

TIME LIMITED TRIAL PROTOCOL (Initial Meeting)

We designed this protocol as a guide to use during family meetings for patients at risk for receiving non-beneficial ICU treatments. Think of the steps as signposts—you might find that certain things do not apply to your patient and meeting.

Family Meeting Steps	Sample Phrases
1. Introduce everyone and the agenda for meeting <input type="checkbox"/>	<ul style="list-style-type: none"> • Let's start with introductions. My name is [A] and my role is [B]. • The purpose of this meeting is to talk about [C, D, E...]. • Is there anything that you would like to cover in addition?
2. Explain what is happening with patient <input type="checkbox"/>	<ul style="list-style-type: none"> • Tell me what you understand of [patient]'s condition and the medical care he/she has received in the ICU. • From our standpoint, here are the most important pieces of information so far [summarize ICU course and key findings].
3. Define acute care needs and prognosis <input type="checkbox"/>	<ul style="list-style-type: none"> • The most important treatments that [patient] is receiving are [summarize]. • Based on the information we have so far, our hope is he/she improves with these treatments. However, I am concerned that he/she may not. I believe that the likelihood that he/she responds to treatment is [prognosis and most likely outcomes of ICU care] <p><i>If prognosis is grim, explain why and offer opportunity for questions...</i></p> <ul style="list-style-type: none"> • I understand that this news (or prognosis) is difficult to hear. The reason we believe that the prognosis is poor is [explanation]. • I would like to pause here and give you the opportunity to ask questions before we continue.
4. Empathize with each person, dignify emotions	<ul style="list-style-type: none"> • I can see that you are concerned about [A] • We are impressed and grateful that you are here to support [patient].
5. Highlight the patient's voice and elicit his/her values and preferences <input type="checkbox"/>	<ul style="list-style-type: none"> • Given his/her current condition, if [patient] could speak, what do you think he/she would say about his/her situation? • What would [patient] say about what he/she would like to avoid? • In terms of quality of life, what are the most important things to him/her? • Would [patient] be okay with the most likely outcome of this ICU care? • Would [patient] be okay with undergoing these invasive treatments? <p><i>If patient would forgo ICU treatments, recommend transition to comfort-focused care.</i></p> <p><i>If patient would continue ICU treatments, continue to next step.</i></p>
6. Plan a time limited trial together <input type="checkbox"/>	<ul style="list-style-type: none"> • It sounds like [patient] would be okay with ICU treatments right now, but if it looked like they were not helping perhaps it would be different story. • I would like to make a recommendation...

	<ul style="list-style-type: none"> • Let's see how [patient] responds to these ICU treatments. Although some of these treatments may be cause some discomfort, it would give us the best opportunity to see how [patient] responds to them. • The following information should help us decide whether there is improvement or not [define markers of improvement/worsening]. • If [patient] improves we should continue aggressive care and see how much overall improvement there will be. • However, if [patient]'s condition worsens, we need to consider the possibility that ICU treatments he/she is receiving may not be able to achieve our goals of care • Our concern in such a situation would be that [patient] would be at risk for suffering through uncomfortable, invasive treatments without benefit. • In such circumstances, most patients and family members chose to change the goals of the ICU care towards focusing on comfort, recognizing that invasive treatments are unlikely to reverse the illness. • Of course, it is our hope that [patient] improves, but we mention these potential scenarios to emphasize that we should hope for the best, but also prepare for the worst.
<p>7. Allow reflection, questions and concerns</p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> • I'd like to hear your [everyone's] thoughts about the plan
<p>8. Set a timeline to meet again</p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> • Based on our plan, I would like to suggest that we meet again in [X] to discuss how [patient] is doing. • If there are any urgent changes in his/her condition, we will notify you immediately.
<p>9. Conclude meeting</p>	<ul style="list-style-type: none"> • Thank you for taking the time to meet with us. • It is encouraging for us to see that [patient] has your support. • We look forward to speaking with you soon.

*Family Meeting format adapted from VitalTalk (vitaltalk.org)

TIME LIMITED TRIAL PROTOCOL (Follow-up Meeting)

We designed this protocol as a guide to use during **follow-up** family meetings for patients at risk for receiving non-beneficial ICU treatments. Think of the steps as signposts—you might find that certain things do not apply to your patient and meeting.

Family Meeting Steps	Sample Phrases
<p>1. Introduce everyone and the agenda for meeting</p> <input type="checkbox"/>	<ul style="list-style-type: none"> Let's start with introductions. My name is [A] and my role is [B]. <i>(if there are new people who you have not met)</i> The purpose of this meeting is to follow-up on our previous meeting and discuss how [patient] has been doing.
<p>2. Re-cap last meeting and review new information</p> <input type="checkbox"/>	<ul style="list-style-type: none"> Tell me what you recall from our last meeting. Since our last meeting, the most important news is that [summarize overall trajectory in one sentence].
<p>3. Update acute care needs and prognosis</p> <input type="checkbox"/>	<ul style="list-style-type: none"> In our last meeting, we mentioned that we will be using certain information to decide whether [patient] is better or worse [remind surrogates of which tests/outcomes]. Since that meeting, those results are [summarize]. Based on the results of these tests, we believe that [patient] is doing [better, worse, same... explain clinical trajectory]. With this additional information we now have, I believe that ICU treatments are [helping, not helping, harming] <p><i>If prognosis is grim, explain why and offer opportunity for questions (below).</i></p> <ul style="list-style-type: none"> I understand that this news (or prognosis) is difficult to hear. The reason we believe that the prognosis is poor is [explanation]. I would like to pause here and give you the opportunity to ask questions before we continue.
<p>4. Highlight the patient's voice and elicit his/her values and preferences</p> <input type="checkbox"/>	<ul style="list-style-type: none"> As you know, we like to maintain the perspective of what [patient] would have wanted if he/she could make decisions for him/herself. Based on the information I have given you, do you think [patient] would be okay with the treatments he/she is receiving given the most likely outcome of this ICU care? Why or why not? <p><i>If patient would forgo ICU treatments, recommend transition to comfort-focused care.</i></p> <p><i>If patient would continue ICU treatments, continue to next step.</i></p>
<p>5. Plan another time limited trial together</p> <input type="checkbox"/>	<ul style="list-style-type: none"> It sounds like [patient] would be okay with continuing ICU treatments for now. Let's see how [patient] responds to ICU treatments a bit longer. The following information should help us decide whether there is improvement or not [define markers of improvement/worsening]. I hope we will see some improvement, and we would certainly enjoy the opportunity to celebrate this with you.

	<ul style="list-style-type: none"> • However, if [patient]’s condition continues to worsen, it will be important to understand what that means. • From a medical perspective, it would mean that [patient] is very unlikely to recover. What I mean by this is that he/she may die from the underlying illnesses or be left in a state of health that may be against his/her wishes. • In that situation, our recommendation would be to consider discontinuing invasive treatments that are not helping him/her and transition of goals of care on maintaining comfort. • This recommendation would be a way to reduce suffering by focusing on things that affect his/her comfort and minimizing the use of invasive treatments that will not improve the outcome of his illness.
<p>6. Allow reflection, questions and concerns</p> <input type="checkbox"/>	<ul style="list-style-type: none"> • I’d like to hear everyone’s thoughts about the plan
<p>7. Set a timeline to meet again</p> <input type="checkbox"/>	<ul style="list-style-type: none"> • Based on our plan, I would like to suggest that we meet again in [X] to discuss how [patient] is doing. • If there are any urgent changes in his/her condition, we will notify you immediately.
<p>8. Conclude meeting</p>	<ul style="list-style-type: none"> • Thank you for taking the time to meet with us. • We look forward to speaking with you soon.

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