Round 1

Thank you for agreeing to participate in this study. The goals of the study are to: identify factors which may determine the content of a clinical assessment during a palliative care consultation and to develop consensus among palliative care clinicians about the elements of a comprehensive palliative care assessment that you believe should be included in a palliative care consultation based on those factors. As a Delphi panelist, you will be iteratively surveyed. Surveys will be conducted online, and your responses will be kept anonymous from other participants, in keeping with traditional Delphi survey methodology. Your de-identified survey responses will be shared with the Delphi panel for the purposes of iterative consensus-building. Internet-based surveys will be conducted using a secure, HIPAA-compliant, online survey website. You will be assigned a participant ID number that will be the sole identifier on all study data forms. Identifying information will be stored in a secure file. Only designated personnel working within the Duke firewall or IRB-sanctioned individuals will have access to the drive and participant data. You may choose to discontinue participation at any time.

Part A: Please answer the following questions about you and your practice.

1. What is your discipline?
-Nurse Practitioner
-Physician
-Physician Assistant

2. How many years have you been in palliative care clinical practice?
-0-5 years
-6-10 years
-11-15 years
-16-20 years
->20 years.

3. What percentage of your time do you spend in patient care?
-0-25%
-26-50%
-51-75%
-76-100%

4. In which setting(s), do you practice palliative care? Check all that apply.
-Hospital
-Outpatient clinic
-Home-based palliative care
-Palliative care in institutional settings (nursing home, assisted living)
-Hospice

Survey Instructions: In the first round of this Delphi survey, we are interested in learning about **your current practices and opinions** regarding the scope of Palliative care visits. For the purposes of this study, we are interested in the components of comprehensive palliative care that you or a member of your interdisciplinary team address during the first 3 visits of a consultation.

For the purposes of this study, a comprehensive palliative care assessment includes the following domains:

1) Assessment of Physical Symptoms
-Screening and management for pain as well as non-pain symptoms: shortness of breath, constipation, nausea/vomiting, appetite/weight loss, and fatigue.

2) Assessment of Psychological, Psychiatric, and Cognitive Aspects of Care
-Depression and anxiety screening/management
-Assessment of cognitive status and orientation/delirium

3) Spiritual, Religious, Existential Concerns
-Performing a spiritual history
-Screening for existential or spiritual distress
-Collaboration with patient's primary faith community

4) Medical Decision-Making and Care-Planning
-Goals of care discussion
-Determination of care preferences
-Code status discussion
-Clarification of prognostic understanding

5) Care Transitions and Coordination of Care
-Determination of place of care
-Assessing or facilitating access to services (i.e. hospice)
-Clarification of caregiver needs
-Identifying current and future sources of practical and emotional support
-Assessment of functional status

6) Cultural Aspects of Care and Other Factors
-Identifying place of Residence
-Clarifying English Proficiency
-Determining cultural norms and expectations for communication, roles, and decision-making

Please select the statement that best describes your approach to determining the scope of your palliative care assessment for the majority of consultations, when considering the domains named above

1) Each consult should aim to address all domains of comprehensive palliative care within the first 3 visits.

I believe that we should strive for an extensive and comprehensive palliative care assessment for each palliative care consultation regardless of reason for consultation or other factors. I believe that a Palliative Care consult should assess all or most of the domains listed above for each consultation (when possible) and may even include elements not listed in above.

2) Each consult should be tailored to the particular domains required by the situation and no domain is a mandatory part of the consult.

*I believe that palliative care assessment should be individualized for each consultation and there are no "mandatory" domains that MUST be assessed. For example, if a clinician is consulted to discuss goals of care, the clinician focuses on elements listed under the domain of Medical Decision-making (above). The clinician may also assess other domains but there are **no mandatory** components of the assessment that the clinician must complete on all patients.*

3) Each consult should be tailored to the needs of the situation, but certain domains should always be included within the first 3 visits regardless of the characteristics of the situation.

I believe that palliative care assessment should be individualized for each consultation. However, there are previously determined domains which should be assessed for each consultation. For example, if consulted to discuss goals of care, the clinician should focus on elements listed under the domain of Medical Decision-making (above), but certain other elements should always be assessed as part of a palliative care encounter (such as symptom or distress screening).

RATIONALE FOR SELECTION

5. How often do you address the following domains in your clinical practice as part of the first 3 visits for a palliative care patient?
LIST OF THE 6 DOMAINS WITH SCALE TO RATE FREQUENCY OF ASSESSMENT
Always, Usually, Sometimes, Rarely, Never"
1) Assessment of Physical Symptoms
2) Assessment of Psychological, Psychiatric, and Cognitive Aspects of Care
3) Spiritual, Religious, Existential Concerns
4) Medical Decision-Making and Care-Planning
5) Care Transitions and Coordination of Care
6) Cultural Aspects of Care and Other Factors

6. Which characteristics of consultation most influence the domains that you assess? *(PLEASE SELECT THE TOP 5 AND EXPLAIN PERSONAL OR INSTITUTIONAL RATIONALE BELOW.* *For example, "On our Palliative Care consult service, the specific consulting service affects the domains we assess, because surgeons DO NOT want us to assess goals of care as a standard part of consultation, or we ALWAYS asses for symptoms screening because that is our agreed-upon team standard at X institution.")*

-Reason for the consult (goals of care, symptom management, etc.)
-Patient location (Inpatient ward, ICU, outpatient)
-Consulting service or provider
-Patient alertness/responsiveness
-Presence and availability of a caregiver
-Timing/Urgency of consult
-Institutional culture or team norms/protocols/expectations
-Diagnosis
-Prognosis (earlier in illness trajectory versus at end of life)
-Acuity of Symptoms or impending clinical changes
-Other (Please specify)

RATIONALE FOR INFLUENCE OF THE ABOVE SELECTED DOMAINS:

Round 2:

Survey Instructions:
Thank you again for agreeing to participate in this study. As a reminder, the goals of the study are to identify factors which may determine the content of a clinical assessment during a palliative care consultation and to develop consensus among palliative care clinicians about the elements of a comprehensive palliative care assessment that should be included in a palliative care consultation. The collective Round 1 responses of the Delphi participants are summarized below and Round 2 questions follow. As previously, your responses will be kept anonymous from other participants, in keeping with traditional Delphi survey methodology. These internet-based surveys are conducted using a secure, HIPAA-compliant, online survey website. Your participant ID number will be the sole identifier on all study data forms. Identifying information will be stored in a secure file. Only designated personnel working within the Duke firewall or IRB-sanctioned individuals will have access to the drive and participant data. You may choose to discontinue participation at any time.

Part 1: Summary of Results from Delphi Round 1
Comprehensive Palliative Care Assessment
As a reminder, for the purposes of this study, a comprehensive palliative care assessment includes the following domains that you or a member of your interdisciplinary team may address during the first 3 visits of a consultation.

1) Physical Symptoms
2) Psychological, Psychiatric, and Cognitive Aspects of Care
3) Spiritual, Religious, Existential Concerns
4) Medical Decision-Making and Care-Planning
5) Care Transitions and Coordination of Care
6) Cultural Aspects of Care and Other Factors

A. Approach to Palliative Care Assessment
In Round 1, participants (N= 21) described their approach to determining the scope of a palliative care assessment for the majority of consultations, when considering the domains above. Most (76.2%---responses 2 and 3) stated that a palliative care consult should be **tailored to the needs of the situation**; many (61.9%-- Response 3) stated that, **while tailored to consult needs, certain domains should always be included.** While some endorsed the goal of completing all domains of a comprehensive palliative care assessment for each consult (Response 1), in qualitative comments, participants cited time constraints, staffing, and institutional expectations as barriers to completing a comprehensive assessment in all situations.

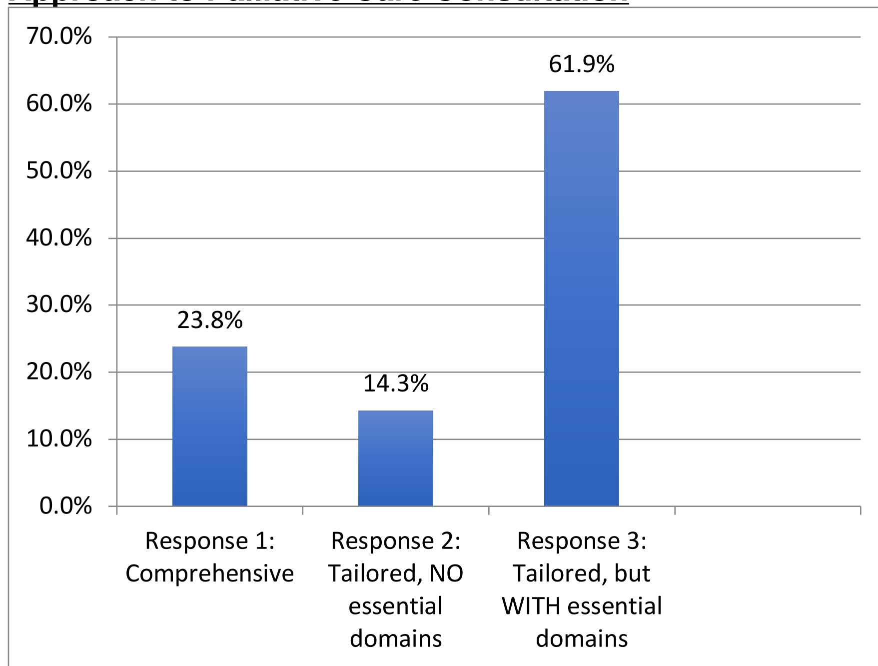
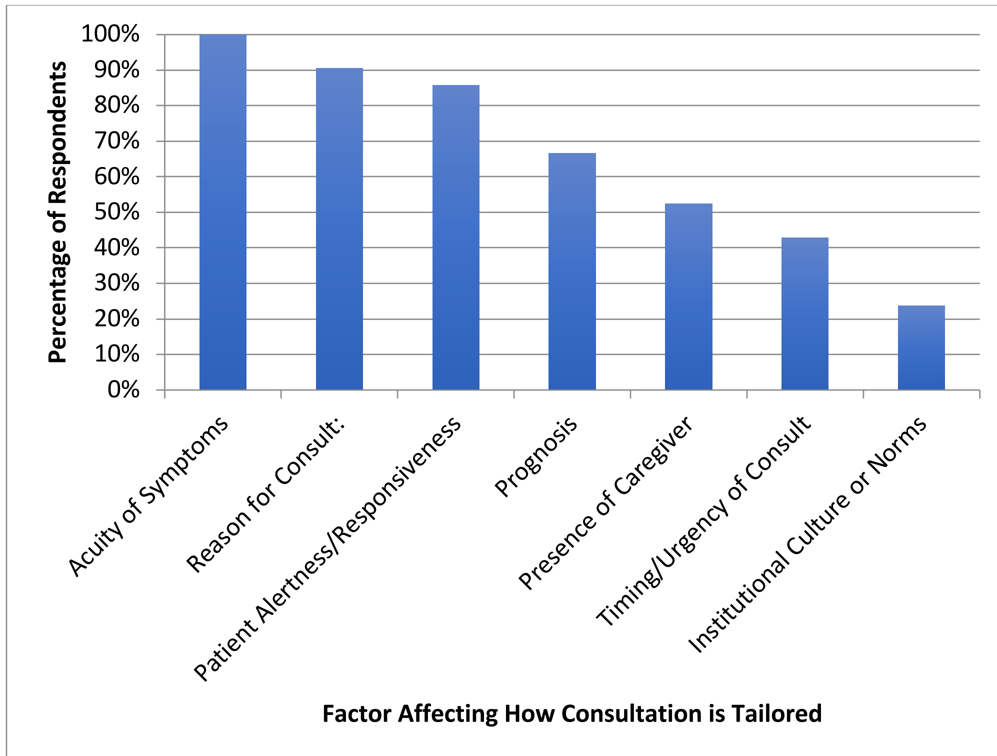


Figure 1: Delphi Participant Views on Approach to Scope of Palliative Care Consultation

Determinants of Elements of a Palliative Care Consultation

In Round 1, participants reported that a variety of factors influenced their approach to **tailoring** an individual consultation. The results are in Figure 2. Acuity of symptoms and reason for consultation were the most commonly cited factors.



Frequency of Domain Assessment
Participants reported frequency of domains assessed based on their approach to majority of palliative care consultations. The results are in Figure 3. Physical, psychological, psychiatric, and cognitive domains were the most frequently reported as "always" assessed followed by medical decision-making. Cultural and spiritual domains were less frequently reported as "always" assessed.

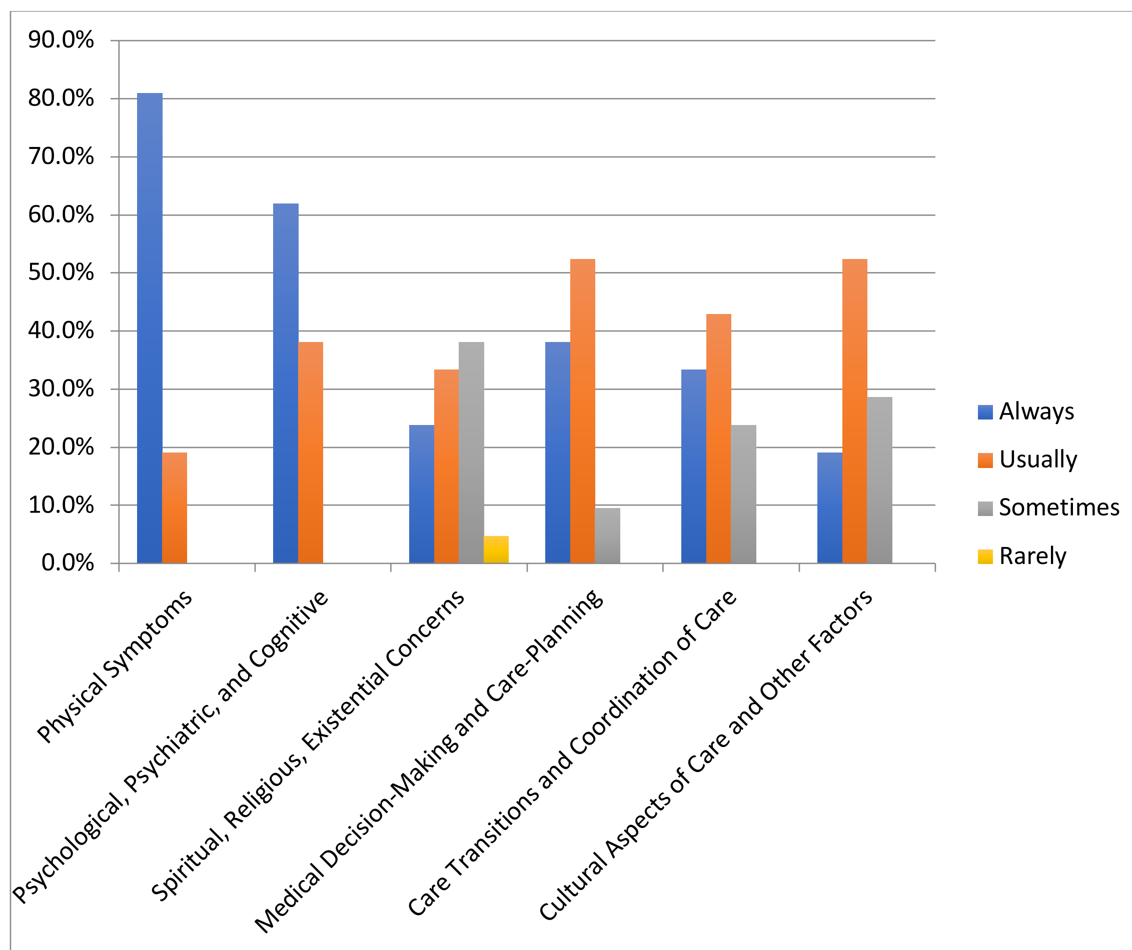


Figure 3. Frequency of Domain Assessment in Majority of Palliative Care Consultations

Part 2:
Recent National Consensus Project Guidelines (https://www.nationalcoalitionhpc.org/ncp/) stress the importance of comprehensive assessment in palliative care consultation. However, in Round 1 of this Delphi Survey, most clinicians' reported an approach to consultation that often includes tailoring (individualized assessment with or without mandatory domains) based on a given situation. The vast majority of participants cited "reason for consultation" as an important determinant of which elements to include in a palliative care assessment. In this Round, we would like to learn more about barriers that clinicians face in completing comprehensive assessments and which elements clinicians believe are essential to include based on common reasons for consultation (i.e. symptom management, medical decision-making). Please complete the following questions as well as the table below.

A. Potential Barriers to a Comprehensive Assessment
A comprehensive assessment includes the following 6 domains: 1) Physical Symptoms, 2) Psychological, Psychiatric, and Cognitive Aspects of Care, 3) Spiritual, Religious, Existential Concerns, 4) Medical Decision-Making and Care-Planning, 5)

Care Transitions and Coordination of Care, and 6) Cultural Aspects of Care and Other Factors. To what extent are the following barriers to completing a comprehensive assessment for the majority of palliative care consultations (first 3 visits) in **<u>your</u> practice? Rate the following barriers based on a scale from 1 to 9 with "1" indicating not a usual barrier and "9" indicating a frequent barrier.**

a. Absence of a full interdisciplinary team
b. Time limitations or work-loads
c. Institutional Expectations/norms
d. Preferences of referring providers
e. Patient preferences or resistance
f. Lack of adequate training in assessment of certain domains.
g. Belief that comprehensive assessment is not always needed

2. In Round 1, participants reported that "spiritual, religious, and existential concerns" and "cultural aspects of care" were the domains most likely to be omitted from their assessments. To what extent do the following barriers limit assessment of these domains for the majority of palliative care consultations (first 3 visits) in **<u>your practice</u>? (For each domain, please rate the following barriers based on a scale from 1 to 9 with "1" indicating *not a usual barrier* and "9" indicating a *frequent barrier*.**

<u>Spiritual, Religious, and Existential Concerns</u>

1. Absence of a full interdisciplinary team
2. Time limitations or work-loads
3. Institutional Expectations/norms
4. Preferences of referring providers
5. Patient preferences or resistance
6. Lack of adequate training in assessment of spiritual, religious, existential concerns.
7. Belief that assessment of this domain is not always needed or relevant

<u>Cultural Aspects of Care</u>

1. Absence of a full interdisciplinary team
2. Time limitations or work-loads
3. Institutional Expectations/norms
4. Preferences of referring providers
5. Patient preferences or resistance
6. Lack of adequate training in assessment of cultural aspects of care.
7. Belief that comprehensive assessment is not always needed or relevant

3. In round 1, some Delphi participants cited lack of a full interdisciplinary team as a reason to tailor consultation. In your Palliative Care practice, which members of the interdisciplinary team are <u>routinely available to participate in patient assessment and management? [Check all that apply]</u>
    a. <u>Physician</u>
    b. <u>Nurse</u>

c. Advanced Practice Provider
d. Social Worker
e. Chaplain
f. Clinical Pharmacist

A. Domains of Palliative Care Assessment

Based on findings from Round 1 that "tailoring" is a common approach to palliative care consultation, please complete the table below, indicating the importance you place on assessment of individual elements of each domain based on the reason for consultation.

Rank these items from 1-9 where 1 is *not essential* and 9 is *essential.*

	Reason for Consultation		
Element	**Majority of Consults (Regardless of reason)**	**Symptom Management**	**Medical Decision-Making**
Physical Symptoms			
Pain			
Constipation/Diarrhea			
Nausea/Vomiting			
Fatigue			
Appetite/Weight Loss			
Shortness of Breath			
Other			
Psychological, Psychiatric, Cognitive			
Cognitive Status/Orientation/Delirium			
Depression and Anxiety			
Other			
Spiritual, Religious, Existential			
Existential/Spiritual Distress Screening			
Spiritual History			
Collaborate with Patient's Primary Faith Community			
Other			
Medical Decision Making			

Identification of primary surrogate decision-maker			
Determination of Care Preference			
Goals of Care Discussion			
Clarification of Prognostic Understanding			
Code Status Discussion			
Other			
Care Transitions and Coordination of Care			
Assessment of Functional Status			
Clarification of Caregiver Needs			
Determination of Place of Care			
Identification of current and future sources of support			
Other			
Cultural Aspects of Care			
Identify Place of Residence			
Clarify English Proficiency			
Determine cultural norms for communication, roles, and decision-making			