

Title: Teaching Serious Illness Communication during COVID-19 Pandemic: A Practical Response to the Threat of Crisis Conditions



PRESENTER:
Rekha Thammana MD, MPH
 rekha.thammana@va.gov

BACKGROUND: Advance care planning (ACP) provides a framework for early discussions about goals and values for medical care prior to moments of health crisis. COVID-19 presented an unprecedented strain on U.S. healthcare risking the need to ration care. In the setting of possible scarce resources such as ventilators, ACP documentation would allow for faster assessment of patient's wishes for crisis care and determine if limiting care was concordant with patient's goals of care.

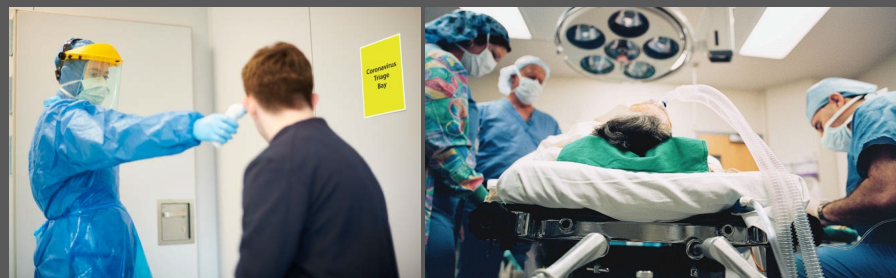
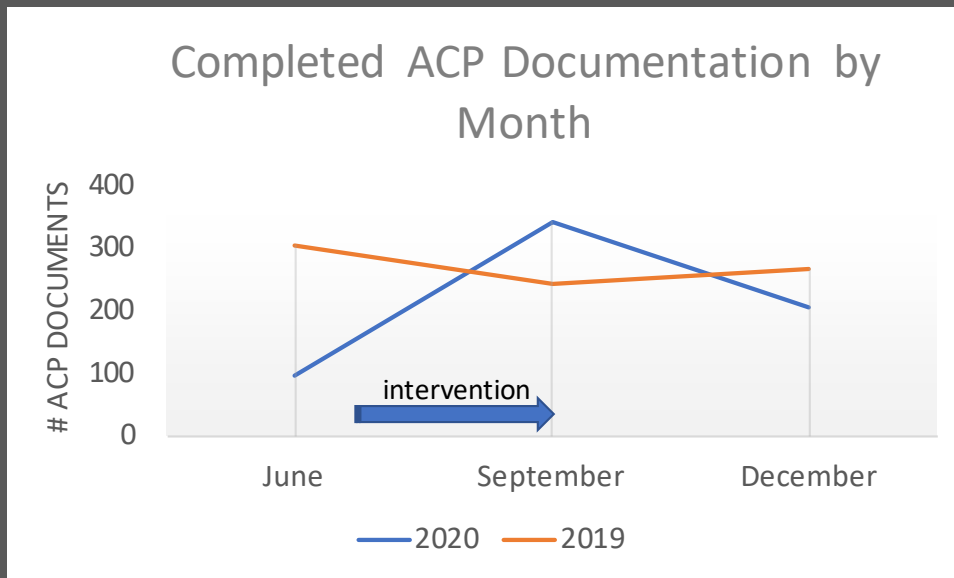
METHODS

	The presenters adapted prior serious illness communication training programs and a conversation guide developed by the presenters into a 40-minute interactive case-based discussion of a man with coronary artery disease and heart failure.
	Sessions were virtual lectures via Microsoft Teams to 8 primary care clinics in the Portland VA; included physicians, advance practice providers, nurses, and social workers.
	We received IRB exemption for a quality improvement project. We tracked advance care planning documentation including advance directives, advance directive discussion notes, and POLST. We also completed a brief survey of participants.

RESULTS

- Documentation of AD, POLST, and AD discussion notes increased during the intervention in 2020 (see figure)
- Survey data was limited and had low completion rate- main feedback was desire for more interactive training
- Anecdotally, the topics of provider burnout and patients' COVID skepticism were barriers to ACP discussions

Just in time education increased advance care planning documentation during early COVID-19.



Take a picture to download supplementary information

Stock photos

AMMO BAR

Discussion: Our educational intervention led to an increase in ACP, more specifically AD and AD discussion notes (see supplementary information in QR code). Although not sustained over the time, it was effective during early COVID-19 in a period of mostly virtual care.

Limitations: With a poor survey response rate, we could not determine which pieces of the intervention were effective for increasing ACP documentation and which pieces would be beneficial for increasing discussions long-term. We did not compare our virtual education intervention to other formats, such as face to face. Unclear if confounding factors like societal trends and patient/family fears of COVID prompted ACP discussions.

Future Interventions:

Structured interviews of primary care teams about barriers and facilitators to ACP would provide qualitative data to inform future process improvement.

Rekha Thammana MD, MPH;
 Sarah Goodlin MD

