

# Communication Patterns in ICU Family Meetings

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# Road Map

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

Decisions requiring deliberation of options that involve consideration of patients preferences<sup>1</sup>



What does sensitive mean?<sup>2</sup>

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

Preference-sensitive decision presentation in the ICU

- Shared-decision making in family meetings

<sup>1</sup>O'Connor AM, Bennett CL, Stacey D, Barry M, Col NF, Eden KB, Entwistle VA, Fiset V, Holmes-Rovner M, Khangura S, Llewellyn-Thomas H, Rovner D. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD001431. DOI: 10.1002/14651858.CD001431.pub2

<sup>2</sup>Holmes-Rovner, M. Engaging Patients Through Evidence-Based Medicine. Lecture presented at: College of Human Medicine CMIO Conference; September 25, 2015; North Chicago, IL.

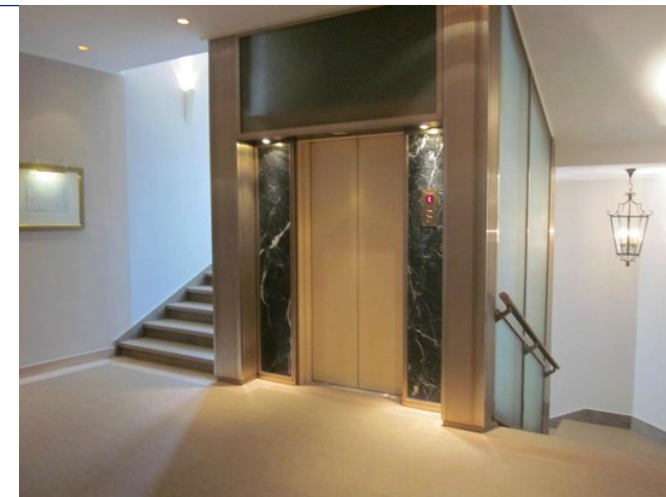
# The Concept of Choice Architecture

Coined by Thaler and Sunstein<sup>3</sup>

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

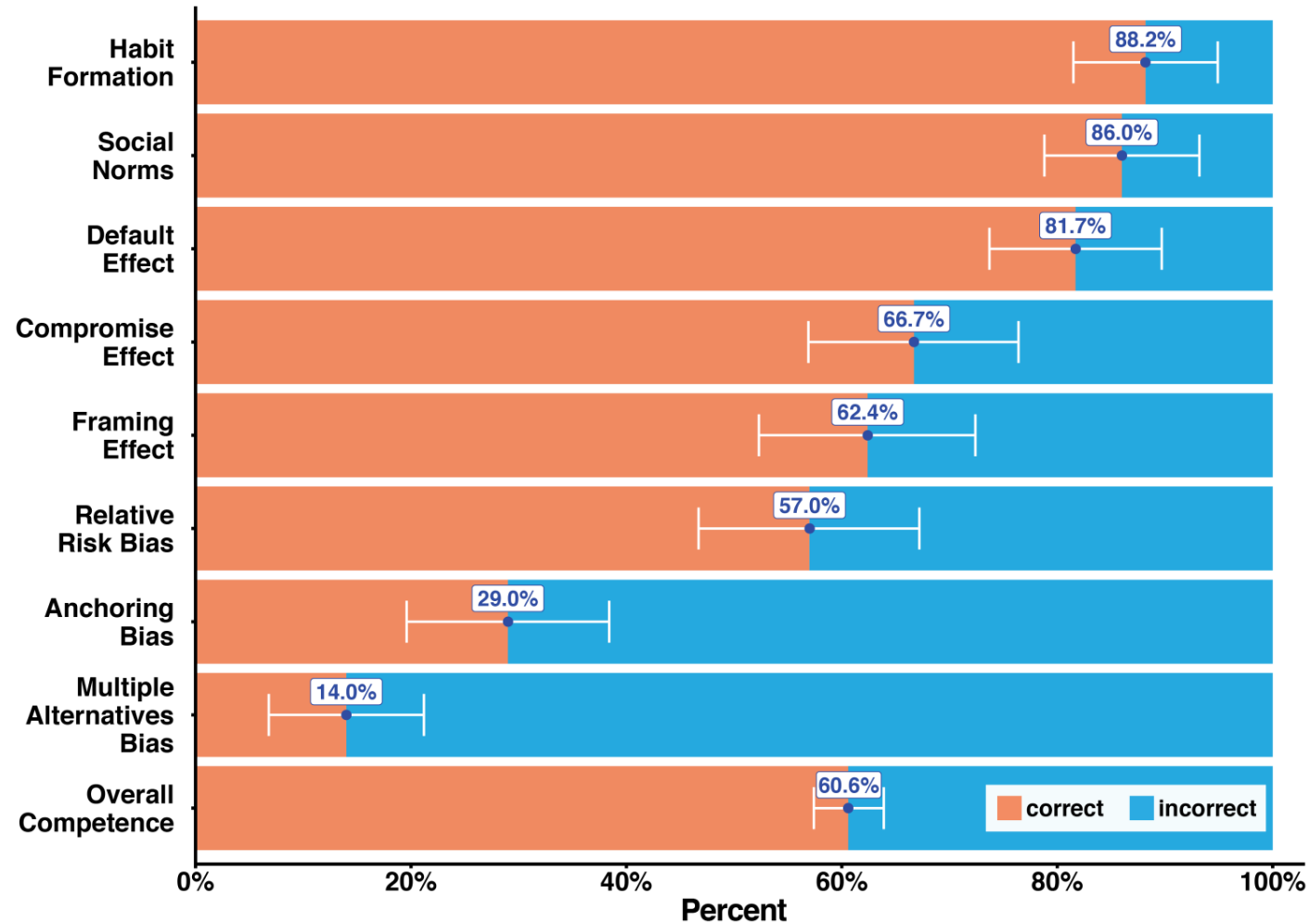
Physicians are “Choice Architects”<sup>3</sup>

- 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”<sup>5</sup>



<sup>3</sup>Thaler, Richard H. and Sunstein, Cass R. and Balz, John P., Choice Architecture (December 10, 2014). The Behavioral Foundations of Public Policy, Ch. 25, Eldar Shafir, ed. (2012).. Available at SSRN: <https://ssrn.com/abstract=2536504> or <http://dx.doi.org/10.2139/ssrn.2536504>

# Physicians are unable to predict the effect of choice presentations on decision makers<sup>4</sup>



<sup>4</sup>Hart JL, et al, manuscript under review, presented at SMDM 2017

# Project Overview

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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.

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# Desired Impact

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**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.**

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# Aims

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- **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
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# Study Design and Methods

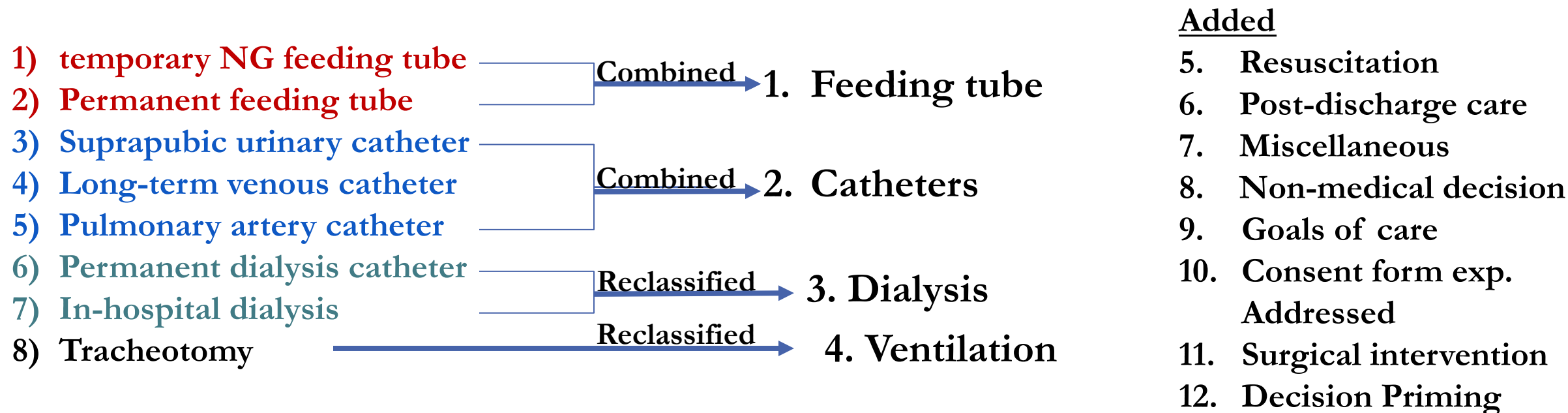
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- Study Design
    - Retrospective review of 101 transcribed family meetings from the ICU to identify choice frames
    - Interviews compiled from two sites: UCSF Medical Center and University of Pittsburgh
  - Methods
    1. Content analysis to (Aim 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
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## 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



This list of interventions comes from a paper describing a list of non-urgent ICU interventions.<sup>5</sup>

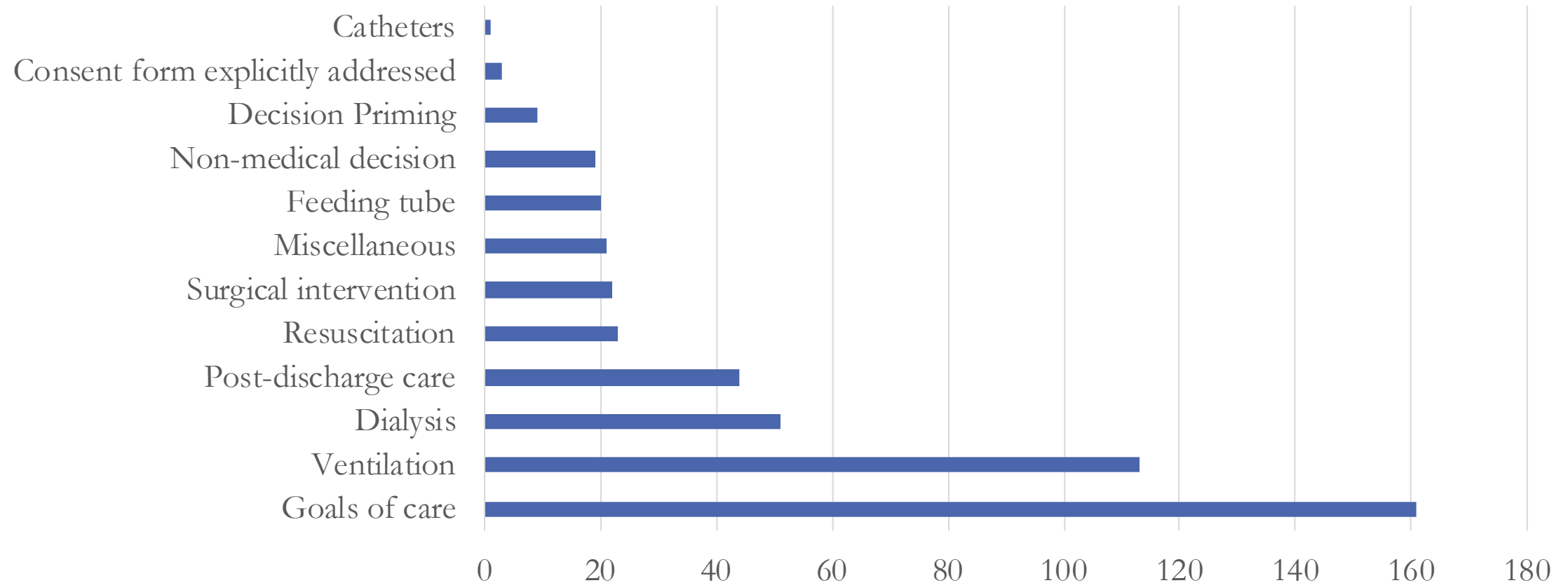
**Total: 12 Preference Sensitive Medical Interventions**

<sup>5</sup>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



# Aim 2 Coding Scheme – Choice Frames

Communication Pattern 1: Default Frame

Communication Pattern 2: Options Frame

Communication Pattern 3: Wording Frame

Traditional Default Frame

Endowment (status-quo)

Omission vs. Commission

Multiple Options

Presenting Yes/No

‘Gain’ Wording

‘Loss’ Wording

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## Aim 2 Coding Scheme

Communication  
Pattern 1: Default  
Frame

Communication  
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Communication  
Pattern 3:  
Wording Frame

Traditional  
Default  
Frame

Endowment  
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Wording



# Next Steps

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## **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
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# Personal Role

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- 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)
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# Lesson Learned

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- 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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# Acknowledgements

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# Questions?