



Implementation of the Serious Illness Conversation Program – Lessons Learned from a Canadian Provincial Health System

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Introduction

In Canada, over 270,000 Canadians died in 2016 with the majority dying as a result of chronic life-limiting conditions often involving prolonged illness trajectories with a steady increase of symptom burden and loss of independence (Statistics Canada, 2018). Unfortunately, despite frequent interactions with the health care system, crucial conversations about goals of care or patient values and preferences are not routine, often resulting in unwanted treatment or aggressive care. (Tayler, 2018)

Research indicates that unwanted treatment or aggressive care for patients with advanced illness is often harmful and can result in a lower quality of life plus greater physical and psychological distress for patients and family caregivers (Wright, 2008; Mack, 2010). However, many patients do not understand their illness or what lies ahead, nor do they discuss their care goals and preferences with their clinicians (Heyland, 2009). In British Columbia a 2016 public opinion poll revealed that 79% of BC residents polled have thought about who would make decisions for them if needed and 49% had talked with their family about their health care wishes, but only 10% spoke with their physician (Mustel Research Group). A National Poll of over 3000 Canadians, conducted by Nanos Research, revealed that 80% of Canadians think it is important to do Advance Care Planning; 93% think it is important to discuss it with family and friends, but only 36% did; and 80% think it is important to discuss it with health care providers but only 8% did (CHPCA, 2019).

Early conversations about wishes, values and preferences with seriously ill patients have been associated with less anxiety and better outcomes for patients and families and are key enablers for the integration of a palliative approach into serious illness care. (Bernacki et al., 2015 and 2019)

Launch of the Serious Illness Care Program in BC

In 2016, the British Columbia Centre for Palliative Care (BCCPC) in partnership with two health service delivery organizations, sponsored a series of events to raise awareness of the Serious Illness Care Program (SICP) by Ariadne Labs at Harvard University and explore readiness for provincial uptake. The BCCPC is a non-profit provincial organization committed to spreading best practices in palliative care for British Columbians living with a serious illness. This includes supporting clinicians to initiate earlier conversations about care goals, wishes, and values with seriously ill patients. The Ariadne Labs' Program is evidence-based and designed to support the integration of the Serious Illness Conversation Guide (SICG) into routine care of seriously ill patients. The SICG is a conversation tool that helps clinicians elicit the patient's understanding of their illness and their decision-making preferences, shares prognostic information or functional status, reviews patient goals, fears and sources of strength, explores views on trade-offs and impaired function and identifies next steps (Bernacki, 2015; Lakin, 2017). In addition to the SICG, the SICP provides an implementation roadmap that guides the adoption and adaptation of the Program by other health care organizations. According to the Program, organizational adoption is achieved through discussions with organizational leadership and cultivation of champions to support changes in the system and in clinical practice.

In the Fall of 2016, the BCCPC and other sponsors invited Dr Rachele Bernacki, from the Ariadne Labs' SICP, to BC to share their Program with health care clinicians during two video-conferenced Rounds, with more than 50 locations across the province participating. The BCCPC also hosted a roundtable meeting of clinical and administrative leaders to discuss the practicalities of implementing the SICP into standard care across settings. Dr Bernacki presented Ariadne Labs' four-phase SICP Implementation Roadmap (Ariadne Labs, 2016) based on their experience developing and implementing the SICP and Guide.

Subsequently the BCCPC created a SIC Initiative adapted from the Ariadne Labs' Program and Roadmap to the context of the health system in British Columbia (See Appendix 1). The goal of the BC Initiative is to facilitate more, earlier and better serious illness conversations between clinicians and patients/families facing a life-limiting illness and to influence consistent and systematic documentation of the outcomes of the conversation across settings.

The BC Initiative has focused its efforts on influencing implementation within health organizations, developing and training local champions and facilitators, making educational and evaluation tools and resources available, building networks of trained clinicians, and on knowledge translation. Measurement of direct patient and family outcomes is the responsibility of other health care organizations.

There are three different types of workshops offered by the BC Initiative which are described below. An online Community of Practice was established in 2019 to enable the trained Facilitators, Master Trainers and Master Coaches across the province to connect and share their experiences and lessons learned from the training and use of the SICG in practice. The online forum also serves as the hub for educational resources developed and updated by the BC Initiative.

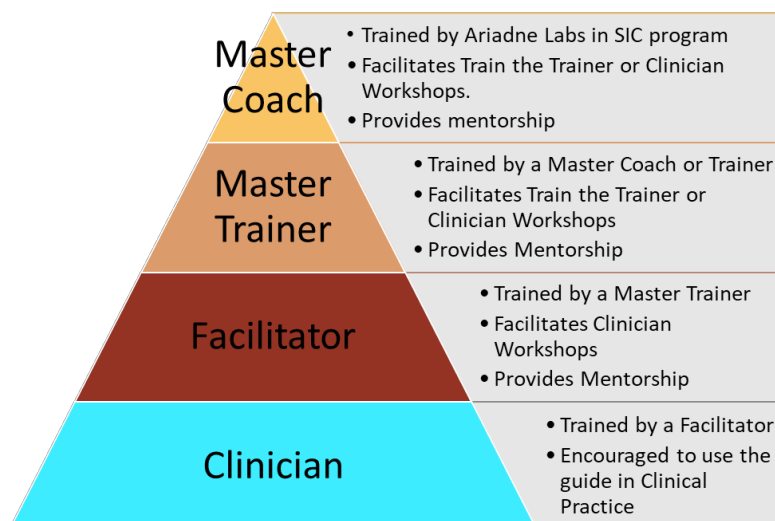
SIC Training Program

The Continuing Medical Education (CME) accredited teaching program developed by the BCCPC, followed the Ariadne Lab template that includes interactive, case-based learning with communication skills practice.

Three distinct CME accredited workshops have been developed by BCCPC and are led by various trained clinicians/educators (see Figure 1):

1. **Train the Trainer workshop (TtT)** - This 8-hour workshop is facilitated by Master Trainers and/or Coaches and designed to train multi-disciplinary facilitators across the province to run the core workshops on the use of the SICG within their programs and communities. As of July 2019, there are 29 Master Trainers and 163 Facilitators in BC. While the efforts of the BCCPC have been to increase uptake in BC there has been interest in several other Canadian provinces and BCCPC has assisted in the training of additional facilitators in those regions.
2. **Clinician Workshop (Option 1)** - The core 2.5-hour workshop for clinicians is led by Facilitators, Master Trainers or Master Coaches. As of October 2019, over 1000 clinicians have attended a core workshop, including over 200 undergraduate nurses and almost 300 final year medical students, and the BCCPC has received evaluations from 554 of these participants.
3. **Clinician Workshop (Option 2)**- A 1.5 hour online training module consisting of the didactic portion of the core 2.5 hour SIC workshop was developed in late 2018 to provide access to SIC training by clinicians based in more remote and rural parts of the province. Participants are required to then proceed at a later date to a 1.5-hour role play session that could either be in-person or by teleconference. These 2 components must be completed as a package to receive CME credit. As of October 2019, 214 clinicians had completed the online module with 211 receiving a passing grade of 80%. Of those 79 participated in either the in-person role play session, or a teleconferenced role play session.

Figure 1 - Definition of Trainer Designations



The characteristics of Clinicians who completed SIC workshops offered by the BCCPC between January 2017 and October 2019 are shown in Table 1. Clinicians reported seeing a variety of serious illnesses including cancer, heart disease, renal disease and other chronic illnesses.

Table 1- Clinician Characteristics

	<i>Train the Trainer May 2017-June 2019</i>	<i>Clinician Workshop Option 1 May 2017-Oct 2019</i>	<i>Online Module and in person workshop Option 2</i>
<i>Respondents/Total Trained</i>	140/163	554*	77/79
<i>Clinical Discipline</i>	<i>n=140</i>	<i>n=554</i>	<i>n=77</i>
<i>Family Physician</i>	14 (10%)	148 (27%)	1 (1%)
<i>Specialist</i>	22 (16%)	58 (10%)	3 (4%)
<i>Nurse</i>	68 (48%)	290 (52%)	43 (56%)
<i>Allied Health</i>	36 (26%)	54 (10%)	30 (39%)
<i>Other or unknown</i>		4 (1%)	
<i>Years in Occupation</i>	<i>n=140</i>	<i>n=553</i>	<i>n=76</i>
<i>0-2</i>	6 (5%)	129 (23%)	8 (10%)
<i>2-5</i>	12 (8%)	38 (7%)	6 (8%)
<i>5-10</i>	23 (16%)	78 (14%)	11 (14%)
<i>10-15</i>	22 (16%)	82 (15%)	21 (28%)
<i>15-20</i>	25 (18%)	54 (10%)	9 (12%)
<i>>20</i>	52 (37%)	172 (31%)	21 (28%)

**Over 1000 clinicians have attended clinician workshops; we received evaluations from 554, however not all responders answered all questions*

Program Evaluation

The effectiveness of the SIC Initiative in BC is assessed through evaluation surveys administered at two timepoints; immediately after the 3 types of workshops and in the case of the TtT Workshops, again after 3 or more months post - workshop. Evaluation surveys were tailored for the objectives of each type of workshop. Most of the survey items are either binary or five-point Likert scale questions assessing the workshop outcomes and participants' attitude and experience. Open-ended questions are also used to give respondents the opportunity to describe their perspectives and share recommendations for improvement. Table 2 summarizes the non-narrative results of immediate post-workshop evaluations between January 1, 2017 and October 21, 2019.

Table 2 - Summary of the Immediate Post-workshop Evaluations between January 1, 2017 and October 21, 2019*

		<i>Train the Trainer Workshop</i>	<i>Clinician Workshop</i>	<i>Online Module and in person workshop</i>
Respondents/total trained		140/163	552/554	77/79
<i>Workshop enhanced my knowledge</i>	<i>Question response rate</i>	n=139	n=552	n=77
	<i>Strongly Agree</i>	93 (67%)	342 (62%)	49 (64%)
	<i>Agree</i>	46 (33%)	200 (36%)	28 (36%)
	<i>Neutral</i>	0	8 (1.5%)	0
	<i>Strongly disagree</i>	0	2 (0.5%)	0
<i>Training was effective</i>	<i>Question response rate</i>	n=140	n=529	n=73
	<i>Strongly Agree</i>	85 (61%)	345 (65%)	49 (67%)
	<i>Agree</i>	52 (37%)	174 (33%)	23 (32%)
	<i>Neutral</i>	3 (2%)	10 (2%)	1 (1%)
<i>Recommend workshop to others</i>	<i>Question response rate</i>	n=138	n=528	n=73
	<i>Strongly Agree</i>	89 (64.5%)	362 (69%)	52 (71%)
	<i>Agree</i>	47 (34%)	154 (29%)	19 (26%)
	<i>Neutral</i>	2 (1.5%)	12 (2%)	2 (3%)

* An additional response option was “Disagree” but we have not included where there were no responses.

Table 2 indicates that the workshop achieved the outcome of enhanced knowledge for respondents; that the experience of the workshop was positive, and that the attitude of over 90% of respondents was that they would recommend this workshop to others.

After the TtT workshops, participants were also asked to rate their level of confidence to start training other health care providers on the SICG. Of the 140 respondents, 45% felt very confident, 54% felt somewhat confident and only 1% reported that they did not feel confident to train other clinicians to use the SICG in clinical practice. Analysis of responses to the open-ended questions revealed several recurring themes which indicate that the respondents highly valued the workshops. The most common barriers to implementation of the SICG Program in the clinical setting included SIC documentation not being available across clinical settings and limited time available to use the SICG effectively. Many respondents emphasized the need to amend the Clinician Reference Guide to encompass more of an interprofessional approach. They expressed the need for further guidance for nurses and allied health to discuss prognosis within their scope of practice and advice related to unplanned conversations that occur during care delivery.

Narrative comments from the post Clinician Workshop surveys cited a perceived bias of the SICG towards physician focused content. Comments such as: “Maybe provide a more scenario specific situation for nurses; and “How do physicians support nurses in these conversations?” were noted.

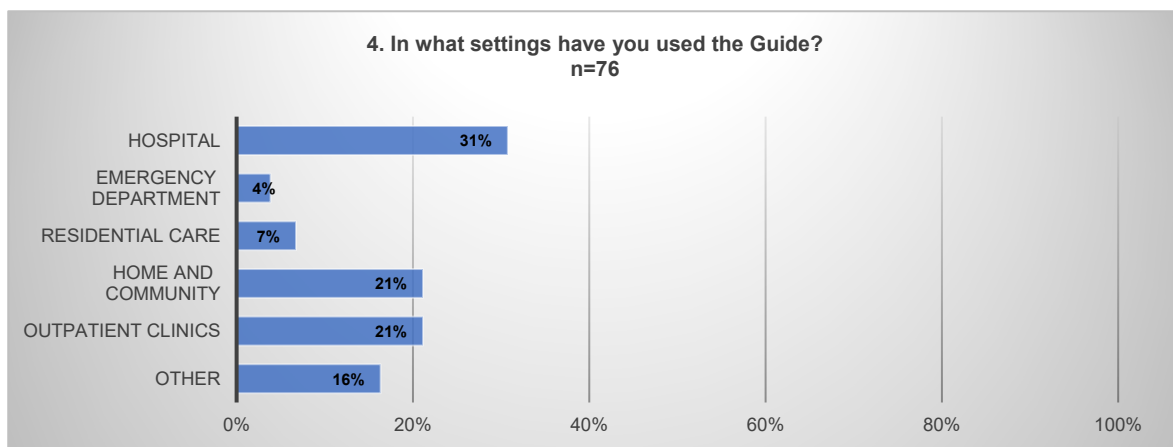
Respondents identified the most effective part of the workshop as “Role play/despite being the most uncomfortable” emphasizing the importance of modeling and skills practice. Responses about what they were hoping to integrate into their practice included: “Add the piece I did not ask about i.e.: What gives you strength?”. General comments reiterated the importance of earlier conversations: “These conversations would not be so difficult if Advance Care Planning conversations were happening...early conversations while healthy. Not within 1 year of death.”

Concerns were expressed regarding people of different spiritual and cultural backgrounds and a request for “More culturally responsive tools/tips” was put forward. There were suggestions regarding adapting the SICG to culturally diverse populations within BC. Additional suggestions included providing the SICG in different languages. Some individuals expressed general healthcare system concerns, specifically regarding how the tool might be documented and shared with the rest of the healthcare team. A need for buy-in from management and other colleagues to integrate the SICG into mainstream care was also expressed. Finally, respondents described implementation issues that might be encountered in their practice, including time constraints, the pressure for expedited hospital discharge, engaging with people with impaired cognitive capacity, and when the person refuses to discuss future planning. There was consensus amongst participants that they would recommend the workshop with comments such as “It would be great if this could be presented to more allied health professionals” and “It’s great having exposure to the content via on line on the learning hub prior to attending the face to face workshop”.

Post Train the Trainer Workshop Follow-up Survey

A 3-month or more post TtT Workshop follow-up survey was sent electronically to the 163 clinicians who had attended any of the five TtT workshops held in British Columbia between 2017 and 2019. Of the 82 who responded to whether or not they had used the SICG in practice), 61% had used the SICG in clinical practice while 39% had not. Figure 2 illustrates the clinical settings (n=76) where the SICG was used.

Figure 2 - Settings where the SICG was used



When looking to implement the SIC program into their workplace, 68% of the 51 respondents who answered this question had engaged leadership or administration in their implementation plan and 16%

reported that they planned to. 74% of the 82 who responded to the survey reported that they had implemented the SIC program or parts of it into practice.

Items designed to assess the respondents' views on the SICG itself showed that 28% of the 58 respondents who answered this question experienced difficulties using the SICG with patients/families from culturally and linguistically diverse backgrounds and 42% of 43 respondents reported experiencing difficulties giving prognosis. Several noted challenges when engaging in SIC when not the patient's regular care-provider.

Narrative comments on the training expressed gratitude and appreciation for the workshop training stating that the education was very thorough and relevant. Several respondents suggested directing more of the training towards non-physicians. Comments on the SICG itself were positive, such as "a fantastic tool that benefits clients/family and clinicians," and "I love using this guide". However, some expressed issues with the SICG, articulating that it takes time to build confidence in using the SICG, as it is a new concept for some allied health-professionals and that finding trained facilitators for the role play was problematic. An area that was repeatedly flagged as problematic was difficulty in documenting and sharing the outcomes of SICs across various healthcare settings.

Discussion

The SIC Initiative in BC aims to influence clinicians to have serious illness conversations with all patients who have a serious, life limiting illness and to document the outcome of the conversation within the patient's Medical Record, in a way that would be accessible across settings. The BCCPC team followed the four phases of an adapted version of the Road Map (Appendix 1) building a foundation through stakeholder engagement, developing a training plan, facilitator training, support and evaluation. The initial evaluation of the training was designed to assess whether the initiative activities were implemented as planned, whether the training and mentorship was effective and whether the training enhanced the clinician's confidence in training others to have a serious illness conversation.

Analysis of respondents' profession and work practices indicated that the SIC Workshops engaged a broad cross-section of healthcare professionals across varying disciplines and levels of experience. The three workshop platforms have been successful in influencing the implementation of the SIC Initiative. BCCPC has formed partnerships across the province with Health Authorities and Programs to promote this education. As of October 2019 there are 19 facilitators and 2 Master Trainers within the BC Renal Program. They report training over 700 clinicians using the 2.5 hour Clinician Workshop format. In the same period 25 facilitators and 5 Master Trainers were trained within BC Cancer, which is responsible for cancer care across the province. BC Cancer has launched a province wide training program utilizing both the online and 2.5 hour clinician workshop formats. Canuck Place Children's Hospice in Vancouver, BC has trained 13 provincial facilitators and 180 clinicians using their Pediatric SICG Adaptation (SICG-peds).

Narrative feedback identified the need for interprofessional support in using the Guide, the need to test the Guide to be culturally safe and the importance of having a place to document that is available across settings. In response to this feedback BCCPC and provincial partners have been working to address these concerns.

The Serious Illness Conversation Nurse Working Group (Canada), consisting of expert nurse clinicians and nurse educators, reviewed the Clinician Reference Guide and enhanced the tool to support an interprofessional team approach to the Serious Illness Conversation, which was then vetted by our allied health colleagues for further feedback. Key areas of adjustment included additional emphasis on what to expect in the future related to functional and cognitive decline and the fact that these conversations may be formal and planned or informal and unplanned. Additional tips were added that included referrals to another team member, how to discuss prognosis both directly and indirectly and how to use the Guide for unplanned conversations in the process of care. The modified reference guide was named: Reference Guide for Interprofessional Clinicians and was shared with Ariadne Labs on their Community of Practice (Ariadne Labs, 2016) and is available on the BCCPC Community of Practice.

BC Health Authorities have been involved in translating the SICG and supporting tools into various languages, adapting the Guide to be used with Substitute Decision Makers and adapting the SICG and supporting documents to be used within the pediatric population (Van Breemen, 2018, Vancouver Coastal Health, 2019 and Fraser Health, 2019).

BCCPC faculty in collaboration with the First Nations Health Authority have adapted and tailored the SICG to meet any unique or unmet needs within the context of cultural safety. The SICG was revised adding a question to explore traditional beliefs and plain language was used. Further testing and feedback are currently underway.


Documentation allowing easy access to the SIC across settings is still problematic. The BCCPC chaired a provincial Working Group that authored a document outlining Best Practices and Core Elements of Advance Care Planning Documentation that was widely distributed. (Barwich, 2018), however more work needs to be done to make this a reality.

Whether the initiative achieved its stated objectives of more, earlier, better conversations will require further research. However, findings from the 3-month post training survey results indicate that there is an impact; 61% of respondents (n=82) had used the guide in clinical practice.

Summary and Next Steps

Several of the flagged barriers will require provincial support for solutions or implementation. Health authorities are encouraged to use the Best Practices and Core Elements of Advance Care Planning Documentation paper to assist in the creation of accessible documentation that ensures information is available to all health care providers in all settings.

Sustainability and maintaining the integrity of the Serious Illness Care Program education is an important aspect of this initiative. Steps are being taken to ensure accessibility to rural and remote areas in British Columbia through the online module and the introduction of the skills practice through teleconference and videoconferencing options. Recently, there has been expressed interest from clinicians both nationally and internationally on sharing the online course outside of BC. Preliminary discussions are also underway to determine whether a national program could be developed. Ongoing challenges to the initiative include sustainability, maintaining facilitator competency, better engagement of physicians and encouraging an interdisciplinary team approach to facilitate more, earlier, better



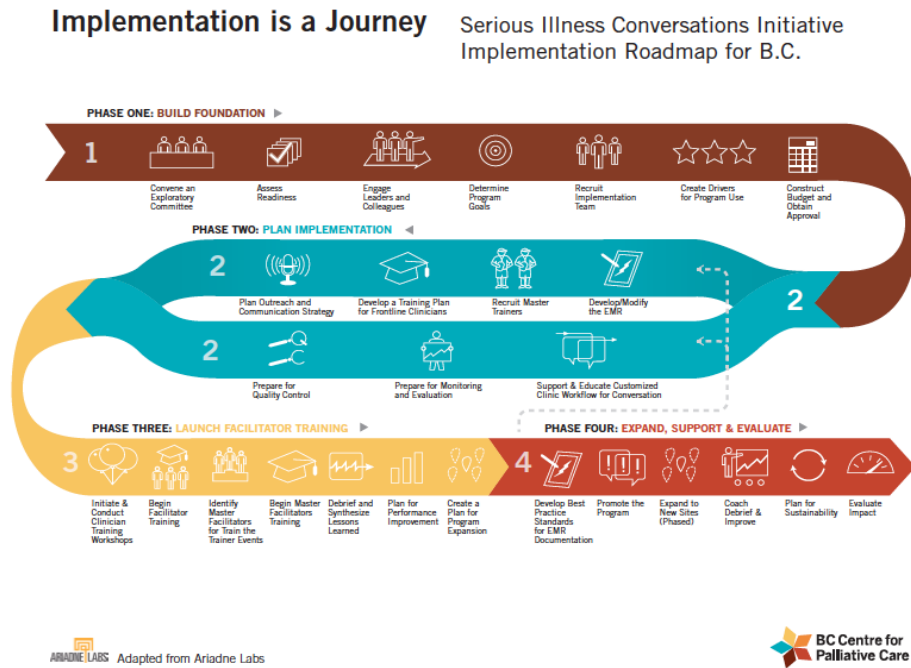
conversations. Researching whether conversations are happening earlier and the impact on patient outcomes such as receipt of goal-concordant care, patient/family QOL and resource use/cost, while difficult to do, will be a key factor in demonstrating the value of the SICP.

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Appendix 1

BC Road Map



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