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Today's Speakers



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Family Meetings: Improving Family-Clinician Communication

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Disclosures and Funding

- **Disclosures**
 - No financial conflict of interest
- **Funding**

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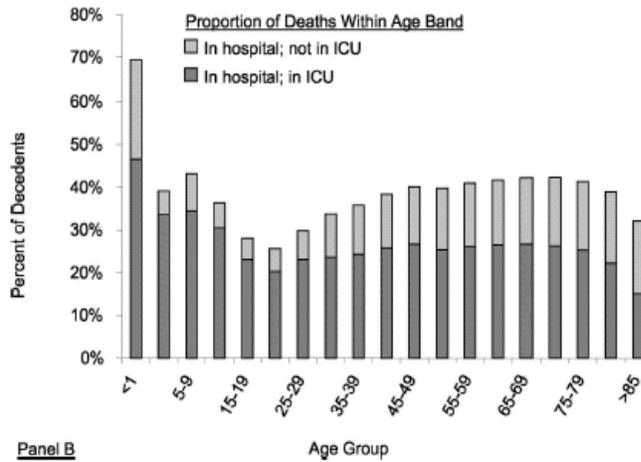
Outline

- **Importance of family meetings**
- **Shared decision-making**
- **Tips for running and teaching good family meetings**
- **Using family meetings as a quality measure**
- **Interdisciplinary communication**

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One in Five Deaths in the U.S. Occur in the ICU

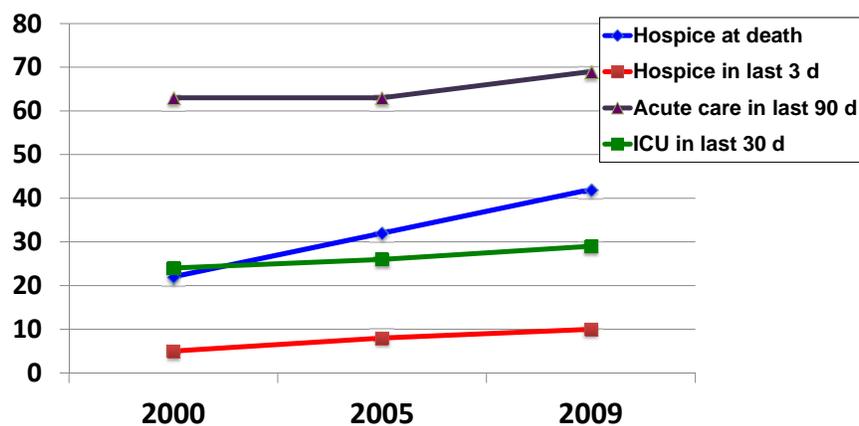


Angus, Crit Care Med 2004; 32:638

Panel B

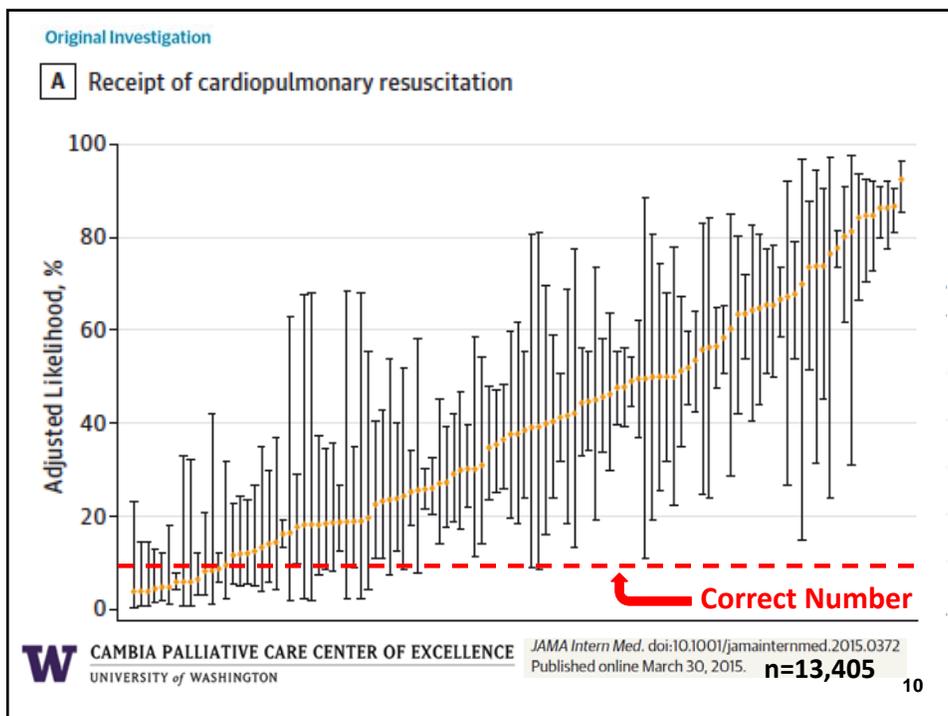
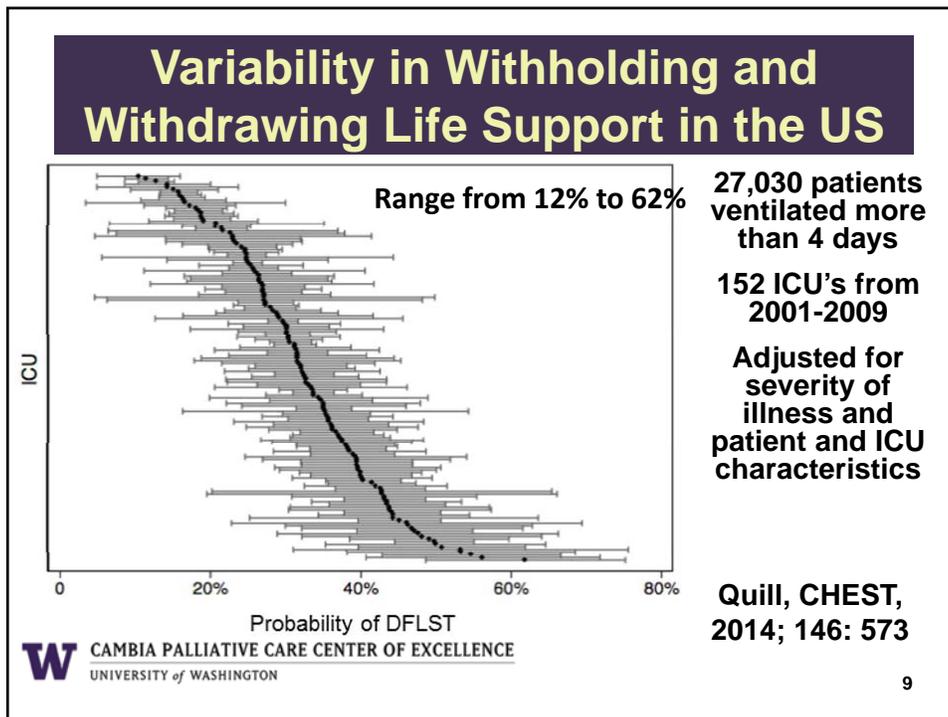
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Changes in End-of-life Care for Medicare Beneficiaries



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Teno, JAMA, 2013, 309:470



Physician Influence Over Decisions to Withdraw Life Support for 1165 Patients

Omitted Variables model	AIC _{model} – AIC _{full}
Full model	---
Admitted from acute care	4.0
Acute diagnosis group	5.0
Number co-morbidities	9.6
Intensivists (all 9)	28.5
Daily census and # admits	65.9
Age, gender, race	72.6
APS and GCS	101.1

Garland, J Palliat Med, 2007, 10:1298

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ORIGINAL ARTICLE

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-Orgeas, M.D., Hugues Georges, M.D.,
 Dany Goldgran-Toledano, M.D., Mercé Jourdain, M.D., Ph.D., Georges Loubert, M.D.,
 Jean Reignier, M.D., Fayçal Saidi, M.D., Bertrand Souweine, M.D., Ph.D.,
 François Vincent, M.D., Nancy Kentish Barnes, Ph.D., Frédéric Pochard, M.D., Ph.D.,
 Benoit Schlemmer, M.D., and Elie Azoulay, M.D., Ph.D.

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N Engl J Med 2007;356:469-78.

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Randomized Trial of Communication Strategy

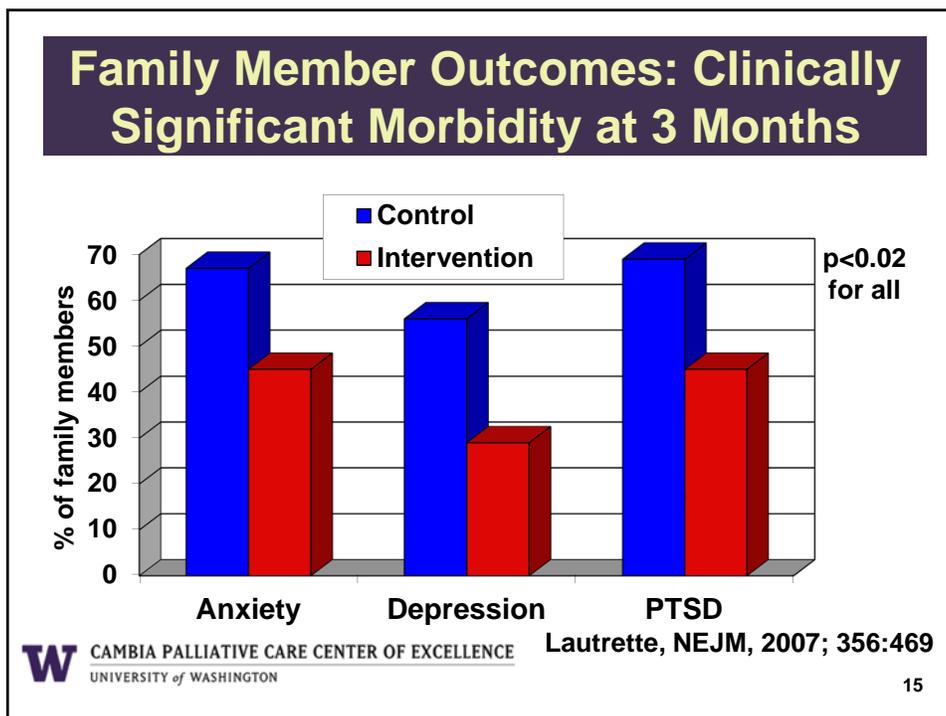
- Randomized 126 patients if attending believed “patient would die in a few days”
- Intervention
 - Proactive family meeting using VALUE strategy
 - Bereavement pamphlet for family

Lautrette, NEJM, 2007; 356:469

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

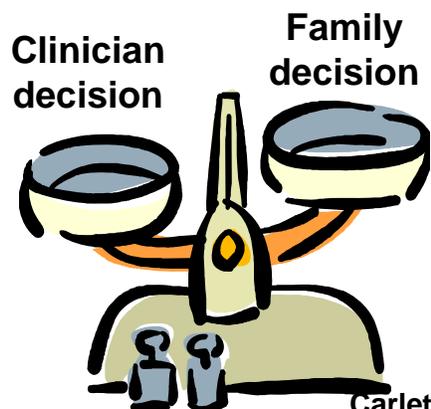
- V... Value family statements
- A... Acknowledge family emotions
- L... Listen to the family
- U... Understand patient as a person
- E... Elicit family questions

Curtis, J Crit Care, 2002; 17:147



- ## Outline
- Importance of family meetings
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 - Tips for running and teaching good family meetings
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 - Interdisciplinary communication
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Shared Decision-making About End-of-life Care



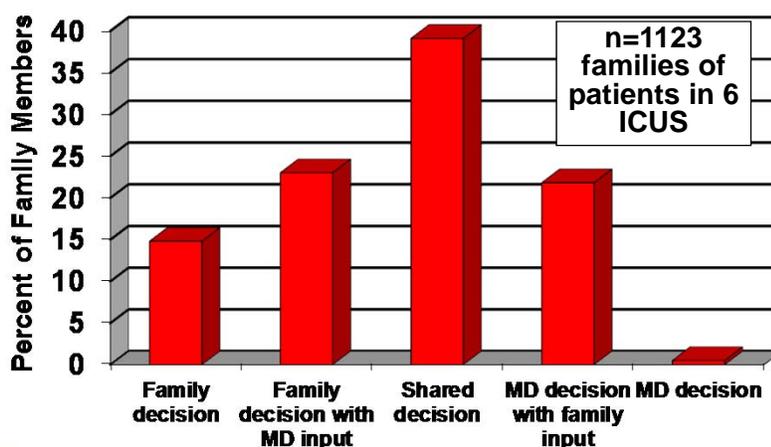
- Key factors
 - Prognosis
 - Level of certainty
 - Family preferences
- Roles
 - Patient/family: patient values & preferences
 - Clinician: treatments that are indicated

Carlet, Intensive Care Med 2004; 30:770

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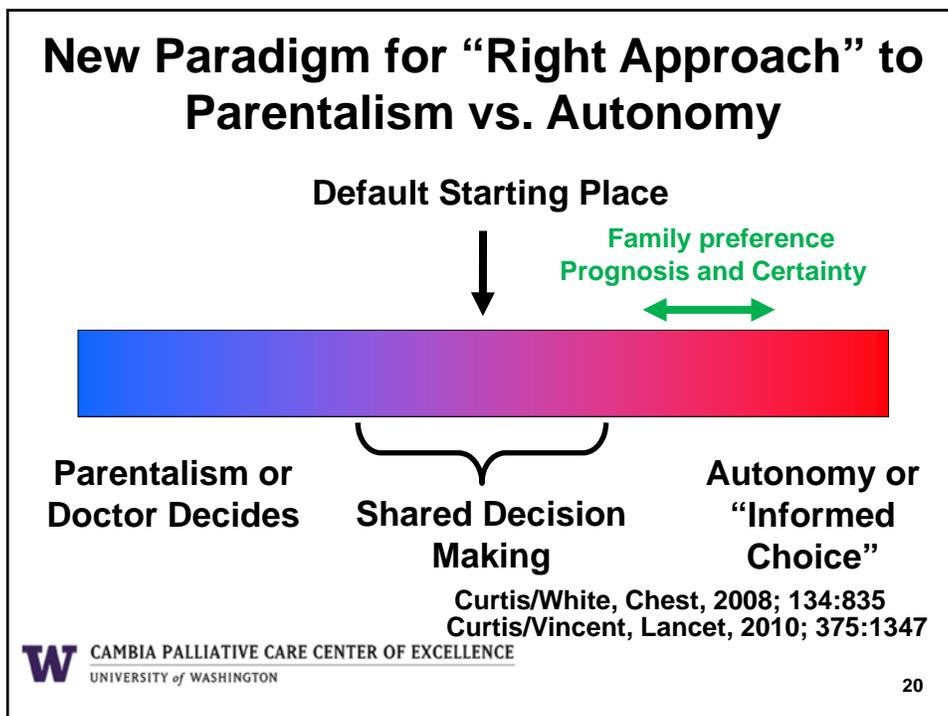
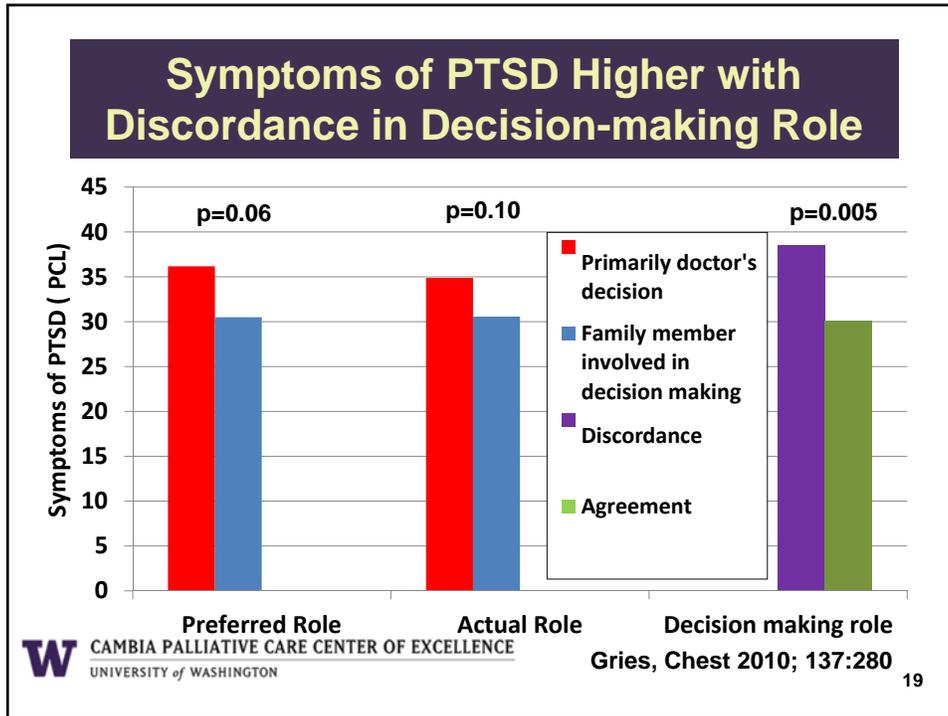
Family Preferences for Role in Decision-making



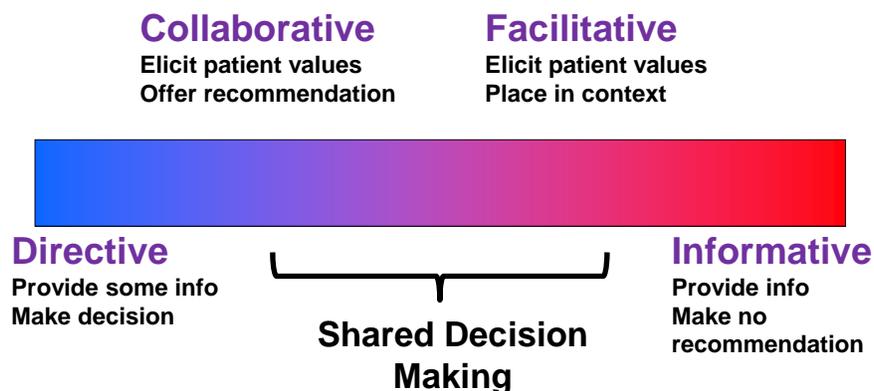
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Heyland, Intens Care Med, 2003; 29:75

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



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

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Duration of Family Meetings and Proportion of Family Speech

	<u>Mean</u>	<u>SD</u>
Duration of meeting	32 min	17-45 min
Proportion family speech	29%	14-44%

McDonagh, Crit Care Med, 2004, 32:1484

Proportion Family Speech Correlates with Family Satisfaction

<u>How well did...</u>	<u>% Fam Speech</u> <u>r (p value)</u>	<u>Duration</u> <u>r (p value)</u>
MD communicate	0.37 (0.01)	-0.07 (NS)
Conf. meet needs	0.31 (0.04)	0.08 (NS)

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

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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

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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. Black¹; Margaret C. Vigorito²; J. Randall Curtis³; Gary S. Phillips⁴; Edward W. Martin⁵; Lynn McNicoll⁶; Therese Rochon⁷; Susan Ross¹; Mitchell M. Levy¹

- **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

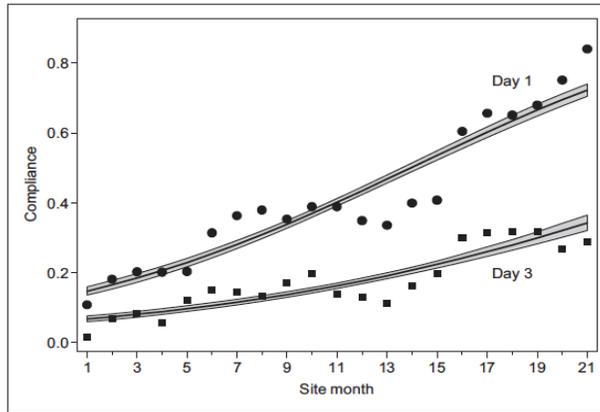
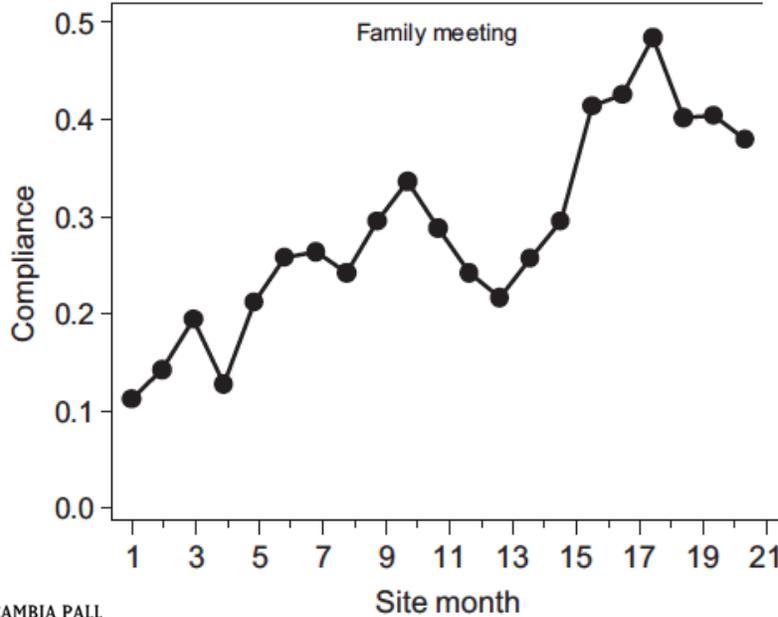


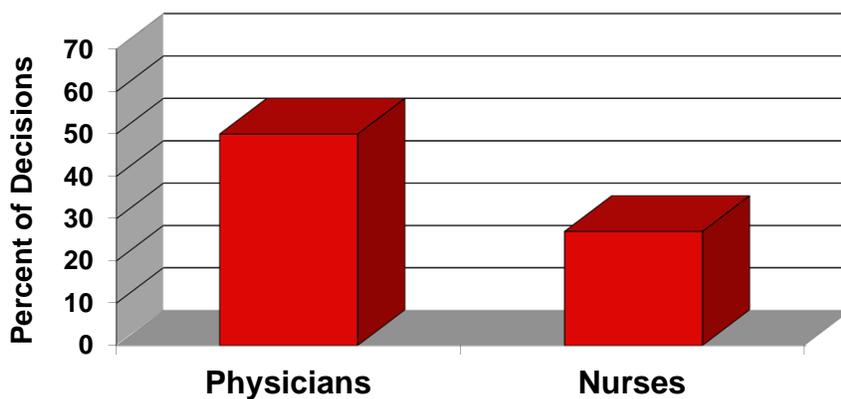
Figure 2. Predicted (*line* plus 95% CI) and actual (*circles*) full compliance by site month from a random-effects logistic regression.



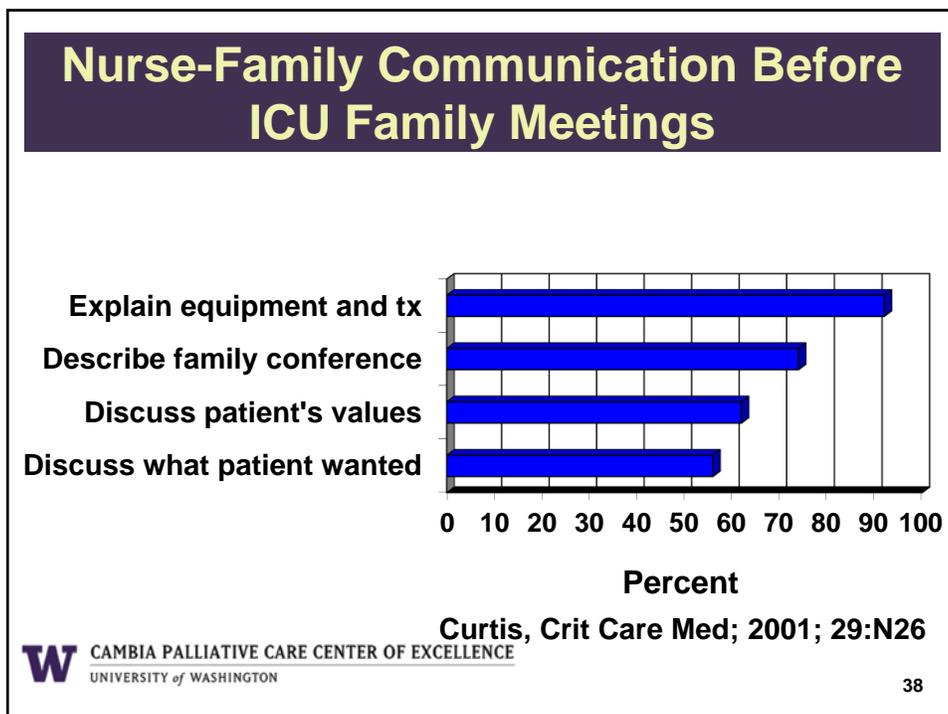
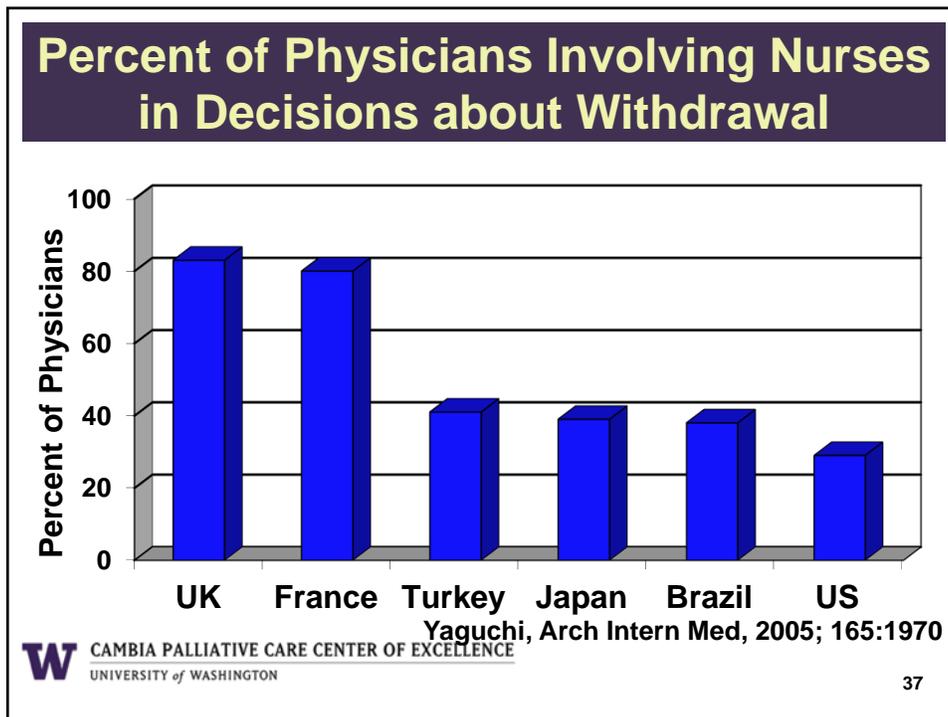
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Percent of Deaths with Physician-Nurse Collaboration in Decision-making



Ferrand, Am J Resp Crit Care Med, 2003; 167:1210



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**

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Questions & Answers



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