

Improving Goals of Care Conversations at DUHS

INTRODUCTION

- Goals of care conversations (GOCC) can promote care that is concordant with patients' values and medical realities.
- GOCC can include hopes and fears, priorities and goals, discussion of medical proxies and advance directives, and/or specific treatment decisions. GOCC are specific to the individual patient.

RESEARCH AIM:

Identify provider-perceived barriers to implementing GOCC to develop future targeted interventions to improve frequency and quality

METHODOLOGY



STEP 1
Interview Palliative Care
Providers



STEP 2
Conduct Focus Groups of 12
Providers



STEP 3
Collaborative Thematic Analysis
from Transcripts



STEP 4
Literature Review of Policy
Changes

SOLUTIONS

BARRIERS TO GOALS OF CARE CONVERSATIONS

Time Constraints

- Rapport building between patient and provider is difficult due to limited time in each visit
- Balancing treatment and physical care with GOCC
- Advanced progression of illness doesn't allow time for GOCC

Electronic Health Records (EHR)

- Documentation of GOCC in EHR: often only the first conversation is documented in Epic even if subsequent conversations are more substantial
- Advanced Care Planning (ACP) tab in Epic: templates for GOCC can be restrictive, rigid

Social Determinants of Health

- Language barriers
- Bias/discrimination
- Lack of resources restricts multiple visits for GOCC

Ineffective Communication

- Lack of space for silence
- Convincing the patient instead of empowering patient agency
- Poor patient education of the medical situation
- Excessive medical terminology

Coordinating Care

- Independent, fragmented interdisciplinary teams
- EHR conversations not always communicated quickly and effectively across care teams
- Difficulties with ensuring that a knowledgeable and appropriate provider is leading the GOCC

Emotional Burden

- Negative connotations associated with GOCC
- Not addressing familial conflict and/or disagreements

Lack of Formal Training

- Accessibility of formal training
- Learning to navigate emotionally charged situations and recognize underlying emotions

RECOMMENDATIONS

- Improve ACP templates
- Identify patients who might benefit most from GOCC
- Better inter-provider communication platform
- Improve accessibility of training materials
- Initiate GOC-related discourse in communities
- Provide better social support (chaplain, translator etc.) in health settings