

The iDECIDE Study

**i improving DECision-making about
goals of care for hospitalized eLDerly patiEnts:
a multi-incubator unit study**

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CARENET
Canadian Researchers at the
End of Life Network



TVN Improving care
for the frail elderly



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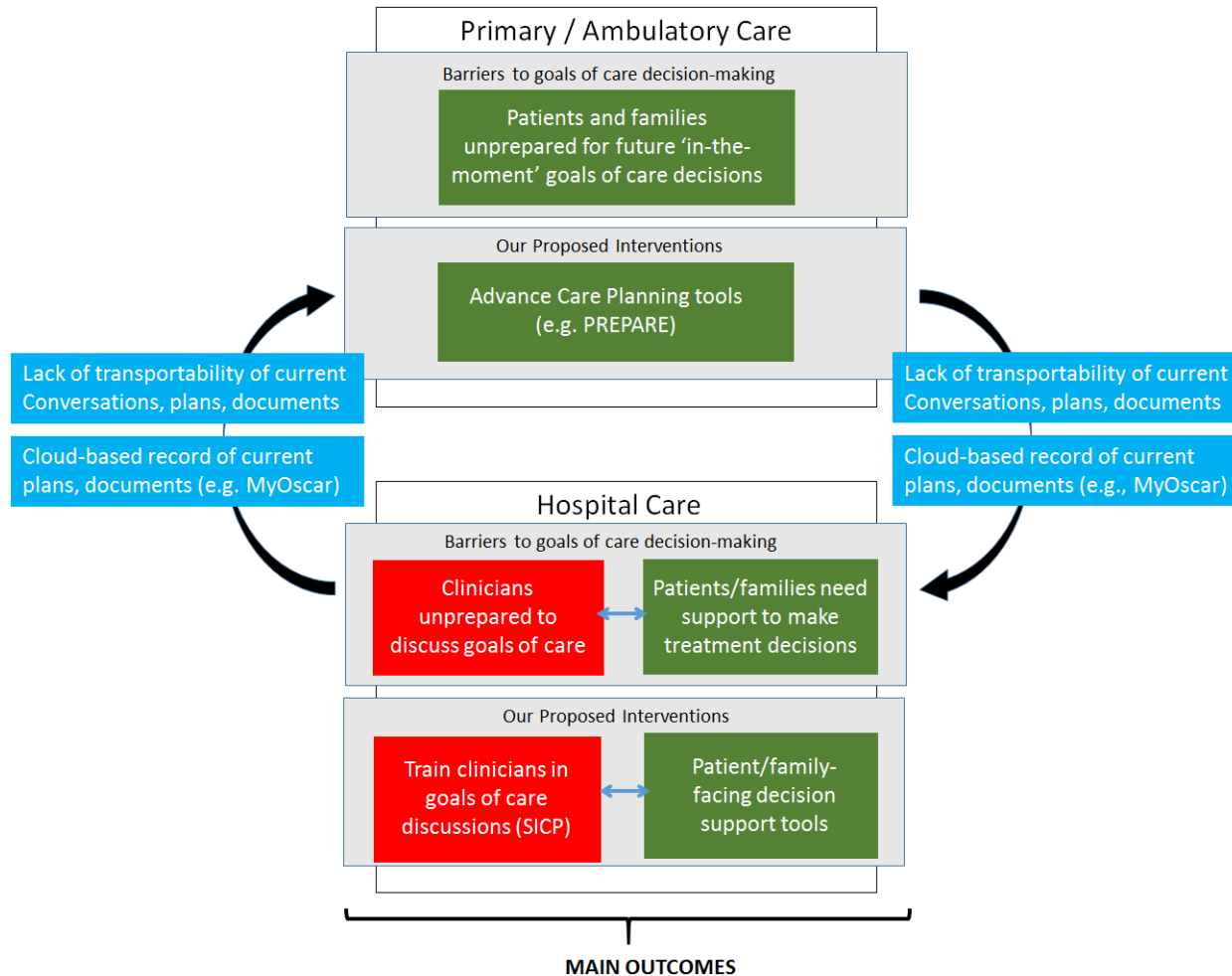
Hospitals are a major provider of end-of-life care

- 250,000 deaths annually in Canada
- Most Canadians (60%) will die in a hospital bed
- 2,000 deaths/yr at my hospital = 5 patients/day

Overall objective

To improve end-of-life (EOL) communication and decision-making for seriously ill, hospitalized patients and their family members

Conceptual model



Proximal outcomes:

- Patient engagement in advance care planning
- Timeliness and frequency of goals of care discussions
- Patient / family member decisional conflict

Downstream outcomes:

- Patient / family member satisfaction with communication and decision-making
- Receipt of goal-consistent care
- Psychological distress of family members during bereavement
- Healthcare costs

Objective of current study

- To pilot test and refine potential decision support tools that are being considered for a multi-faceted suite of interventions

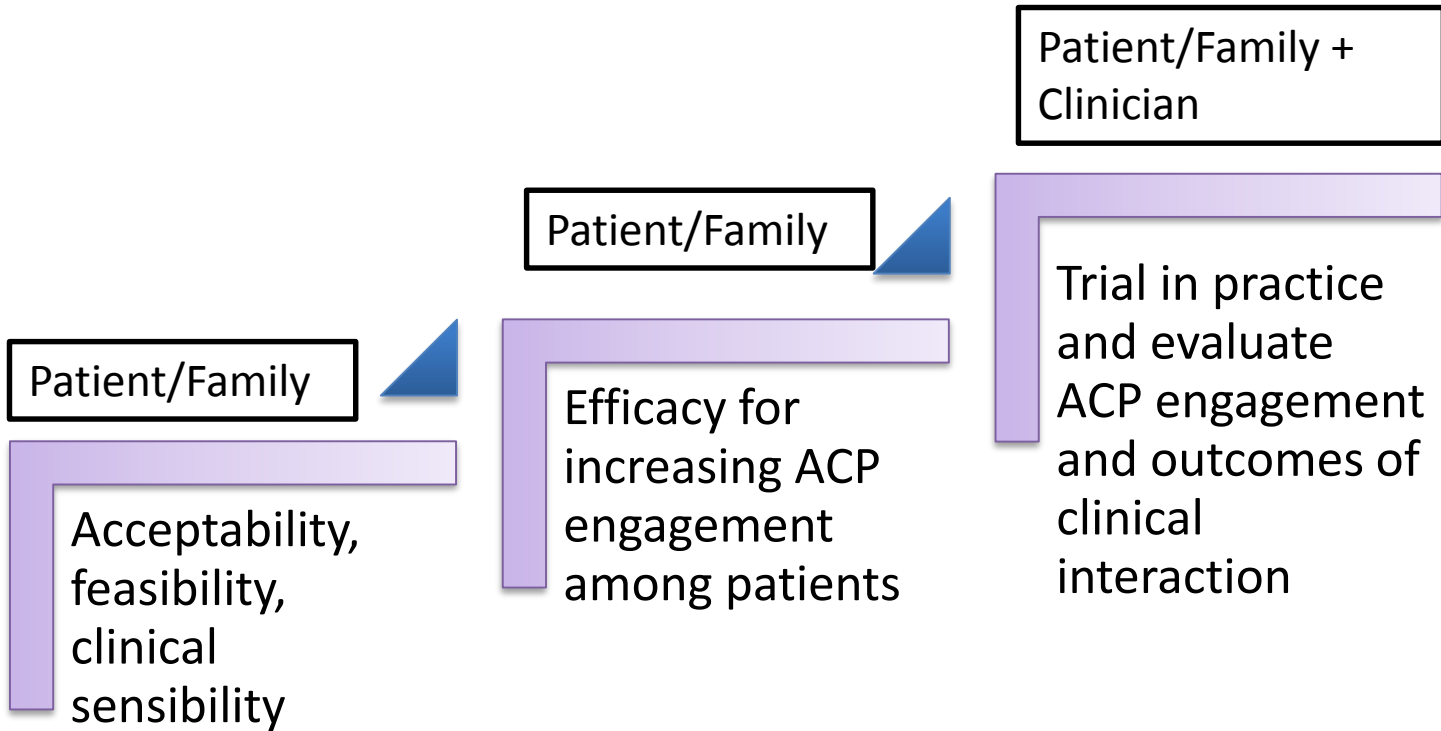
The “Incubator Units”

- Ward of the 21st Century, Calgary, Alberta
- Hamilton General Hospital, Hamilton, Ontario
- Montreal General Hospital, Montreal, Quebec

The Tools

- CPR Video Decision Aid
- “What’s Important to Me: a Graphic Values History Tool” (GVHT)
- PREPARE

Tool Evaluation Phases –iDECIDE, i-GAP

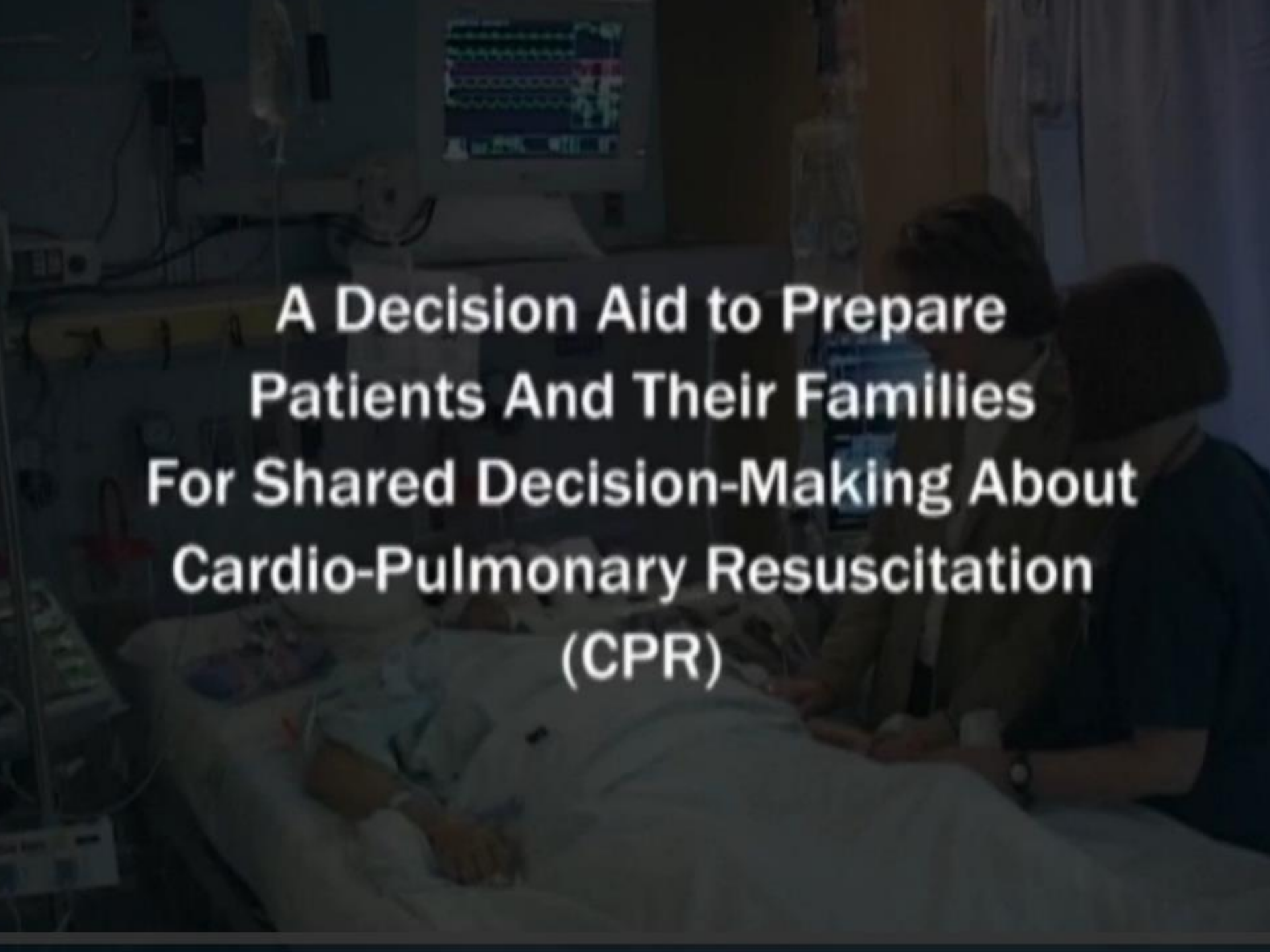


Primary Research Question

For seriously ill elderly patients, their family members and healthcare providers in hospital, what is the **feasibility** of implementing different candidate components of our proposed multi-faceted iDECIDE intervention?

Secondary Research Question

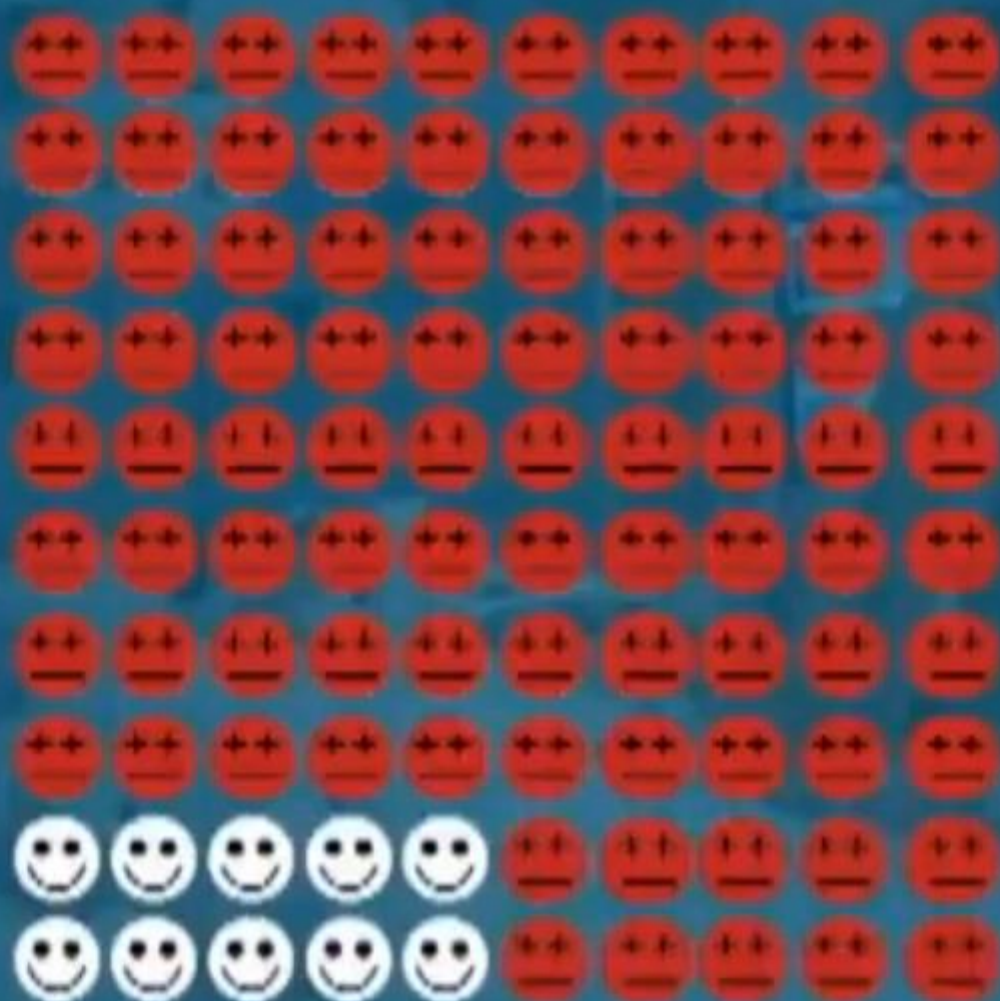
What is the **potential impact** of each of the candidate components on relevant processes and outcomes related to EOL communication and decision-making for seriously ill elderly patients, their family members and healthcare providers in hospital?

A dimly lit hospital room. A patient is lying in a bed, partially covered by a white sheet. To the right of the bed, a person wearing a dark cap and scrubs is leaning over, looking at a tablet or device. In the background, a medical monitor displays several lines of data. The overall scene is somber and clinical.

**A Decision Aid to Prepare
Patients And Their Families
For Shared Decision-Making About
Cardio-Pulmonary Resuscitation
(CPR)**



Survival Rate - Chronic Disease



Acute Care Pilot data

CPR Video Decision Aid

- N=21 (17 patients/4 family members) at the Hamilton General Hospital Site
- Mean age 79
- Education: 58% did not complete high school
- Frailty: 93% vulnerable or frail
- In the last 6 months:
 - Average of 2.5 family doctor visits
 - Average of 1.7 specialist visits
 - Average of 1.5 hospital admissions

CPR Video - Acceptable and Feasible (n=21)

	Response options	n	Mean (SD)	Median
Clarity of information	1 = Everything was clear 4 = Many things were unclear	17	1.5 (0.5)	2
Amount of information	1 = Much less than I needed 5 = A lot more than I needed	16	3.1 (0.5)	3
How helpful was the video	1 = Very helpful 4 = Not helpful	17	1.8 (0.8)	2
Balance of information	1 = Clearly slanted towards having CPR 5 = Clearly slanted towards not having CPR	16	3.3 (0.5)	3
Likelihood to recommend	1 = Definitely would recommend 5 = Definitely would not recommend	17	1.7 (0.6)	2
Overall rating	1 = Poor 5 = Excellent	15	2.9 (0.6)	3

Decisional Conflict




- A state of uncertainty about a course of action
- Low literacy version of Decisional Conflict Scale (DCS)
- 0 = no decisional conflict; 100 = extremely high
- Early data (n=8) shows decrease in total DCS:
 - Before: mean score 26
 - After: mean score 8

Clinicians' Perceptions

Clinician surveys completed for 9 (53%) participants

- 55% very or completely satisfied with the conversation they had with the patient regarding the CPR decision after the patient watched the video
- *“I felt they were fully informed with decision making especially since they viewed the video. The conversation was smoother.”*
- *“I spoke with the patient’s son who had watched the video. He found it very informative and helpful for future discussions.”*

“What’s important to me” Graphic Values History Tool

g. What would I say about my quality of life if I were unable to recognize family/friends? 					
Totally Unacceptable 1	Somewhat Unacceptable 2	Neutral 3	Somewhat Acceptable 4	Totally Acceptable 5	Unsure/ Don't Know
Comments:					
h. What would I say about my quality of life if I were unable to get outside and must spend all day at home? 					
Totally Unacceptable 1	Somewhat Unacceptable 2	Neutral 3	Somewhat Acceptable 4	Totally Acceptable 5	Unsure/ Don't Know
Comments:					
i. What would I say about my quality of life if I were confined to bed and/or needing someone to take care of me 24 hours a day? 					
Totally Unacceptable 1	Somewhat Unacceptable 2	Neutral 3	Somewhat Acceptable 4	Totally Acceptable 5	Unsure/ Don't Know
Comments:					

Developer:
Peter Allatt,
Ethicist,
Toronto

GVHT: Phase 1 Evaluation- Acute Care

- Acceptability
 - Likelihood of use? Likelihood to recommend ?
- Feasibility
 - Difficulty? Length?
- Clinical sensibility
 - Patient to summarize each section in their own words
 - Which parts of the tool did the patient find useful?
- Evaluated by seriously ill hospitalized patients (n=5) or family members (n=4), or both (n=1) (Calgary)

GVHT Feasibility/Acceptability results- Acute Care (n=10)

	Response options	n	Mean (SD)	Median
Comprehension	1 = Very unclear; 5 = Very clear	10	4.4 (0.5)	4
Amount of information	1 = Much less than I wanted ; 5 = Much more than I wanted	10	3.4 (0.7)	3
Difficulty	1 = Very difficult; 5 = Very easy	9	4.2 (0.4)	4
How helpful for a patient	1 = Very unhelpful; 5 = Very helpful	8	4.5 (0.5)	4.5
Likelihood of use	1 = Definitely would not use it; 5 = Definitely would use it	10	4.4 (0.8)	5
Likelihood to recommend	1 = Definitely would recommend; 5 = Definitely would not recommend	10	4.2 (1.0)	4.5
Overall rating	1 = Very poor; 5 = Very good	10	4.3 (0.8)	4.5

PREPARE- Prepareforyourcare.org



Talking is OFF. Click here to turn on.

HELP

CHANGE LANGUAGE

SIGN OUT



PREPARE



Welcome

[View the PREPARE Pamphlet](#)

1 Choose a Medical Decision Maker

2 Decide What Matters Most In Life

3 Choose Flexibility for Your Decision Maker

4 Tell Others About Your Wishes

5 Ask Doctors the Right Questions

Your Action Plan

Welcome to PREPARE!

PREPARE is a program that can help you:

- make medical decisions for yourself and others
- talk with your doctors
- get the medical care that is right for you



You can view this website with your friends and family.

Click the NEXT button to move on.

NEXT



PREPARE



Show Menu

When you think about your health and health situations you may experience in the future, how do you feel?

- Life is always worth living** no matter what type of serious illness, disability, or pain I may be experiencing.
- There may be **some health situations** that would make my **life not worth living**, such as never being able to wake up from a coma.
- I am not sure

Click an answer above to move on.

GO BACK

Early PREPARE results- Acute Care

seriously ill hospitalized patients (n=6) with study nurse present (Hamilton)

1. Computer is a barrier to recruitment / administration of tool

- Even patients who use computers at home are not comfortable using the computer while hospitalized

“Much too long, particularly if you are not up to par.”

“Too long for me.”

Any specific things you recall being unclear or difficult to understand?

“No, just very long”

2. Length

- Time to complete (up to 3 hours)

Next steps

- Process mapping: interprofessional team
- Collaboration with Ariadne Labs / Harvard (Serious Illness Care Program)
- Upcoming grant applications:
 - CIHR Team Grant in Late Life Issues
 - TVN Transformative Research Grant