

Online Data Supplement

Protocol and Fidelity Monitoring Plan for Four Supports: A Multicenter Trial of an Intervention to Support Surrogate Decision Makers in ICUs

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THE FOUR SUPPORTS STUDY

Pre-Conference Summary Sheet for Clinicians

Bed #: _____ Patient Name: _____ Date ____/____/____

FACTS ABOUT THE FAMILY

1. Who is involved in decision making?

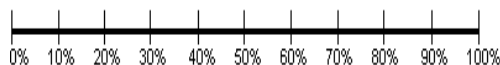
Any unique family circumstances? Yes No

2. Does the surrogate have experience with decision making? Yes No

CURRENT EXPECTATIONS

1. Likelihood patient will not survive to hospital discharge?

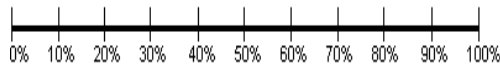
Definitely will survive



Definitely will not survive

2. Likelihood of severe functional impairment in 6 months?

Definitely will not have Severe Functional Impairment



Definitely will have Severe Functional Impairment

WHAT DO WE KNOW ABOUT THE PATIENT AS A PERSON?

1. Is there a written Advance Directive? Yes No

2. If yes, describe content:

3. What do we know about the patient's values and health care preferences?

4. What is important to the patient as a person?

WHAT ARE THE FAMILY'S 3 MAIN QUESTIONS?

1.

2.

3.

The Four Supports Study

Daily Meeting Checklist

Intervention Group Control Group

FAMILY INTERACTIONS (Specify type of interaction and length in minutes below):		<input type="checkbox"/> N/A Control Group
Mode of communication? List all: (A-E)	<input type="checkbox"/> F1: _____ <input type="checkbox"/> F3: _____ <input type="checkbox"/> F2: _____ <input type="checkbox"/> F4: _____	<u>Type:</u> A. In-person C. Text E. Other: _____ B. Telephone D. Left Message
<input type="checkbox"/> FIRST INTERACTION: _____ minutes		<input type="checkbox"/> POST-CONFERENCE: _____ minutes
<input type="checkbox"/> Establish a relationship, explain the FSI role <input type="checkbox"/> Provide emotional support <input type="checkbox"/> Understand family stressors and structure <input type="checkbox"/> Elicit the family's understanding <input type="checkbox"/> Elicit family's questions and concerns <input type="checkbox"/> Inquire about previously expressed healthcare preferences (AD) <input type="checkbox"/> Orient the family to the ICU and review unit orientation materials <input type="checkbox"/> Finalize scheduling of first meeting		<input type="checkbox"/> Respond to family needs; allowing them to guide content <input type="checkbox"/> Provide emotional support and express empathy <input type="checkbox"/> Elicit concerns and questions <input type="checkbox"/> Listen for key misunderstandings and concerns <input type="checkbox"/> Help family synthesize key information from the clinician
<input type="checkbox"/> PRE-CONFERENCE: _____ minutes		<input type="checkbox"/> DAILY CHECK-IN: _____ minutes
<input type="checkbox"/> Provide emotional support <input type="checkbox"/> Explain the purpose of the pre-conference and family meetings <input type="checkbox"/> Complete Question Prompt List (QPL) <input type="checkbox"/> Explain principles of surrogate decision making <input type="checkbox"/> Elicit family understanding/complete prognostic estimates <input type="checkbox"/> Conduct values elicitation exercise		<input type="checkbox"/> Provide emotional support and empathy <input type="checkbox"/> Elicit spiritual needs and involve spiritual care as needed <input type="checkbox"/> Offer to discuss what might occur during the dying process <input type="checkbox"/> Offer an opportunity for family to gather at the bedside <input type="checkbox"/> Facilitate life review <input type="checkbox"/> Create space for family members to say good-bye to patient <input type="checkbox"/> Answer family's questions and concerns

PHYSICIAN INTERACTIONS (Specify type of interaction and length in minutes below):		<input type="checkbox"/> N/A Control Group
<input type="checkbox"/> FIRST INTERACTION: _____ minutes		<input type="checkbox"/> POST-CONFERENCE: _____ minutes
<input type="checkbox"/> Explain FSI role with emphasis on benefit to ICU team <input type="checkbox"/> Elicit MD perception of family needs and patient status <input type="checkbox"/> Tentatively schedule the first meeting		<input type="checkbox"/> Continue rapport building <input type="checkbox"/> Reflect on impact of meeting and inquire how you can be of help <input type="checkbox"/> Provide update about what happened after meeting <input type="checkbox"/> Confirm shared understanding of plan of care <input type="checkbox"/> Elicit clinician's perceptions of family's needs
<input type="checkbox"/> PRE-CONFERENCE: _____ minutes		<input type="checkbox"/> DAILY CHECK IN: _____ minutes
<input type="checkbox"/> Elicit clinician's goals for meeting/ perceptions of family needs <input type="checkbox"/> Give tailored family info to team including clinician summary sheet <input type="checkbox"/> Remind the clinician of the role the FSI will play in the conference		<input type="checkbox"/> Check in with clinician about plan of care <input type="checkbox"/> Share information elicited from family <input type="checkbox"/> Inquire about tasks with which FSI can assist

PT # FS-_____ Date ____/____/____ Intervention Day # _____ Page _____ of _____

The Four Supports Study

Daily Meeting Checklist

Intervention Group Control Group

Did a clinician-family meeting occur (Intervention and Control)? yes no **Specify Type:** Informal Update Formal Meeting

CLINICIAN-FAMILY MEETING INFORMATION: **Time of Meeting:** _____:_____:_____ **Length:** _____ minutes

<input type="checkbox"/> Provide/ensure emotional support provided <input type="checkbox"/> Help family ask questions/encourage participation <input type="checkbox"/> Listen for and address misunderstandings <input type="checkbox"/> Ensure discussion of treatment options, prognosis, patient values as appropriate <input type="checkbox"/> Ensure clear plan for next steps	Enrolled surrogates attending meeting: Family Member ID# _____ Family Member ID# _____ Family Member ID# _____ Family Member ID# _____ Total Number of Enrolled and Not Enrolled Family Members Present for meeting: _____
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Day of Meeting Apache II Score: _____	Enter total number of each type of clinician/hospital staff attending the physician-family meeting: (List total number for each type. If none, enter "zero") _____ Nurse _____ Physician _____ Student _____ Respiratory Therapist _____ Chaplain/Religious Support _____ Social Worker _____ Other (specify) _____
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FOR PATIENTS ENROLLED IN THE CONTROL GROUP AND INTERVENTION GROUP
**NOTE: THE BELOW THREE DATA POINTS SHOULD BE COLLECTED VIA CHART ABSTRACTION ONLY*

1. Did the MD meet/update the Family today?
 Yes No

2. Did the family have a conversation with either a Clinician or Social Worker today?
 Yes No

3. Did the family receive an update from the bedside nurse today?
 Yes No

FIELD NOTES (Please specify type of interaction for each comment):

CONTROL EDUCATION SESSION 1: _____ minutes **CONTROL EDUCATION SESSION 2:** _____ minutes

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PT # FS- Date / / Intervention Day # Page of

Four Supports Overall Protocol Adherence

Meetings with Family Members [‡]	Date									
(√ box under date column for each meeting)										
First Interaction with the Family										
Pre-conference										
Clinician-Family Conference										
Post-conference										
Daily Check-in*										
Daily Check-in attempt**										
Life Closure Session										
Control Education Session 1										
Control Education Session 2										
Patient transferred?										
Daily protocol Adherence met?										

* A=in person B=phone C=text message ** D =left message/txt § Saturday/Sunday

Meetings with Physicians [‡]	Date									
First Conversation with the Physician*										
Pre-conference										
Post-conference										
Daily Check-in										
Daily protocol adherence met?										

*Note: repeat first conversations may occur if patient transfers to floor, returns to ICU or with change in ICU service.

PT# FS-_____ Intervention __ Control__ Page__ of __ ‡-Note reason for deviation from protocol schedule on back page

Patient ID: _____

Date of Content Delivery: ___/___/___

Interventionist ID: ___ Rater ID ___

Date of Monitoring: ___/___/___

First Conversation with the Family

Meeting Components	Yes	No	Quality Rating*	Comment
<i>Objective Components</i>				
1. Provide emotional support			1 2 3	
2. Establish a relationship			1 2 3	
3. Explain FSI Role (may be only reinforcement if family was just consented)			1 2 3	
4. Understand Family Stressors and Structure			1 2 3	
5. Elicit family's understanding			1 2 3	
6. Orient the family to the ICU and review unit orientation materials			1 2 3	
7. Elicit family's questions and concerns			1 2 3	
8. Inquire about previously expressed healthcare preferences (AD)			1 2 3	
9. Finalize scheduling of first meeting (Plan for next steps)			1 2 3	
10. Give/Receive Contact Information			1 2 3	
<i>Qualitative Components</i>				
11. Incorporates <ul style="list-style-type: none"> • Asking permission • Anticipatory guidance • Bracketing • Summarizing • Pacing • Appropriate pauses • Maintaining central importance of patient as a person 			1 2 3	
Overall Quality of the Intervention Session			1 2 3	
Delivery of content inconsistent with principles of the intervention/ outside the scope of the intervention* *(describe)				

* 1= poorly executed/to a minimal extent, 2=moderately well, but not completely/with deficits in quality, 3= with high quality/completely

**Offering pure opinion, unilateral decision-making, display of impatience, disrespect of pt./family values, fomenting or exacerbating conflict

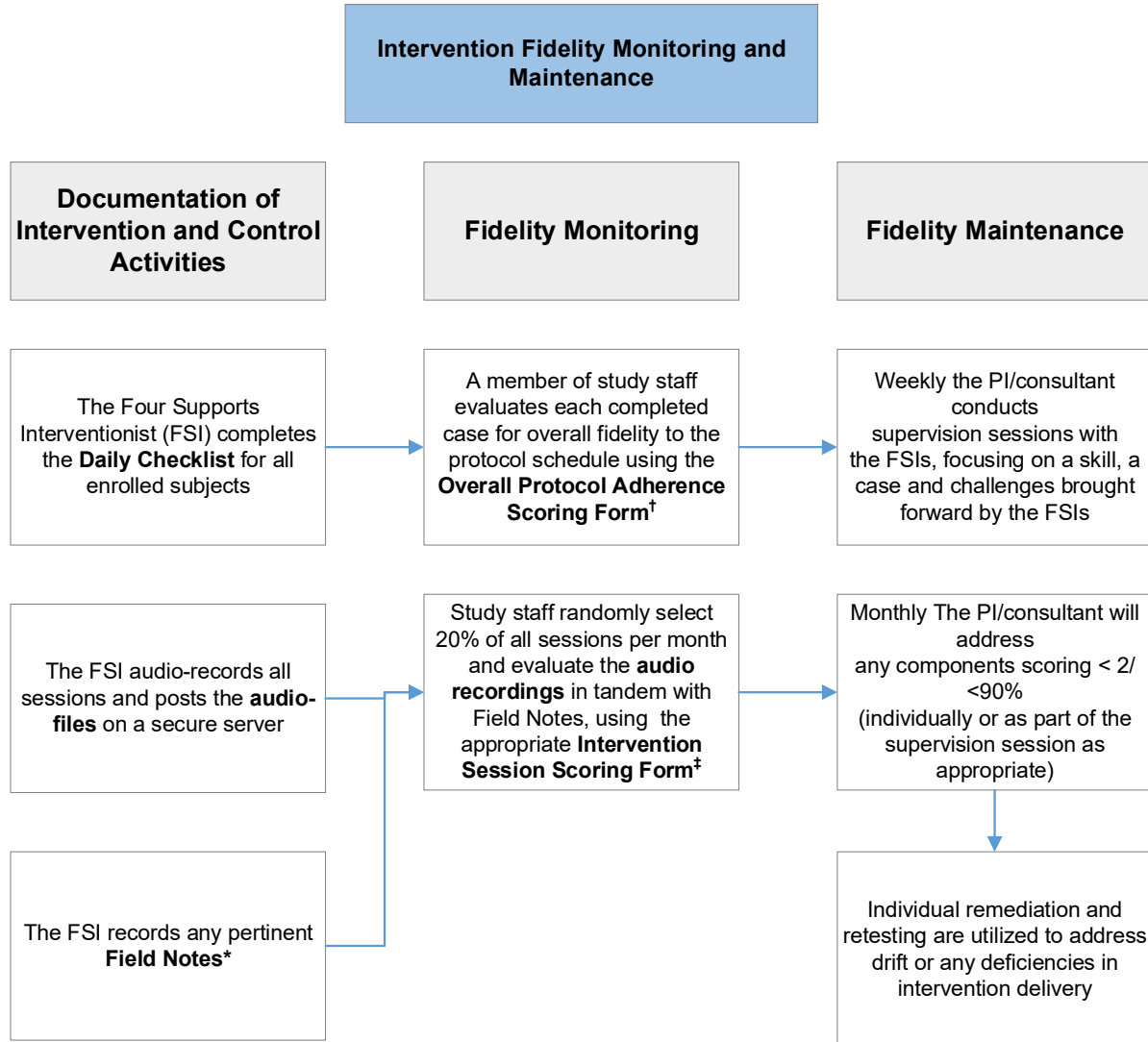
Content Score: Total ___/11= ___%

Mean Quality Score ___

Overall Quality of the Intervention Session ___

Delivery of Content Inconsistent with the Principles of the Intervention Y/N

Appendix E



*Any difficult cases as described in the Field Notes are flagged for supervision

[†] The threshold for overall adherence is $\geq 90\%$

[‡] The threshold for quality of intervention delivery is ≥ 2 (on a scale of 1 to 3); the threshold for content delivery is $\geq 90\%$.