



# Redesigning communication in Duke Health

[www.DukePalliativeCare.org](http://www.DukePalliativeCare.org)

[www.goalconcordant.care](http://www.goalconcordant.care)



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- Clay Musser



Journal of Palliative Medicine, Vol. 18, No. 11 | Original Articles



## The Impact of Inpatient Palliative Care Consultations on 30-Day Hospital Readmissions

Nina R. O'Connor, Mary E. Moyer, Maryam Behta, and David J. Casarett

Published Online: 28 Oct 2015 | <https://doi.org/10.1089/jpm.2015.0138>

ORIGINAL INVESTIGATION

## Health Care Costs in the Last Week of Life

*Associations With End-of-Life Conversations*

Baohui Zhang, MS; Alexi A. Wright, MD; Haiden A. Huskamp, PhD; Matthew E. Nilsson, BS; Matthew L. Maciejewski, PhD; Craig C. Earle, MD; Susan D. Block, MD; Paul K. Maciejewski, PhD; Holly G. Prigerson, PhD

VOLUME 30 • NUMBER 35 • DECEMBER 10 2012

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

## Associations Between End-of-Life Discussion Characteristics and Care Received Near Death: A Prospective Cohort Study

Jennifer W. Mack, Angel Cronin, Nancy L. Keating, Nathan Taback, Haiden A. Huskamp, Jennifer L. Malin, Craig C. Earle, and Jane C. Weeks



Journal of the American Medical Directors Association

Volume 20, Issue 3, March 2019, Pages 249-261



End-of-Life Care  
Review Article

## Association Between End-of-Life Conversations in Nursing Homes and End-of-Life Care Outcomes: A Systematic Review and Meta-analysis

Silvia Gonella RN, MSc<sup>a, b, c, d, e</sup>, Ines Basso RN, MSc<sup>c</sup>, Valerio Dimonte RN, MSc, MLitt<sup>b, c, f</sup>, Barbara Martin MLitt<sup>d</sup>, Paola Berchiella PhD<sup>e</sup>, Sara Campagna RN, PhD<sup>e</sup>, Paola Di Giulio RN, MSc<sup>c</sup>

Original Contribution

October 8, 2008

## Associations Between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Care-giver Bereavement Adjustment

Alexi A. Wright, MD; Baohui Zhang, MS; Alaka Ray, MD; *et al*

» Author Affiliations | Article Information

JAMA. 2008;300(14):1665-1673. doi:10.1001/jama.300.14.1665



Journal of Pain and Symptom Management

Volume 58, Issue 5, November 2019, Pages 864-870



Brief Report

## Pilot Study to Improve Goals of Care Conversations Among Hospitalists

Kathryn I. Pollak PhD<sup>a, b, c, d, e</sup>, Xiaomei Gao MA<sup>a</sup>, Jessica Beliveau MPH<sup>c</sup>, Brian Griffith MD<sup>c</sup>, Danielle Kennedy MPH<sup>a</sup>, David Casarett MD<sup>a, c</sup>



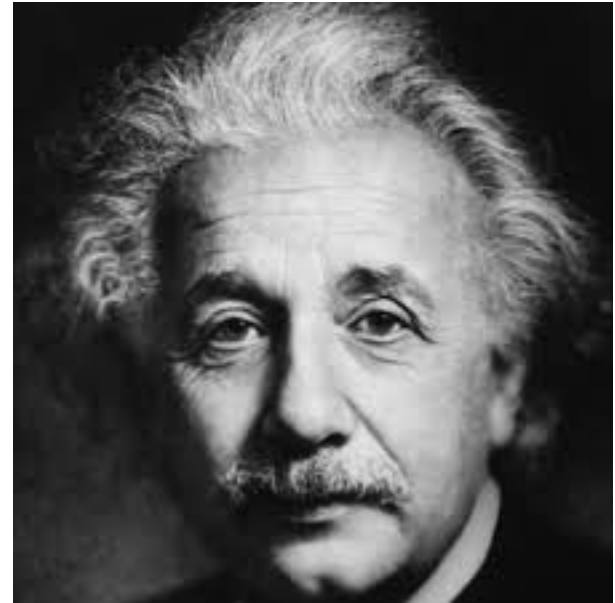
- We need more communication among team members about a patient's goals, preferences, and prognosis
- We need more/better communication with patients and families



How?

“We can't solve problems by using the same kind of thinking we used when we created them.”

-Albert Einstein



Psychology

Social psychology

Implementation  
science

Education

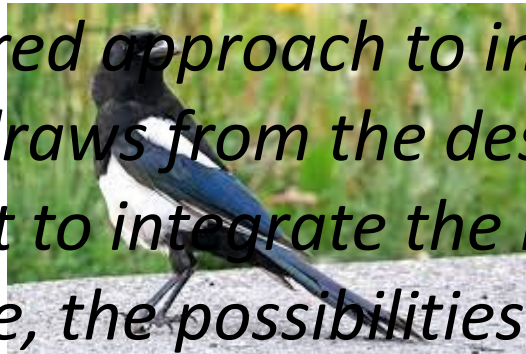
*“Design thinking is a human-centered approach to innovation that draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for [business] success.” –Tim Brown*

Sociology

Human factors

Engineering

Anthropology



## 2) Creating solutions: Design thinking



Design thinking encompasses processes such as context analysis, problem finding and framing, ideation and solution generating, prototyping, testing, and evaluation. (Nigel Cross)



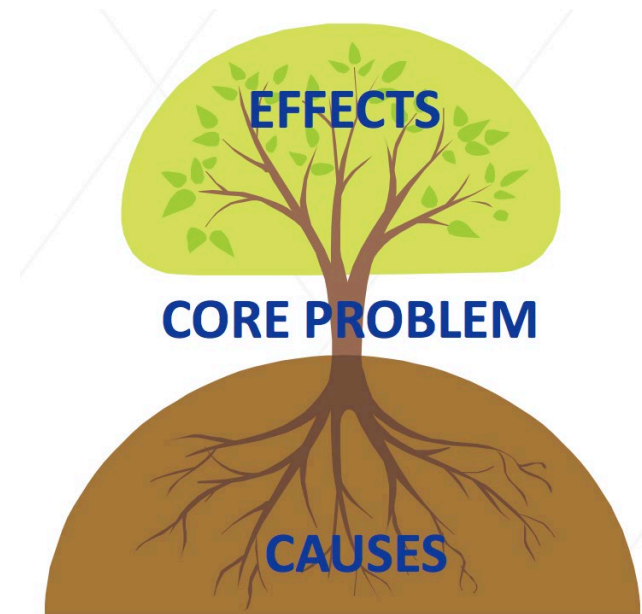


# One example of design thinking



Treatment that is  
inconsistent with goals

People with serious illnesses often don't  
have open and honest conversations about  
their disease, prognosis, and goals



1. Patients are reluctant to discuss “bad news”
2. Providers don't want patients to think they're “giving up”
3. Providers don't know how to discuss goals
4. Other team members not empowered to facilitate conversations
5. etc

# Design thinking is well-suited to:

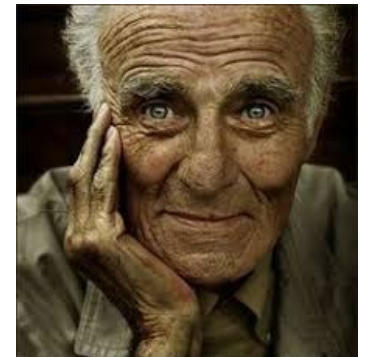


1. ('Interdisciplinary' problems)
2. Problems that are “hidden in plain sight”
3. 'Wicked' problems

## 2. A problem “hidden in plain sight”



Problems that are so long-standing and diffuse that they've become tolerated, accepted, and part of everyday life.



### 3. A 'wicked' problem



Problems that are highly complex, with many interdependent causes.

#8: Every cause you discover is the symptom of another cause





How might we ensure that all Duke Health patients with serious illness have a chance to have a conversation about their goals?

# Unpacking a wicked problem



Who should have  
a conversation?

When?

Which patient?

How do I have a  
conversation?



Why are  
conversations  
important?

Why should I  
have a  
conversation with  
this patient, right  
now?

What should I  
say?



# 7 examples of how design thinking has guided Duke Health efforts to improve GoC communication

# #1: Put knowledge in the world





# Duke GoC templates



.goalscritical/.goalsuniversal/.goalspediatric

The screenshot displays the Duke GoC (Goals of Care) interface, which is used for documenting patient goals and care plans. The interface is divided into several sections:

- Call Intake:** This section is on the left and contains a navigation bar with options like 'Triage Enc', 'Work Queue', 'Family Switch', and 'More'. Below this, there's a 'Caller' field set to 'None' and an 'Allergies' field set to 'Not on File'. A grid of buttons allows users to select a 'Reason for Call' (e.g., 'Verify Rx Benefits', 'Home Vital Signs', 'History', 'Controlled Rx (PDMP)', 'Medications', 'Medication Grid', 'Allergies', 'Outside Meds', 'MyChart Msg', 'Routing'). A 'Reason for Call' dropdown menu is currently open, showing 'None'. Below this is a 'Contacts' section with buttons for 'Incoming Call', 'Outgoing Call', and 'Other', and a 'Show: ☒ Permanent Comments' checkbox. At the bottom of this section is a 'Verify Pharmacy Benefits' button.
- Documentation:** This section is on the right and contains a 'This Call' tab. Below the tab is a 'Create Note' button. The 'My Note' section contains a rich text editor with a toolbar. The text in the note is as follows:  
Conversations during Transitions/Critical Decisions  
{Discussion held with:45618} {Patient participation?:45619}  
All parties voluntarily participated in the conversation.  
The discussion was held because \*\*\*.  
{Choose appropriate sections to be added to note:2105551211}  
{CONVERSATION SUMMARY:TXT,2105551200}  
{SUMMARY OF MEDICAL INFORMATION:TXT,2105551201}  
{PROGNOSIS:TXT,2105551202}  
{PATIENT TREATMENT PREFERENCES:TXT,2105551203}  
{MOST IMPORTANT GOALS:TXT,2105551204}  
{FEARS AND WORRIES:TXT,2105551205}  
{MOST IMPORTANT FUNCTIONAL ABILITIES:TXT,2105551206}  
{SURROGATE DECISION MAKER AND LEGAL DOCUMENTS:TXT,2105551207}  
{PATIENT/FAMILY DISTRESS:TXT,2105551208}  
{NEXT STEPS:TXT,2105551209}  
{BILLING:TXT,2105551210}

# Just-in-time GoC video library



[www.goalconcordant.care](http://www.goalconcordant.care)

## Duke Sites Page

- Host videos and resources for all Duke clinicians
- Targeted video collections for specialty areas

### Video Library



Palliative Care



Hospice



Communication Skills



Pediatric



Advance Care Planning  
Documents

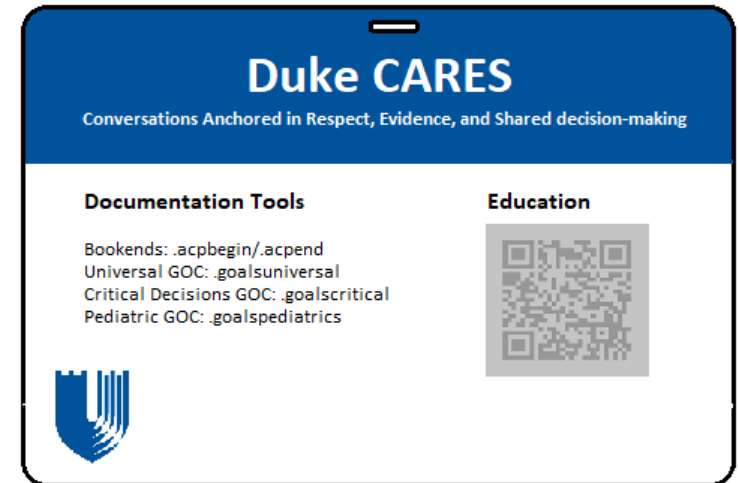


Video Library

### Specialties



Heart Center



## Badge Buddy

QR code technology links clinicians to videos available on computer or smartphone

# #2: Give location/status updates





- Hospital medicine
- 9300
- 9100
- Gyn Onc

## #2A: Exploit “withered technology”



Gunpei Yokoi, Nintendo CEO

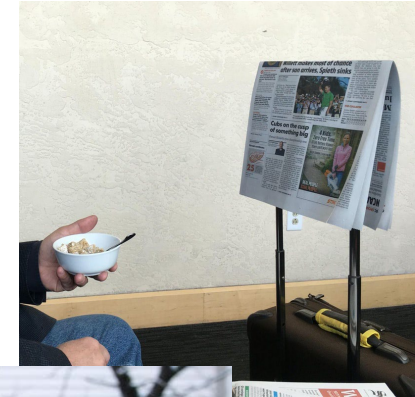


- Advanced heart failure
- Metastatic cancer
- Liver failure
- Kidney failure
- Neuro-degenerative disease
- Limb amputation and PVD
- Moderate/severe protein-calorie malnutrition

\*6-month mortality: 33% for inpatients; 11% for outpatients



# #3 Workarounds point to solutions





Epic post-it notes

Palliative care consults

Signouts/handoffs

Verbal handoffs/shift change  
reports






# Solution: MaestroCare ACP tab



## Advance Care Planning Notes

Create ACP Note 

Date of Service		Author	Author Type
09/30/21 1141	<a href="#">Addend </a>	Casarett, David Jonathan, MD	Physician
09/29/21 0357	<a href="#">Addend </a>	Snow, Sarah Cebren, MD	Resident
09/28/21 1824	<a href="#">Addend </a>	Patel, Pooja Roopesh, MD	Resident

# #3A: Design for extremes



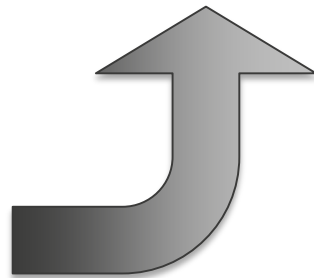
# Fast GoC communication among clinicians



## Advance Care Planning Notes

[Create ACP Note](#)

Date of Service		Author	Author Type
09/30/21 1141	<a href="#">Addend</a>	Casarett, David Jonathan, MD	Physician
09/29/21 0357	<a href="#">Addend</a>	Snow, Sarah Cebon, MD	Resident
09/28/21 1824	<a href="#">Addend</a>	Patel, Pooja Roopesh, MD	Resident



Code: **DNAR**

Advance Care Planning: **Yes**

COVID-19 Vaccine: **Overdue for dose 3**

COVID-19: **Has Labs**

Isolation: **None**



# #4: Design for the think/do gap



# Make the GoC think/do gap visible



## Drill Down Dashboard

Column 1

Author Name

Column 2

Author Name

ACP in Last X Months of Life Target

6

Drill Down Table

Column 1	Patients	ACP Note Patients	% Patients w/ ACP	Provider Documented ACP Note Patients	% Provider Documented ACP	Deaths	ACP Completed w/in Target	% ACP Completed w/in Target
CASARETT, DAVID JONATHAN	93	82	88%	69	74%	52	48	92%

- % of my patients who have a GoC note (by anyone)
- % of my patients for whom I wrote a GoC note
- % of my patients with a GoC note in the last 6 months of life



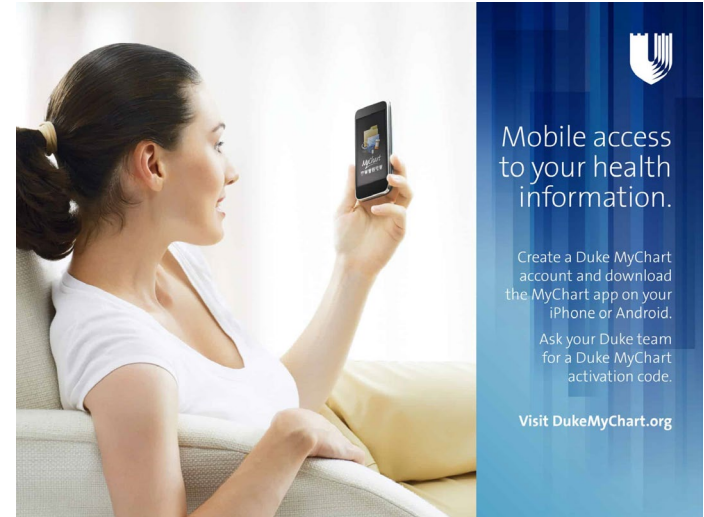
# #5: Design for people's needs



# Patient-Initiated Note about Goals (PING)



- Duke Health Patient-initiated Note about Goals (PING):
  - Brief (2-3 minutes)
  - Triggered/prescribed
  - Results to inbox
  - “Would you like to talk to your health care team?”





1. Put knowledge in the world
2. Let people know where they are
  - Exploit withered technology
3. Workarounds point to solutions
  - Design for the edges
4. Design for the think/do gap
5. Design for people's needs





# Successes

# Progress: GoC notes in the last 6 months of life



% GOC Completed w/ in 6 Months of Life

