The Two Question Challenge: Embedding the Serious Illness Conversation in Acute Care Workflows

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Abstract: Objective: Many patients are receiving invasive treatments in acute care or are dying in hospital without having had comprehensive goals of care conversations. Some of these treatments may not align with the patient's wishes, may be futile, and may cause unnecessary suffering. While many staff may recognize the benefits of engaging patients and families in Serious Illness Conversations (a goal of care framework developed by Ariadne Labs in Boston), few staff feel confident and/or competent in having these conversations in acute care. Another barrier to having these conversations may be due to a lack of incorporation in the current workflow. An educational exercise, titled the Two Question Challenge, was initiated on four medical units across two Vancouver Coastal Health (VCH) hospitals in attempt to engage the entire interdisciplinary team in asking patients and families questions around goals of care and to improve the documentation of these expressed wishes and preferences. Methods: Four acute care units across two separate hospitals participated in the Two Question Challenge. On each unit, over the course of two eight-hour shifts, all members of the interdisciplinary team were asked to select at least two questions from a selection of nine goals of care questions. They were asked to pose these questions of a patient or family member throughout their shift and then asked to document their conversations in a centralized Advance Care Planning/Goals of Care discussion record in the patient's chart. A visual representation of conversation outcomes was created to demonstrate to staff and patients the breadth of conversations that took place throughout the challenge. Staff and patients were interviewed about their experiences throughout the challenge. Two palliative approach leads remained present on the units throughout the challenge to support, quide, or role model these conversations. Results: Across four acute care medical units, 47 interdisciplinary staff participated in the Two Question Challenge, including nursing, allied health, and a physician. A total of 88 questions were asked of patients, or their families around goals of care and 50 newly documented goals of care conversations were charted. Two code statuses were changed as a result of the conversations. Patients voiced an appreciation for these conversations and staff were able to successfully incorporate these questions into their daily care. Conclusion: The Two Question Challenge proved to be an effective way of having teams explore the goals of care of patients and families in an acute care setting. Staff felt that they gained confidence and competence. Both staff and patients found these conversations to be meaningful and impactful and felt they were notably different from their usual interactions. Documentation of these conversations in a centralized location that is easily accessible to all care providers increased significantly. Application of the Two Question Challenge in non-medical units or other care settings, such as long-term care facilities or community health units, should be explored in the future.

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