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Today’s Speakers

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Family Meetings: Improving Family-Clinician Communication

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Harborview Medical Center, University of Washington
Disclosures and Funding

• Disclosures
  – No financial conflict of interest

• Funding

Outline

• Importance of family meetings
• Shared decision-making
• Tips for running and teaching good family meetings
• Using family meetings as a quality measure
• Interdisciplinary communication
One in Five Deaths in the U.S. Occur in the ICU

Angus, Crit Care Med 2004; 32:638

Changes in End-of-life Care for Medicare Beneficiaries

Teno, JAMA, 2013, 309:470
Variability in Withholding and Withdrawing Life Support in the US

Range from 12% to 62%

27,030 patients ventilated more than 4 days
152 ICU's from 2001-2009
Adjusted for severity of illness and patient and ICU characteristics

Quill, CHEST, 2014; 146: 573
Physician Influence Over Decisions to Withdraw Life Support for 1165 Patients

<table>
<thead>
<tr>
<th>Omitted Variables</th>
<th>AIC model – AIC full</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full model</td>
<td>---</td>
</tr>
<tr>
<td>Admitted from acute care</td>
<td>4.0</td>
</tr>
<tr>
<td>Acute diagnosis group</td>
<td>5.0</td>
</tr>
<tr>
<td>Number co-morbidities</td>
<td>9.6</td>
</tr>
<tr>
<td>Intensivists (all 9)</td>
<td>28.5</td>
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<tr>
<td>Daily census and # admits</td>
<td>65.9</td>
</tr>
<tr>
<td>Age, gender, race</td>
<td>72.6</td>
</tr>
<tr>
<td>APS and GCS</td>
<td>101.1</td>
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</tbody>
</table>


A Communication Strategy and Brochure for Relatives of Patients Dying in the ICU

Alexandre Lautrette, M.D., Michael Darmon, M.D., Bruno Megarbane, M.D., Ph.D., Luc Marie Joly, M.D., Sylvie Chevret, M.D., Ph.D., Christophe Adrie, M.D., Ph.D., Didier Barnoud, M.D., Gérard Bleichner, M.D., Cédric Bruel, M.D., Gérald Choukroun, M.D., J. Randall Curtis, M.D., M.P.H., Fabienne Fieux, M.D., Richard Galliot, M.D., Maité Garrouste-Orgas, M.D., Hugues Georges, M.D., Dany Goldgran-Toledano, M.D., Mercé Jourdain, M.D., Ph.D., Georges Loubet, M.D., Jean Reignier, M.D., Fayçal Saïdi, M.D., Bertrand Souweine, M.D., Ph.D., François Vincent, M.D., Nancy Kentish Barnes, Ph.D., Frédéric Pochard, M.D., Ph.D., Benoît Schlemmer, M.D., and Elie Azoulay, M.D., Ph.D.
Randomized Trial of Communication Strategy

- Randomized 126 patients if attending believed “patient would die in a few days”
- Intervention
  - Proactive family meeting using VALUE strategy
  - Bereavement pamphlet for family

VALUE: 5-step Approach to Improving Communication in ICU with Families

- V... Value family statements
- A... Acknowledge family emotions
- L... Listen to the family
- U... Understand patient as a person
- E... Elicit family questions

Lautrette, NEJM, 2007; 356:469
Curtis, J Crit Care, 2002; 17:147
Family Member Outcomes: Clinically Significant Morbidity at 3 Months

![Bar chart showing the comparison between Control and Intervention groups for Anxiety, Depression, and PTSD with percentages and p<0.02 for all.]

Outline

- Importance of family meetings
- Shared decision-making
- Tips for running and teaching good family meetings
- Using family meetings as a quality measure
- Interdisciplinary communication
Shared Decision-making About End-of-life Care

- **Key factors**
  - Prognosis
  - Level of certainty
  - Family preferences

- **Roles**
  - Patient/family: patient values & preferences
  - Clinician: treatments that are indicated

Carlet, Intensive Care Med 2004; 30:770

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Family Preferences for Role in Decision-making

![Bar chart showing family preferences](chart)

- n=1123 families of patients in 6 ICUS

Heyland, Intens Care Med, 2003; 29:75
Symptoms of PTSD Higher with Discordance in Decision-making Role

New Paradigm for “Right Approach” to Parentalism vs. Autonomy

Default Starting Place

Family preference
Prognosis and Certainty

Parentalism or Doctor Decides

Shared Decision Making

Autonomy or “Informed Choice”

Curtis/White, Chest, 2008; 134:835
Curtis/Vincent, Lancet, 2010; 375:1347
New Paradigm for “Right Approach” to Parentalism vs. Autonomy

<table>
<thead>
<tr>
<th>Collaborative</th>
<th>Facilitative</th>
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<tbody>
<tr>
<td>Elicit patient values</td>
<td>Elicit patient values</td>
</tr>
<tr>
<td>Offer recommendation</td>
<td>Place in context</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directive</th>
<th>Informative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide some info</td>
<td>Provide info</td>
</tr>
<tr>
<td>Make decision</td>
<td>Make no recommendation</td>
</tr>
</tbody>
</table>

Shared Decision Making

White, Crit Care Med, 2010; 38:743

How Do You Figure Out What Role Family Members’ Want to Play?

- Often not helpful to just ask them
- Listen for family decision-making style
  - While discussing patient/family values
  - While explaining surrogate decision-making
- Explore statements about decision making in previous situations
- Generate hypothesis for family-preferred role and explore that hypothesis
- May change during critical illness
Outline

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Duration of Family Meetings and Proportion of Family Speech

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>Duration of meeting</td>
<td>32 min</td>
<td>17-45 min</td>
</tr>
<tr>
<td>Proportion family speech</td>
<td>29%</td>
<td>14-44%</td>
</tr>
</tbody>
</table>

McDonagh, Crit Care Med, 2004, 32:1484
Proportion Family Speech Correlates with Family Satisfaction

<table>
<thead>
<tr>
<th>% Fam Speech</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well did...</td>
<td>r (p value)</td>
</tr>
<tr>
<td>MD communicate</td>
<td>0.37 (0.01)</td>
</tr>
<tr>
<td>Conf. meet needs</td>
<td>0.31 (0.04)</td>
</tr>
</tbody>
</table>

McDonagh, Crit Care Med, 2004, 32:1484

Clinician Statements Associated with Increased Family Satisfaction

- Assure family that patient will not be abandoned prior to death
- Assure family that patient will be kept comfortable and not suffer prior to death
- Provide support for family around decisions to withdraw or continue life support

Stapleton, Crit Care Med, 2006; 43:1679
Missed Opportunities During ICU Family Meetings

- Listen and respond
  - Answer questions
  - Clarify and follow up on family statements
- Acknowledge and address emotions
- Address tenets of palliative care
  - Explore patient preferences
  - Explain surrogate decision-making
  - Affirm non-abandonment

Curtis, AJRCCM, 2005; 171:844

Types of Empathic Statements in Family Meetings

- Difficulty of having critically ill loved one
  - 31% of meetings
- Difficulty of surrogate decision-making
  - 43% of meetings
- Impending loss of a loved one
  - 27% of meetings
- Use of empathic statements associated with higher family ratings

Selph, J Gen Intern Med, 2008; 23:1311
Tips for Running a Family Meeting

- Before the meeting
  - Pre-meeting with the team
  - Prepare: prognosis, facts, correct people
- Beginning
  - Start with introductions
  - Ask family their understanding
  - Provide an overview or update: simple
  - Ask family about patient’s values & goals
  - Respond to emotions; express empathy
- Discuss options; make recommendation
- Finishing: summarize & ask for questions

Curtis/White, Chest, 2008; 134:835

Tips for Talking with Family About Withdrawal of Life Support

- When life support is withdrawn, stress
  - “Care” will not be withdrawn
  - Aggressive palliation will be used
  - Time to death variable
- Offer option of family being present
  - Family presence associated with PTSD
- Describe process so they know what to expect

Kross, Chest, 2011; 139:795
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A Multifaceted Intervention to Improve Compliance With Process Measures for ICU Clinician Communication With ICU Patients and Families

Martin D. Black; Margaret C. Vigorito; J. Randall Curtis; Gary S. Phillips; Edward W. Martin; Lynn McNicoll; Therese Rochon; Susan Ross; Mitchell M. Levy

- Quality improvement project to implement “palliative care bundles” in 16 ICUs
- **Day 1 bundle:**
  1. surrogate decision maker identified, 2. code status addressed, 3. presence of advanced directives, 4. pain assessment, 5. dyspnea assessment, 6. ICU brochure provided
- **Day 3 bundle:**
  1. multidisciplinary family meeting, 2. discussion of prognosis, 3. assessment of patient goals, 4. assess for spiritual care

(Crit Care Med 2013; 41:2275–2283)
Increase Compliance with Bundles Over Time

**Figure 2.** Predicted (line plus 95% CI) and actual (circles) full compliance by site month from a random-effects logistic regression.

CAMBIA PALLIATIVE CARE CENTER OF EXCELLENCE
UNIVERSITY OF WASHINGTON
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Percent of Deaths with Physician-Nurse Collaboration in Decision-making

Percent of Physicians Involving Nurses in Decisions about Withdrawal

Yaguchi, Arch Intern Med, 2005; 165:1970

Nurse-Family Communication Before ICU Family Meetings

Curtis, Crit Care Med; 2001; 29:N26
Tools for Increasing Interdisciplinary Communication

- Nurse/RT presentations on AM rounds
- Nurse participation in family meetings and clinician “pre-meeting”
- Interdisciplinary educational sessions
  - Teaching rounds
  - “Death rounds”: review of deaths in ICU
    
    Hough, J Crit Care 2005: 20;20
- Interdisciplinary QI projects

Key Roles for Nurses in Family Meetings

- Reminding family of questions or concerns they raised at bedside
- Identifying opportunities for supporting family members
- Discussing process of withdrawal of life support and what dying is like
- Express availability for answering questions after the meeting
- Post-meeting debrief
Summary

- Good family meetings can improve patient and family outcomes
- Basic skills for family meetings should be taught to all ICU clinicians
- Shared decision-making is the default
  - Need to adapt to patient & family
- Family meetings are an important ICU quality measure
- Interdisciplinary communication is key to successful family meetings

http://www.uwpalliativecarecenter.com

Questions & Answers

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Harvard Medical School

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Thank you for participating in today’s session

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