

# Impact of Training Advanced Practice Providers to Use the Serious Illness Conversation Guide (SICG) for Advance Care Planning Among Hospitalized Patients with Heart Failure

RACHEL KLINEDINST, DNP(C), AGACNP-BC, ACHPN & SHARON KOZACHIK, PHD, RN, FAAN

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, PA &  
JOHNS HOPKINS UNIVERSITY, SCHOOL OF NURSING, BALTIMORE, MD

## Background

Timely advance care planning (ACP) allows heart failure (HF) patients to identify their goals and treatment preferences, thus improving clinical outcomes, reducing patient and caregiver burden, and decreasing utilization of unwanted medical interventions at the end of life. Patients with HF prefer to discuss prognosis and treatment options early in the course of their illness when they are feeling well.<sup>1</sup> Yet inadequate clinician training and lack of confidence in facilitating ACP conversations are significant barriers.<sup>2</sup>

## Purpose

The purpose of this quality improvement project was to train Advance Practice Providers (APPs) at a large academic medical center to use the Serious Illness Conversation Guide (SICG) to improve ACP conversations among hospitalized patients with HF.

## Aims

- To increase the number of documented ACP conversations for patients admitted to the APP-led HF service during a 12-week intervention period.
- To determine the impact of using the SICG on APPs' reported self-efficacy in conducting ACP conversations, as measured with the Advance Care Planning Self Efficacy scale (ACP-SE), both before and after the 12-week intervention period.

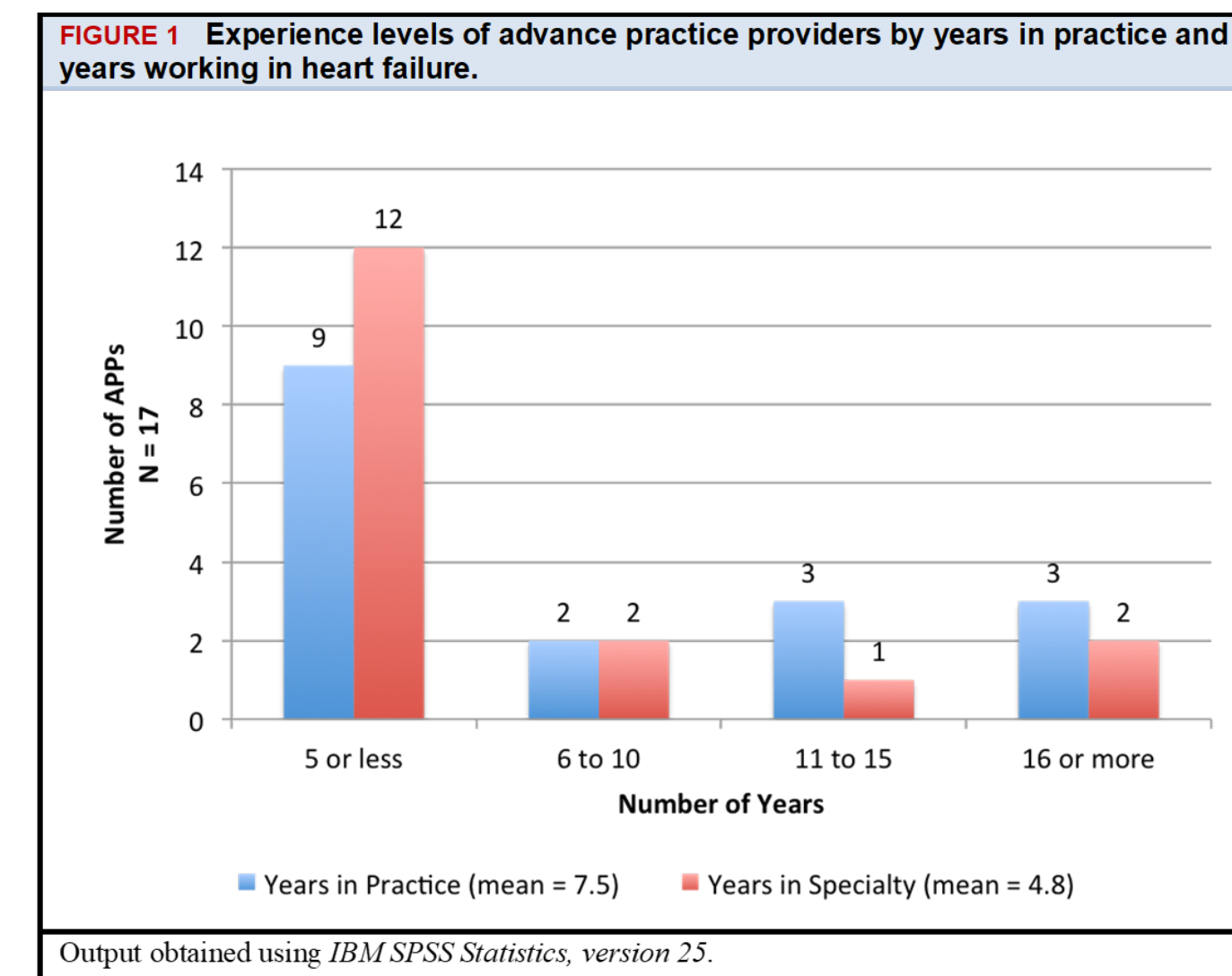
## Methods

### Design/Setting

Single sample, pre-post test design at a 790-bed academic medical center in the Northeastern United States. This IRB-approved QI project took place from November 5, 2018 through February 2, 2019.

### Measures

- Number of documented ACP notes - tracked through Tableau dashboard using data pulled from electronic health record.
- Clinician self-efficacy with ACP conversations – comparison of pre- and post-intervention survey summary scores on the Advance Care Planning Self Efficacy (ACP-SE) scale, comprised of 17 Likert scale questions with a maximum total of 85 points.<sup>3</sup>



## Sample

The intervention included a total of 17 APPs (11 nurse practitioners and 6 physician assistants) who cover the hospital's APP-lead HF service. Per diem APPs and physicians were excluded. The majority of APPs (88.2%) were female, and approximately half of the group (52.9%) was under age 35.

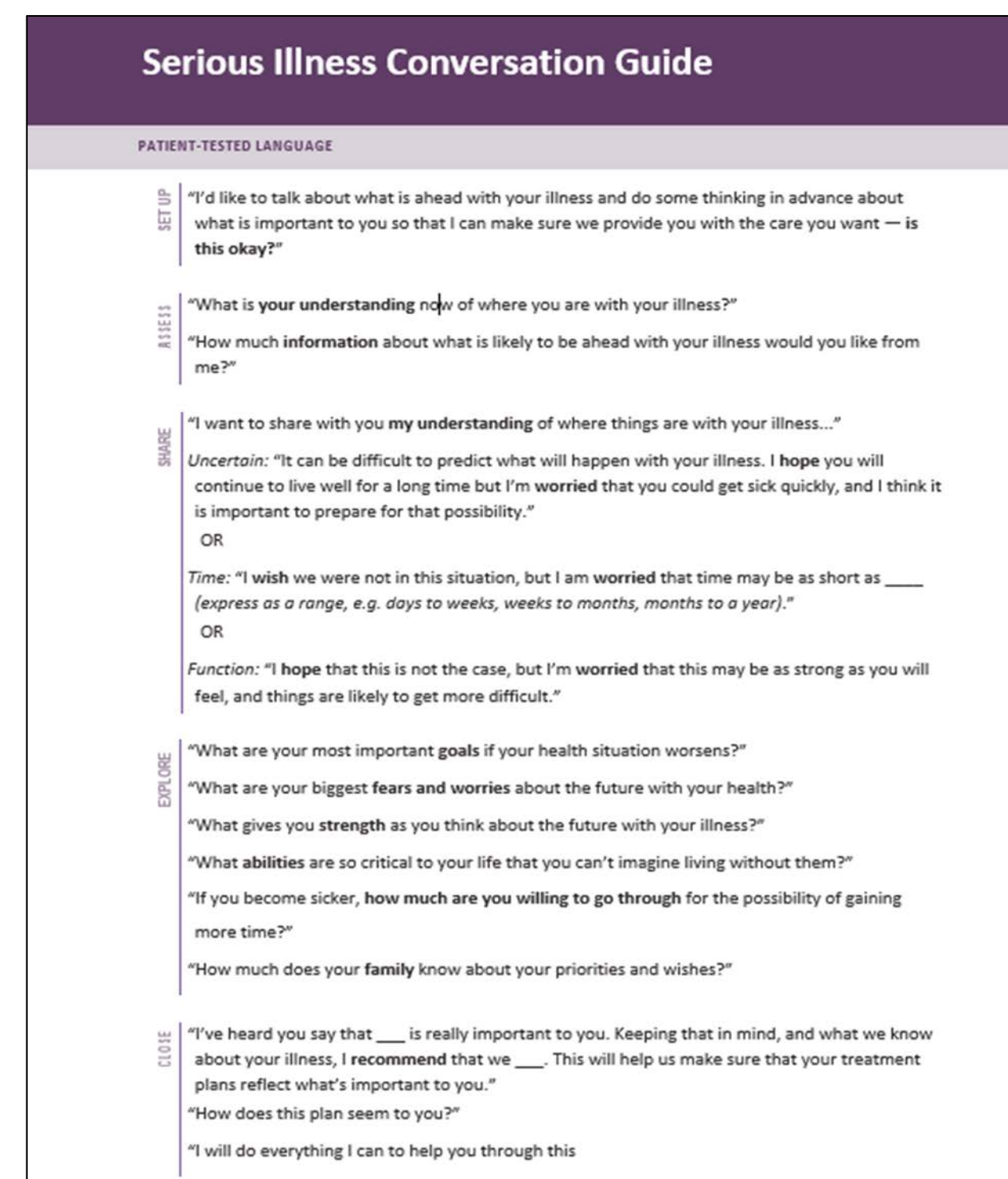
## Intervention

APPs were trained the use the Serious Illness Conversation Guide (SICG), a communication tool designed to aid clinicians in identifying patient values and preferences related to their health.<sup>4</sup>

Components of the training included:

- Attendance at a one-hour didactic session about the SICG.
- Pairing with a palliative care (PC) clinician coach (a nurse practitioner or attending physician from the hospital's inpatient PC service) for a 30-minute, one-on-one role play session.
- Ongoing check-ins with coach for support throughout the 12-week intervention.

During the intervention, use of the SICG was recommended for any patient admitted with a diagnosis of heart failure who did not have an existing ACP note documented in the electronic health record within six months prior to admission. Emphasis was placed on initiating an ACP conversation within the first 48 hours of admission, regardless of clinical status or prognosis.



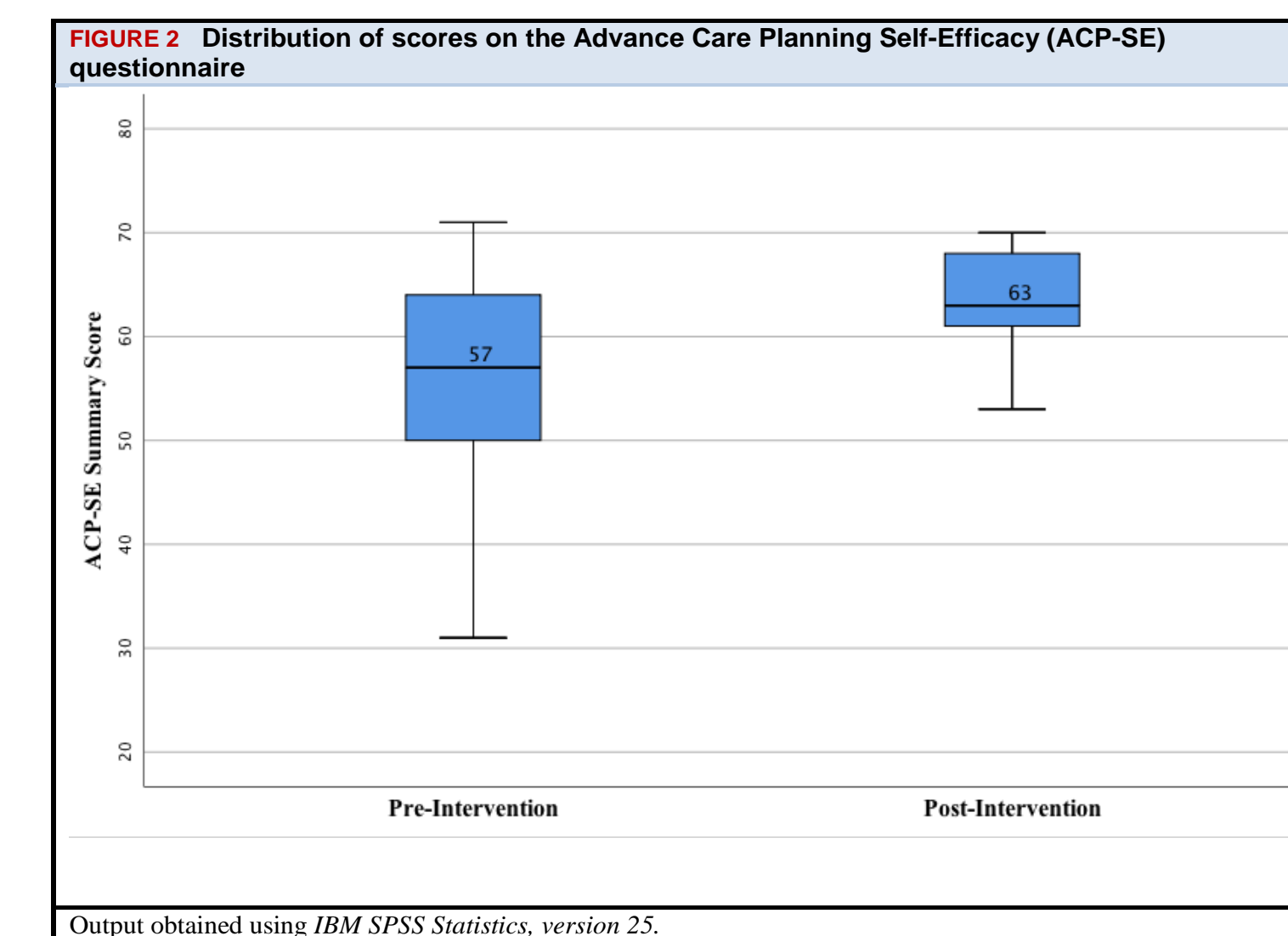
## Data Analysis

Rate of documented ACP notes was tracked using automatic data pulls into Tableau dashboard. The total number of documented notes was tallied at the end of the intervention. To determine if there was a significant difference in APP self-efficacy with ACP, Wilcoxon's signed rank test was used to compare median summary scores on the ACP-SE between the pre- and post-intervention periods. Critical alpha was set at .05 to discriminate statistical significance of all tests.

## Results

APPs had not previously documented ACP notes as a part of their practice, and thus the baseline rate of documentation was zero. During the 12-week intervention, a total of 18 ACP notes were completed using the SICG (an average of one note per APP on the service).

Median summary score on the pre-intervention test was 57, which increased to 64 on the post-intervention test ( $p = 0.014$ ). The majority of post-test scores (13) increased in comparison to corresponding pre-test scores, suggesting a higher level of provider confidence with advance care planning following the intervention.



## Limitations

The rate of ACP note documentation during this project was lower than expected; thus, the authors planned a post-intervention focus group to identify barriers to using the SICG. Six volunteers from the APP sample group participated in an informal one-hour session with the project leader. Common themes identified by the APPs included: lack of time to conduct conversations, awkwardness of using a written tool, resistance to culture change related to ACP conversations, and concerns about initiating ACP conversations when it was "too soon" in the patient's disease trajectory.

## Conclusions

Use of a communication tool such as the SICG can increase clinicians' confidence in conducting ACP conversations and potentially improve the rate of ACP among hospitalized patients with HF. However, while providing communication skills training is a crucial starting point, further investigation is needed to address additional cultural and clinical barriers to integration of ACP into the routine care of HF patients.

## References

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