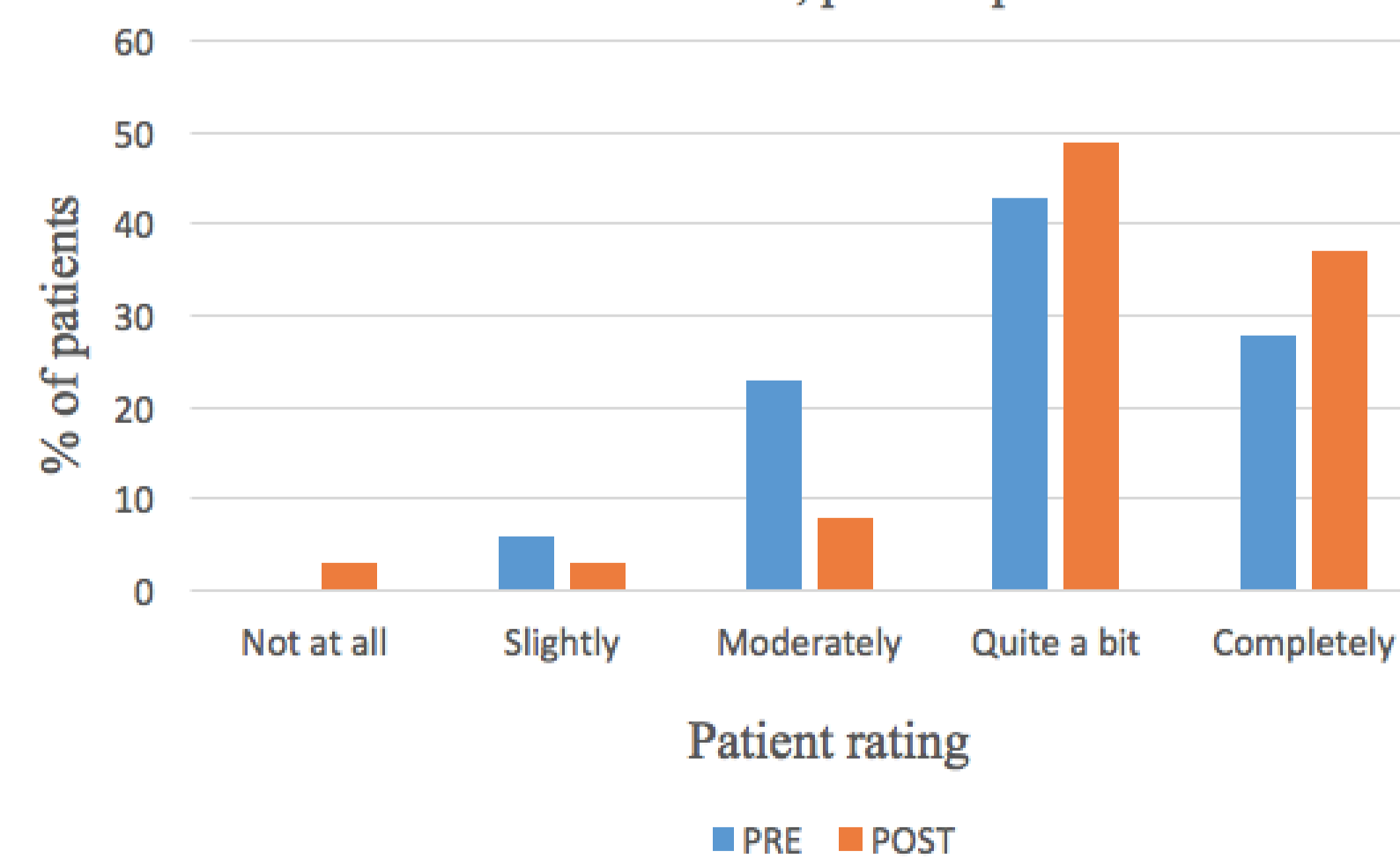


*1 patient did not complete entire survey

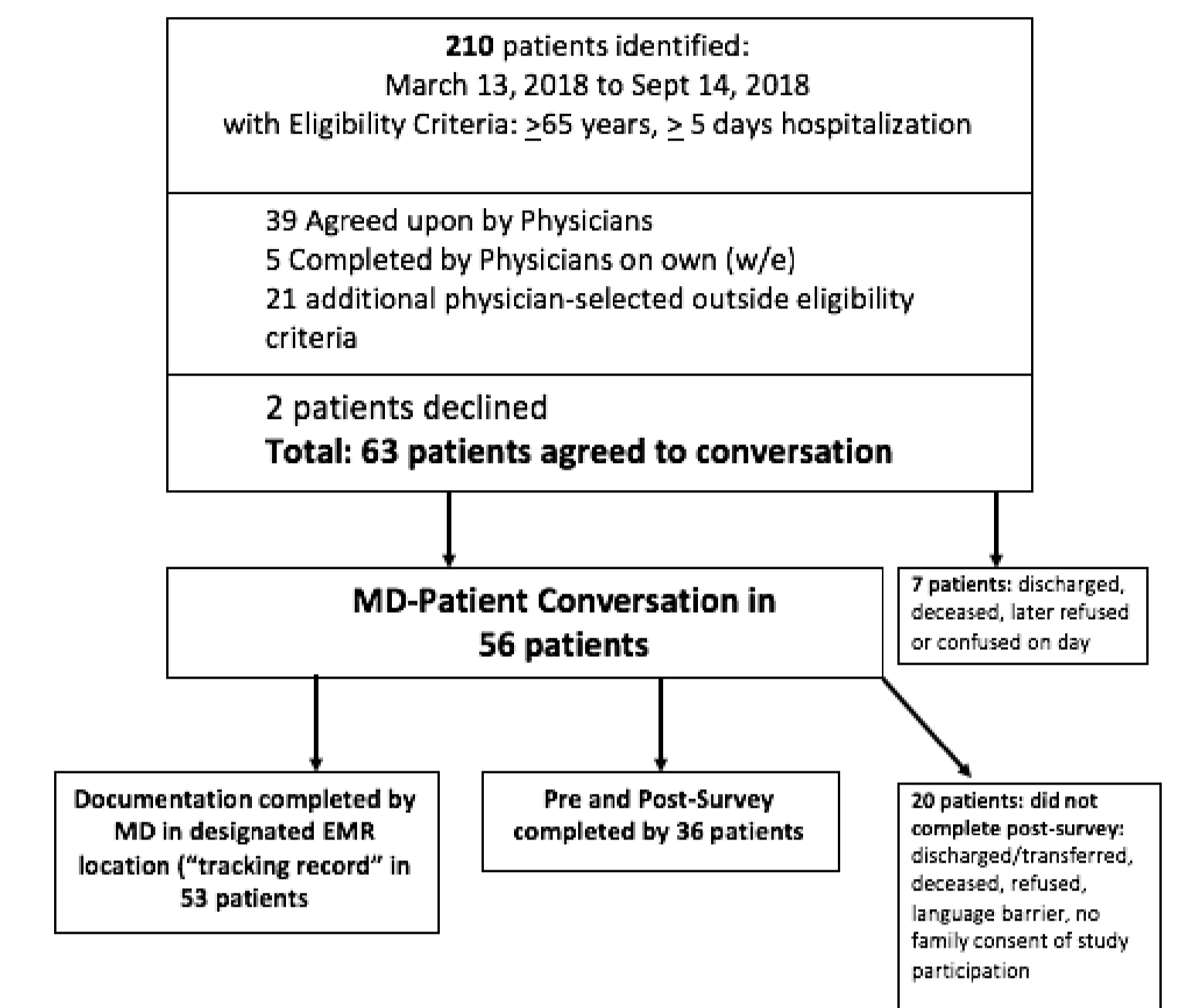


97% (34/35)
of patients found the conversation worthwhile

Patients' rating of feeling heard or understood by their healthcare team, pre and post SIC



SICP Enrollment



Conclusions

Preliminary findings suggest that the SICP can be readily adapted to use in a busy acute care unit.

Patients report positive impacts as a result of participation in SICG conversations with their internal medicine attending physician.



It was a relief to see the documentation from the SIC and know what the patient understood about their care, and what they wanted



References

- Heyland DK, Cook DJ, Rocker GM, et al. Defining priorities for improving end-of-life care in Canada. *CMAJ*. 2010;182(16):E747-E752.
- Ariadne Labs: A Joint Center for Health Systems Innovation and Dana-Farber Cancer Institute. Serious Illness Care Program. The Centre for Advance Care and Advocacy St Joseph's Health website. <https://www.talkaboutwhatmatters.org/documents/Providers/SI-Clinician-Reference-Guide.pdf>. 2015. Accessed September 2018.
- CARENET Canadian Researchers at the End of Life Network. iCAN Advanced Care Planning. <http://thecarenet.ca/24-researchers/our-projects/1027-the-ican-acp-study>. 2018. Accessed Sept 2018.

Funding provided by:
Grant #TG2015-03.



Acknowledgments:



The investigators thank Dr. Rachelle Bernacki and the Serious Illness Care Program team at Ariadne Labs/Harvard Medical School for their collaboration and guidance. We are also grateful to the patients, staff and implementation team on Unit 36 Foothills Medical Centre, Calgary, AB.