

INTERVIEW GUIDE FOR FOCUS GROUPS ROUND 1

INTRODUCTION AND OPENING QUESTION

The purpose of today's discussion is to get your feedback on a structured communication tool, Best Case/Worst Case, that is intended to aid discussions about treatment and prognosis with older patients and their family members. As many of you may already know, we have used this tool with surgeons and patients in the acute care surgery setting. Today, we are interested in getting your input on how this tool could be used in the trauma setting.

With that in mind, let's get started by going around the table one at a time. Please tell us your first name, what your role is on the trauma team and how long you have been at [SITE NAME].

TRANSITION QUESTION

QUESTION: Okay, let's move to the first question. For this question, please tell me about the challenges you have when you are talking about treatment and prognosis with families of older patients with serious traumatic injury.

PROBE: Can anyone else describe the kinds of challenges you face when talking about treatment and prognosis?

PROGNOSIS SCORE

I am now handing out cards that describe a hypothetical patient.

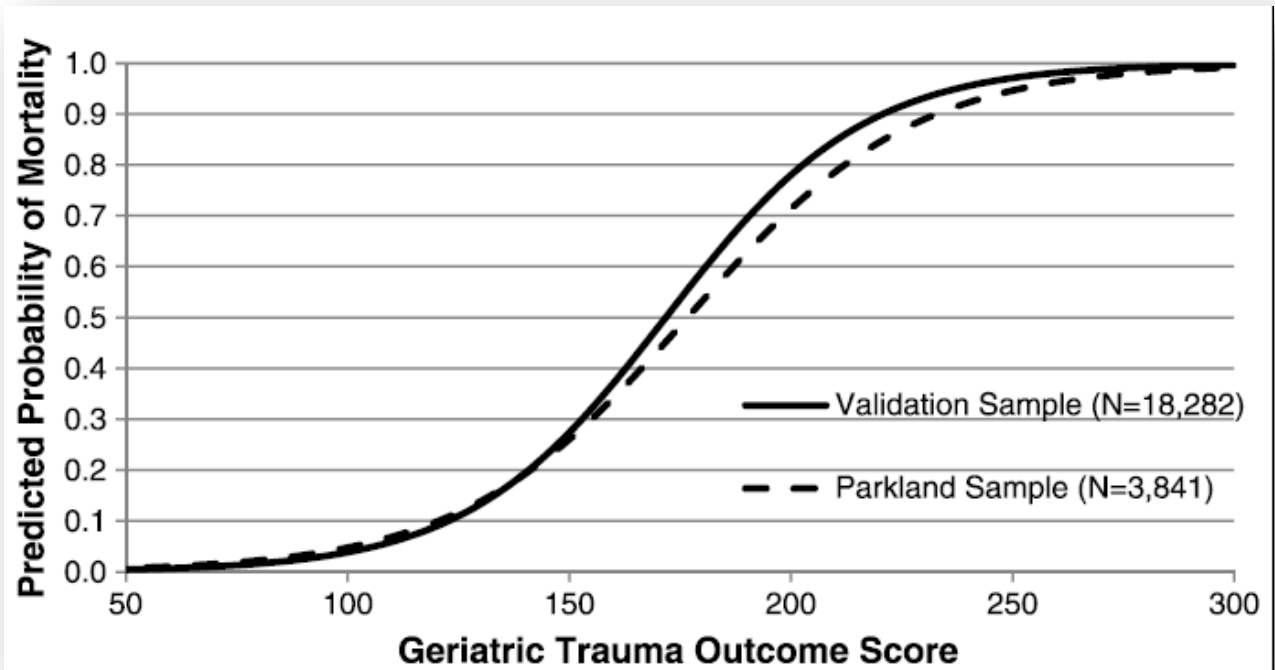
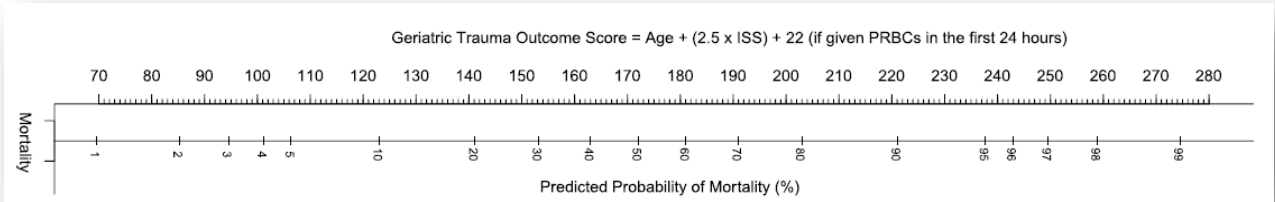
HAND OUT CARD

James Wilson is a 79-year-old male with a history of COPD, coronary artery disease, obesity, sleep apnea, diabetes, and rheumatoid arthritis who presented to the emergency room yesterday evening as a level 2 trauma after a motor vehicle crash. He had been driving on the highway when severe weather with heavy rainfall caused his car to hydroplane and roll down an embankment. He has many injuries, the worst of which are multiple rib fractures giving him bilateral flail chest and a complex pelvic fracture with hemorrhage that was embolized in the IR suite. He became hypotensive with altered mental status during his resuscitation, leading to intubation and blood transfusions. He is now hemodynamically normal post-trauma day 1 in critical condition in the surgical ICU of the hospital.

QUESTION: Tell me how you might describe James' prognosis to his family.

PROBE: Can anyone else say how you would describe the prognosis to James' family?

Intro of GTOS: Next, please flip the card over. This describes a predictive nomogram that members of our research group have designed to assist trauma surgeons in determining prognosis for seriously injured older patients. This is a well-validated instrument, the Geriatric Trauma Outcome Score – or GTOS. It can be calculated at the bedside by trauma surgeons to estimate in-hospital mortality. We used it to calculate James Wilson’s GTOS, which is 208.5. This predicts an in-hospital mortality of 84%.



QUESTION: How might this tool help YOU think about caring for James?

QUESTION: How might you use this tool to discuss prognosis with James’ family?

GTOS = AGE + (2.5 x Injury Severity Score + 22 (if given 1 unit or more of RBCs)
James’ GTOS = 79 + (2.5 x 43) + 22 = 208.5

VIDEO

Next, I'd like to show you a video. The video is about 10 minutes long. It shows a surgeon describing treatment options to James' family members. In this video, the surgeon will use the Best Case/Worst Case tool. We'd like you to watch the video and then we will ask some questions about how the tool has been used. Although we have used this tool with acute surgical problems previously, *today*, we are looking to get your input on how this tool could be used in the trauma setting.

Please note this video was made for research purposes. Given our time constraints we cannot show you all of the interactions this surgeon has had with the patient and family. We are aiming to show an isolated conversation about treatment options. I am also passing out a copy of the diagram that the surgeon uses in the video, so you can reference it as the video plays.

HAND OUT DIAGRAM

PLAY VIDEO

Trauma Surgeons Video Questions

So now I have a few questions about how the Best Case/Worst Case tool was used in the video.

Video Q1: How would this communication tool help you to present *treatment options* to your patients and families?

PROBE: How might others use this tool?

VQ1a: We just discussed how this tool would help present treatment options – How would this communication tool help you to discuss *prognosis* with families and patients?

PROBE: How might others use this tool?

PROBE: How does this communication tool compare to the way that surgeons typically talk with critically ill patients?

VQ2: How might you use the communication tool in conjunction with the GTOS predictive nomogram to discuss prognosis with patients and family?

VQ3: We theorize that the Best Case/Worst Case tool might best be used in the SICU, 24-48 hours after the patient's injury. In the care of a critically ill older patient, when during the trauma admission do you think you might use this communication tool?

PROBE: What do you think about the choice between survival focused care and comfort focused care?

VQ4: In the care of a critically ill older patient, how might you use this communication tool when there is no specific treatment decision to make?

VQ5: How might you use this tool during rounds in the ICU?

PROBE: For example, how might you have nurses or other care providers interact with the graphic aid?

PROBE: Where might you leave the graphic aid in the ICU so that others could refer to it?

FINAL QUESTION: Is there anything else about either the Best Case/Worst Case communication tool or the GTOS predictive nomogram that you think would be important for me to know?

Trauma Patient Card given to focus group participants (front)

79 year old male, Level 2 trauma after MVC

PMH: COPD, CAD s/p CABG x2, obesity, sleep apnea, diabetes, and rheumatoid arthritis

PSH: CABG

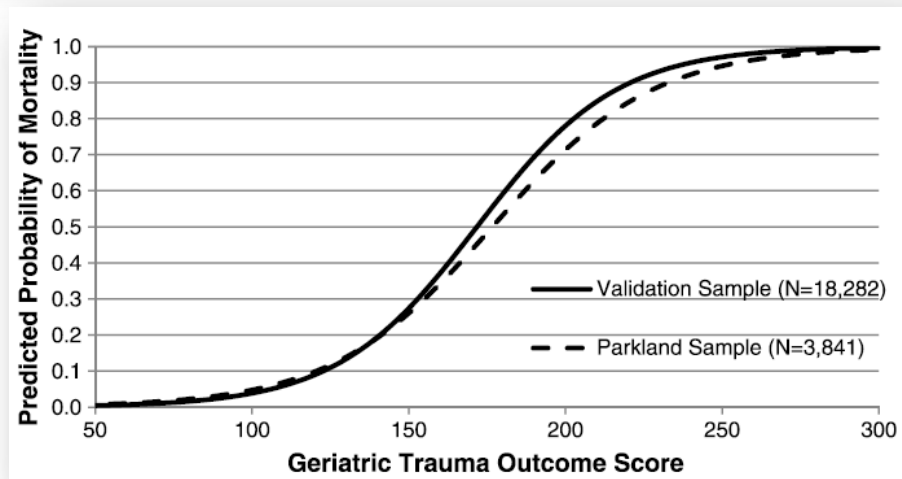
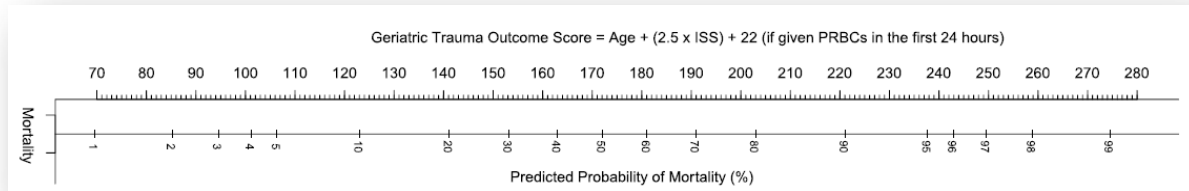
Injuries:

- Right-sided pneumothorax s/p chest tube placement
- Right-sided fractures of the 2nd-9th ribs with flail segment
- Left-sided fractures of the 2nd-7th ribs with flail segment
- Right forearm and wrist fractures
- Complex pelvic fracture with hemorrhage s/p IR embolization
- Right-sided hip fracture
- No head injury

Current status: Intubated and in critical condition in the SICU, recovering from hemorrhagic shock

Trauma Patient Card given to focus group participants (back)

Geriatric Trauma Outcome Score



GTOS = AGE + (2.5 x ISS) + 22 (if given 1 unit or more of RBCs)

James' GTOS = 79 + (2.5 x 43) + 22 = 208.5 → 84% predicted mortality