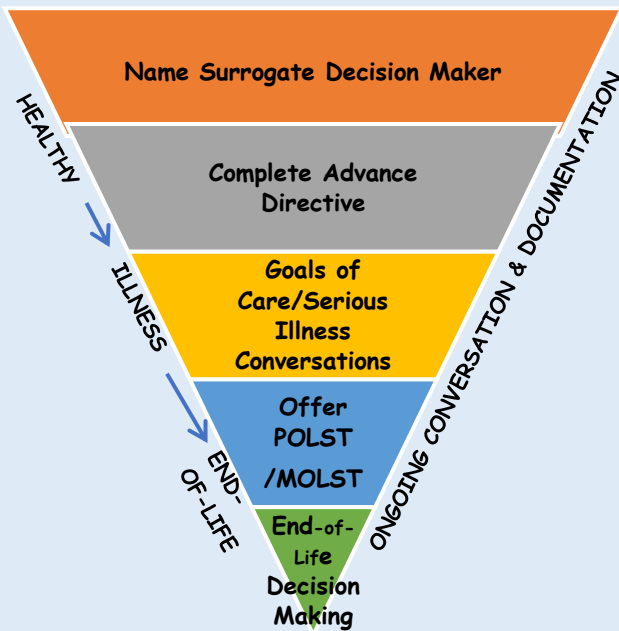


Advanced Care Planning Continuum



Izumi, S.S., & Fromme, E.K. (2017). A Model to Promote Clinicians' Understanding of the Continuum of Advance Care Planning.

SERIOUS ILLNESS TERMINOLOGY

Serious Illness (SI)- "disease(s) that carry a high risk of mortality and either negatively impacts a person's daily function or quality of life, or excessively strains the caregiver."
(Kelley & Bollens-Lund, 2018)

Serious Illness (SI) Conversation- A clinician facilitated conversation with individuals with a serious illness to determine goals, values and preferences that then inform the serious illness plan of care. The **purpose** of a SI conversation is **NOT** to get an advanced directive signed or refer an individual to hospice; although, these activities may be an **outcome** of a SI conversation.

KEY COMMUNICATION SKILLS AND SAMPLE STATEMENTS***

AFFIRMATION- acknowledge the patient's strengths and abilities.

- You are such a (strong, committed, caring) person
- You have done so much to try and manage your illness (help your loved one with their illness)
- This is very difficult to think about, and yet you are still willing to talk to me about it.

REFLECTION- restate or rephrase what patient says. Interpret such as naming feelings.

- This is really important to you.
- Dealing with your illness has been such a big part of your life.
- You can't imagine discussing this with your son, but at the same time you're worried about how this could affect him later.
- This sounds frustrating (scary, overwhelming, difficult, challenging, hard).

EXPLORING - encouraging patient exploration

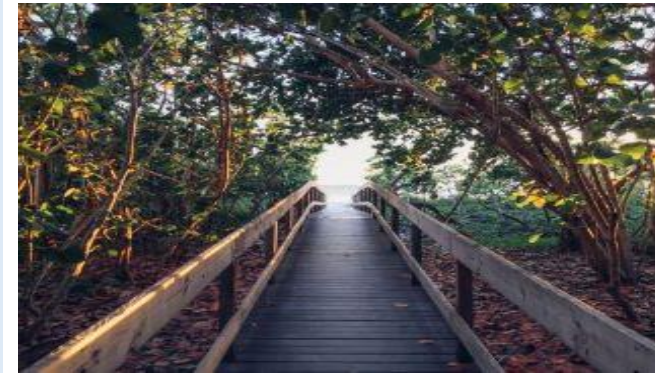
- What do you mean when you say _____?
- Tell me more
- What else?
- Tell me more about what (a miracle, fighting, not giving up, etc.) might look like for you.

I WISH - aligning with the patient's experience

- I wish the situation were different
- I wish things weren't so stressful for your family
- I hope for a miracle too

*** U.S. Department of Veterans Affairs National Center for Ethics in Health Care. Goals of Care Conversations Training for Physicians, Advance Practice Registered Nurses, and Physician Assistants.
<https://www.ethics.va.gov/goalsofcaretraining/practitioner.asp>.
Updated January 3, 2019.

Serious Illness Communication Reference Guide



"Endings matter, not just for the person, but perhaps even more, for the ones left behind."
-Atul Gawande

Chronic Care Connexions
Mary Beth Billie, DNP, RN-BC, CCM
maryebillie@gmail.com
July, 2023

SERIOUS ILLNESS CONVERSATION GUIDE**

1. SET UP (Introduce, Permission)

- ✚ "I'd like to talk together about what is happening with your health and what matters to you. Would this be okay?"

2. ASSESS (Understanding, Preferences)

- ✚ "To make sure I share information that's helpful to you, can you tell me your understanding of what's happening with your health now?"
- ✚ "How much information about what might be ahead with your health would be helpful to discuss today?"

3. SHARE (CHOOSE Uncertain, OR time, OR Function consistent with your scope of practice)

- ✚ "Can I share my understanding of what may be ahead with your health?"

UNCERTAIN: "It can be difficult to predict what will happen. I hope you will feel as well as possible for a long time, and we will work toward that goal. It's also possible that you could get sick quickly, and I think it is important that we prepare for that."

OR TIME: "I wish this was not the case, I am worried that time may be as short as (express a range, e.g., days to weeks, weeks to months, months to a year)".

OR FUNCTION: "It can be difficult to predict what will happen. I hope you will feel as well as possible for a long time, and we will work towards that goal. It's also possible that it may get harder to do things because of your illness, and I think it is important that we prepare for that."

4. EXPLORE (PAUSE throughout questions: allow silence, validate and explore emotions)

- ✚ "If your health was to get worse, what are your most important goals?"
- ✚ "What are your biggest worries?"
- ✚ "What gives you strength as you think about the future?"
- ✚ "What activities bring joy and meaning to your life?"
- ✚ "If your health was to get worse, how much would you be willing to go through for the possibility of more time?"
- ✚ "How much do people closest to you know about your priorities and wishes for your care?"
- ✚ "Having talked about all of this what are your hopes for your health?"

5. CLOSE (Summarize, Recommend, Align, Affirm)

- ✚ "I'm hearing you say that ___ is really important to you and that you are hoping for ___. Keeping that in mind, and what we know about your illness, I recommend that we _____. This will help us make sure that your care reflects what's important to you. How does this plan seem to you? I will do everything I can to support you through this and to make sure you get the best care possible."

Trigger Criteria for Serious Illness Conversations*

- ✚ Chronic obstructive pulmonary disease or interstitial lung disease, only if using home oxygen or hospitalized for the condition
- ✚ End stage renal failure
- ✚ Congestive heart failure, only if hospitalized for the condition
- ✚ Advanced liver disease or cirrhosis
- ✚ Progressive metastatic cancer
- ✚ Advancing dementia
- ✚ Complex medical conditions resulting in frequent unplanned hospital or emergency room admissions
- ✚ Significant and progressive decline in ability to complete activities of daily living

*Kelley et al., 2017, Identifying older adults with serious illness, a critical step in improving value of health care.

** © 2015-2023 Ariadne Labs: A Joint Center for Health Systems Innovation (www.ariadnelabs.org) between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health, in collaboration with Dana-Farber Cancer Institute. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License, <http://creativecommons.org/licenses/by-nc-sa/4.0/>