Communication Patterns in ICU Family Meetings

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Road Map

• Project Overview
• Significance
• Aims
• Methods/Findings
• Personal Role
• Lessons learned
What is a preference-sensitive decision?

Decisions requiring deliberation of options that involve consideration of patients preferences

What does sensitive mean?

- Responsive to patients goals for outcomes and concerns about side effects

Preference-sensitive decision presentation in the ICU

- Shared-decision making in family meetings

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The Concept of Choice Architecture

Coined by Thaler and Sunstein³

…refers to the practice of influencing choice by “organizing the context in which people make decisions”

Physicians are “Choice Architects”³

• Clinicians structure information about medical options for patients and their surrogates

• Example: “25% of people die in this condition” vs “75% of people will live in this condition”⁵

Physicians are unable to predict the effect of choice presentations on decision makers\(^4\)

\(^4\)Hart JL, et al, manuscript under review, presented at SMDM 2017
Project Overview

We are conducting a retrospective content analysis of previously transcribed intensive care unit (ICU) family meetings in order to provide novel insight into the ways clinicians present choices to decision makers.
Desired Impact

The overall objective of this line of research is to improve the provision of goal-concordant care and reduce undue physician-attributable variation in preference-sensitive care.
Aims

• **Aim 1:** Identify preference-sensitive decisions presented during ICU family meetings

• **Aim 2:** Define the choice presentation patterns used by physicians during ICU family meetings
  
  • **Aim 2a:** Identify the patterns of communication used most frequently for specific preference-sensitive medical interventions
Study Design and Methods

• Study Design
  • Retrospective review of 101 transcribed family meetings from the ICU to identify choice frames
  • Interviews compiled from two sites: UCSF Medical Center and University of Pittsburgh

• Methods
  1. Content analysis to (Aim 1) identify decision episodes, regardless of whether a choice was selected
     • Criteria: Initiation of shared decision making and discussion of preference-sensitive medical interventions
  2. Identify (Aim 2) communication patterns for each decision episode
  3. Input data in NVivo and examine correlation between specific intervention and communication pattern
Aim 1 - Criteria 1: Initiation of Shared-decision Making – Exemplified by One or More of the Following:

1. Family member inquiry about options or choice for clinical care
2. Discussion of consent for an intervention
3. Any discussion of procedures that would require a consent form
4. “Decision priming” episodes in which provider prompts family to think about patient preferences
5. Any conversation of risks and benefits, whether for a procedure or any type of care
**Aim 1**– Criteria 2: Identifying Preference Sensitive Medical Interventions

1) temporary NG feeding tube
2) Permanent feeding tube
3) Suprapubic urinary catheter
4) Long-term venous catheter
5) Pulmonary artery catheter
6) Permanent dialysis catheter
7) In-hospital dialysis
8) Tracheotomy

**Adapted**

This list of interventions comes from a paper describing a list of non-urgent ICU interventions.  

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Turnbull AE, Sahetya SK, Needham DM. Aligning critical care interventions with patient goals: A modified Delphi study. Heart Lung 2016;45:517-24. This paper identifies “non-emergent, potentially harmful interventions commonly performed in ICUs that require a clear understanding of patients’ treatment goals.”
Aim 1 – Identifying Decision Episodes

487 Decision Episodes found in 101 transcribed family meetings in the ICU

Frequency of Preference Sensitive Interventions in Decision Episodes

- Catheters
- Consent form explicitly addressed
- Decision Priming
- Non-medical decision
- Feeding tube
- Miscellaneous
- Surgical intervention
- Resuscitation
- Post-discharge care
- Dialysis
- Ventilation
- Goals of care
Aim 2 Coding Scheme – Choice Frames

- Communication Pattern 1: Default Frame
  - Traditional Default Frame
  - Endowment (status-quo)
  - Omission vs. Commission

- Communication Pattern 2: Options Frame
  - Multiple Options
  - Presenting Yes/No

- Communication Pattern 3: Wording Frame
  - ‘Gain’ Wording
  - ‘Loss’ Wording

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Next Steps

Aim 2a

- Determine frequency of selected communication patterns and new patterns from the coded decision episodes
- Examine correlation between specific medical intervention and the respective communication pattern presented
Personal Role

- Performed coding of family meetings to identify decision episodes
- Collaborated with colleagues to reach consensus on preference-sensitive decision episodes
- Entered medical decision episodes into NVivo 12
- Described the frequency of specific preference-sensitive decision episodes found in the family meetings (Aim 1)
- Assisted in developing the codebook for the identification and coding of selected communication patterns (Aim 2)
Lesson Learned

• Our words are powerful
• Qualitative Coding is fun!
• Ask questions right away
• Teamwork is crucial in research as it is in any other field
• Behavioral economics is a very interesting field that is full of opportunity
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Questions?