Key things to think about when implementing the Serious Illness Conversation Guide (SICG) programme in your DHB or clinical area

ROADMAP: Serious Illness Care Program

Training alone will not drive sustainable change in practice. We need to be ensuring that trained clinicians can have the conversations and use the information gathered to inform care. This requires the development of a system within your DHB or clinical area that includes all of these key success elements:

1. Leadership to champion for the programme and source people and resources that might be required
2. An agreed process for identifying patients who would benefit
3. Clinicians supported to engage in the conversations with time, training and mentoring
4. Patients and their whānau supported before, during and after these conversations
5. Conversations documented effectively to inform care/treatment that aligns with what is important to the patient
6. The process and the training monitored and quality assured with continuous improvement embedded into clinical practice

Implementation is a journey.

Setting up for success - six steps to building the foundation you need

☐ Determine the goals of implementing the SICG programme
☐ Engage leaders, colleagues, and staff face-to-face
☐ Build an interdisciplinary team to lead the implementation
☐ Assess needs and readiness
☐ Agree the clinical area or team that you will start with
☐ Agree how you will measure and evaluate

Step one - Determine programme goals and engage colleagues (What do you hope to accomplish with the programme?)

- Knowing where you're going helps guide activities
  - o Who do you need to engage?
  - o What clinical area would be good to start with?
  - o What resources will you need?
- Goal setting - one of the ways to ensure you bring people along with you is get them to collectively agree to the goals for your local SICG implementation. Some goal ideas - increase the proportion of seriously ill patients in XXX service/team/area with a documented clinician-patient discussion about values, goals, and preferences OR improve the timing and quality of conversations between patients and clinicians in XXX service/team/area
  - o Your goals will inform your monitoring/evaluation plan

Step two - engage leaders, colleagues, and staff

This involves creating partnerships, building ownership and giving everyone a voice. A great way to engage others is through storytelling - share clinican experiences of conversations that didn't go so well and how SICG could change that, how using SICG has changed practice and how it has impacted on patients.

- Engage with people at all levels that are necessary to involve to accomplish the goal (leadership, clinicians, administrative team, quality improvement, information systems)
- Engage with each person one-on-one, change happens one person at a time and the time invested upfront in these conversations will save you frustration later.
- Don't avoid the sceptics – if they don't want to engage or support the initiative it is important you agree that "*you might disagree with the programme but can we agree that you will not get in the way because there are lots of people who do want this".*

Building a case for leadership
- Understand their priorities, or conflicting priorities
- Keep your message concise and have a clear story about the programme
- Be ready to describe how it adds value
- Show relevance to the institution's priorities and direction

Key messages to get clinicians supporting the programme - what do clinicians care about and how can you tie that to the programme?
- Improving outcomes and the experience for patients and their whanau

- Avoiding harm – harm of not having the benefit of the conversation and the harm of unwanted or unwarranted treatments
- Providing good care
- CME credit for training (2.75 NZRCGP CME accreditation)
- Their own well-being and self-efficacy

Strategy For a 1-on-1 conversations with leaders and colleagues
- Start with an open-ended question – "What challenges do you face in talking with your seriously ill patients about their goals of care?" (clinician)… look for their pain points. "What are your institutional priorities in the next year?" (leadership)… and understand competing priorities
- Discuss the programme at a high level and their potential role
- Explain the guide and how it will change things
- Tell them how important they are to the success of the project
- Explain how they are a leader and they can help set a positive tone with their colleagues
- Ask for feedback and concerns – red flags and challenges are key to get on the table now and validates that you care about their input.
- Reinforces how important their voice is for the project and ask for their help
- Answer any questions
- Thank them for their time

Step three - build an implementation team by finding people who have the mana, enthusiasm, time and skills to support the implementation effort.

Step four - Conduct a needs assessment – are you ready and do you have what you need to be successful?
For example do you have leadership agreement, resources for the team, no major competing priorities.

Step five - Agree where you will begin - starting small, expanding slowly, and learning as you go improve the odds of success.
Working with the selected team/service think about:
- How you will identify patients who would benefit from a SICG conversation
- Who needs training
- How you will link patients with trained clinicians
- How you will prepare the patients for the conversation
- Where, when and who (from the clinical team) will have the conversation
- How will the conversation and plan be documented
- How will other clinicians know about the conversation and plan
- How will you support clinicians with peer-review or mentoring as they grow their confidence
- How will you review the selection criteria and the process (maybe using PDSA cycles)

Step six – determine how you will measure and report on the programme progress?

Monitoring: integrating ongoing measurement that will provide the programme with information on progress (activities and outputs).

Example of output/process indicators:
- % of target staff trained
- % of workflow processes in place (i.e. patient ID process)

Evaluation: think about a systematic examination of the ongoing or completed programme to understand its effectiveness, efficiency, impact, or sustainability (outcomes).

Example of outcome indicators:
- % of identified patients who had the benefit of the conversation
- Assessment the patient experience of the conversation
- Assessment of the quality of conversations documented in EHR

Example: adapted serious illness workflow
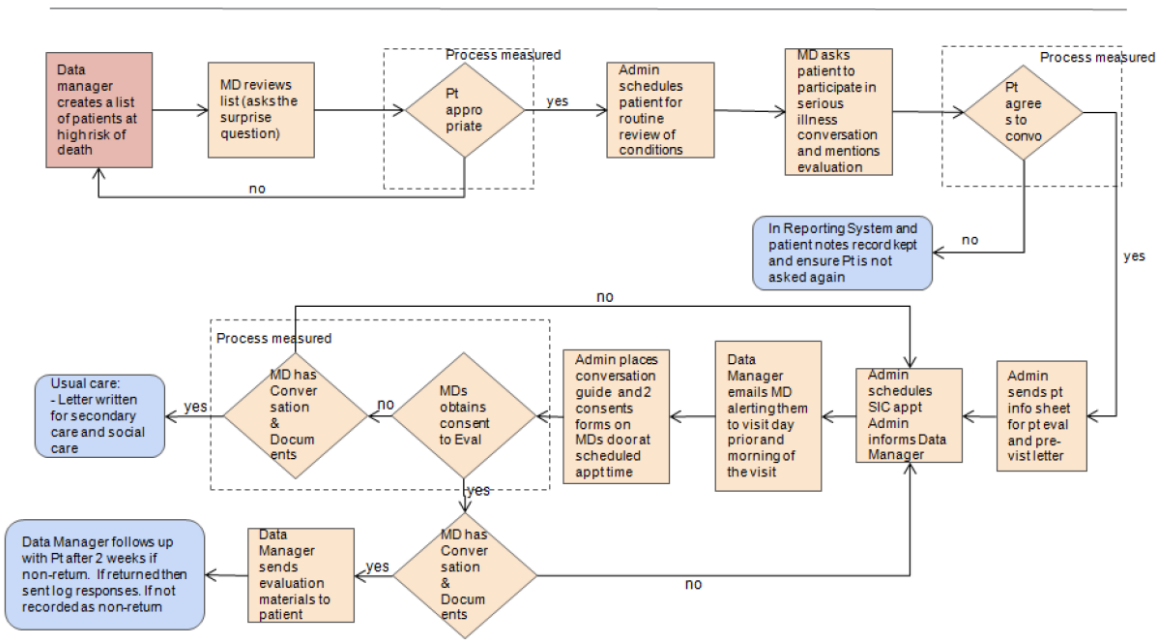
Starting!

1. Train a group of clinicians in the area where you aim to start.
2. Have them identify their first patient.
3. Prepare the patients and their whānau.
4. Support the clinician to prepare him/herself to have the conversation.
5. Have the conversation take place.
6. Ensure the trained clinician documents the conversation.
7. Reflect on how that went and use this reflection to help inform future conversations.