Communication with Surrogate Decision Makers

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Role of Communication with Families in the ICU

• Sharing information about illness and prognosis
• Engaging families in treatment decision-making
  – Assessing patient values
  – Establishing goals of care
• Providing support, relieving distress

Curtis et al. Crit Care Med 2001;29:N26
Impact on Family

- A majority of family members of critically ill patients have symptoms of depression during hospitalization
- Symptoms persist after discharge for more than a third
- PTSD symptoms reported by 35% to 49% of families of critically ill patients at 3-6 months
- Decline in physical health after discharge
  - Douglas et al. Chest 2003;123:1073
Barriers to Communication with Families

- Time constraints
  - Prioritization
- Lack of training
- Uncertainty about condition and prognosis
- Challenging family dynamics
- Family availability
Enhancing Communication

- Scheduled structured family meetings
  - Daily rounds?
- Printed information aids
- Ethics Team
- Palliative Care Team
- Education and Quality Initiatives
- Decision Aid
Scheduled Structured Family Meetings


• Pre-post design - Intensive Communication
  – Structured meeting within 72 hours
  – Patients with poor prognosis

• ICU length of stay 4 to 3 days
• ICU mortality 31.3% to 18.0% (p<0.001)
Scheduled Structured Family Meetings

Daly et al. CHEST 2010; 138:1340

- Pre-post design – Intensive Communication
  - Patients on MV >72 hours
  - Medical, surgical, neurosurgical ICUs

- No difference in ICU length of stay or mortality
  - Lower control group mortality than Lilly study (24% vs 31%)
Printed Information Aids

Azoulay et al. AJRCCM 2002;165:438

• RCT 34 ICUs in France
• Family Information Leaflet (n=87 families) vs 88 controls
  – General information about ICU and hospital
  – Name of physician
  – Glossary and diagrams of ICU room, devices

• Improved family comprehension and satisfaction
  – 11.5% with poor comprehension vs 40.9%
  – Diagnosis, prognosis, treatment
Information Brochure for Families

1. Identification of Information Domains
2. Initial Draft
3. Expert Review
   3 revisions
   2 revisions
   Crit Care Med 2012; 40:73

“Chronic Critical Illness in Adults Requiring Prolonged Mechanical Ventilation”
http://sccmams2.sccm.org/Purchase/ProductDetail.aspx?Product_code=CHRONIC
Lautrette et al. NEJM 2007; 356:469
• RCT - 22 centers in France
• Patients with a high likelihood of death
• Intervention: Bereavement brochure and proactive family conferences

Family Centered Outcomes
• Fewer symptoms of PTSD at 90 days (p=0.02)
• Lower depression and anxiety (p=0.004)
Ethics Teams

• Cohort study. Patients ventilated >96 hours
• Decreased length of stay
• Increased withholding or withdrawing of treatments
• Increased mortality (48% vs 23%, p<0.05)

Schneiderman et al. JAMA 2003;290:1166
• RCT 7 centers. Patients with value-laden treatment conflicts
• Decreased hospital length of stay and fewer days of mechanical ventilation for decedents
• No effect on mortality
Palliative Care

• Alleviation of symptom distress
• Communication about goals of care
• Alignment of treatment with patients’ values and preferences
• Transitional planning
• Support for patient and family

AJRCCM 2008; 177:912
Palliative Care

• No RCTs. Pre-post designs or historical controls
  • Campbell  Crit Care Med 2004 – CNS or multi-organ dysfunction
  • Mosenthal  J Trauma 2008 – Trauma patients at high risk
  • Norton  Crit Care Med 2007 – Medical patients at high risk

• Decreased length of stay

• Improved decision making and communication
  – Time to treatment-limiting decisions
  – Decisional conflict
Conceptual Model

- Information Support
- Framework for Goal-Directed Decision-Making About Treatment of Chronic Critical Illness

Proactive, Protocol-Based Family Meetings

Printed Informational Aid

Informed/Timely Establishment of Treatment Goals

ICU/Family Decisions in Context of Treatment Goals

Improved Outcomes
Family Anxiety and Depression, PTSD Symptoms
Patient ICU Days
Quality Improvement - Clinicians

Curtis et al. AJRCCM 2011;183:348

QI intervention to improve end-of-life care
   – Clinician education
   – Local champions
   – Academic detailing
   – Clinician feedback
   – System supports

No improvement in family or nurse Quality of Death and Dying scale
No improvement in family satisfaction surveys

Improving ICU end-of-life care will require interventions with more direct contact with patients and families
Decision Aid for Prolonged MV

- Describes Condition
- Provides prognosis
- Explains options for treatment
- Elicits surrogates’ understanding
- Elicits patient values
- Provides guidance in deliberation and communication regarding goals of care
Decision-Making: Goals of Treatment

1. Comfort
   - Provide medications to relieve pain & anxiety
   - Death often occurs during the hospitalization
   - Avoid procedures like: -tracheostomy placement -feeding tube placement -more life support like dialysis

2. Aim for Survival but Avoid Prolonged Treatment and Discomfort
   - Try to remove breathing tube successfully
   - Usually avoids: -tracheostomy -feeding tube -more life support like dialysis

3. Survival at All Cost
   - Try to remove breathing tube successfully
   - May require: -tracheostomy placement -feeding tube placement

Figure 5: Decision Support Tool Conceptual Model
Decision Aid - Pilot Study

Decision Aid vs Usual Care
Before/After design
30 Surrogates, Duke and UNC
- 10 Control, 20 Intervention
30 physicians, 20 nurses

Summary

• Scheduled structured family meetings may improve decision making, reduce length of stay, and improve emotional outcomes for families

• Printed information aids improve family comprehension of critical illness

• Communication and outcomes may be enhanced by ethics or palliative care teams
Summary of Current Data

Studies with primary outcome favoring intervention

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<td>Decrease non-beneficial treatments</td>
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Support and Information Team Intervention for PMV Patients

Day 7 - 10 of Ventilation Families

Structured Meeting of SIT Clinicians With Family Information Brochure

Second Meeting

12-14 Days after Randomization

Interview Families for Study Outcomes

Usual Care Information Brochure

Interview Families for Study Outcomes

90 Days