**THE IMPACT OF GOALS OF CARE CONVERSATION TRAINING**

Temu K Brown, MD1; Marianne Klumph, MA2; Kayla Heslin, MPH3; Elizabeth Duthie, PhD3; Timothy Jessick, DO4

1Aurora Health Care Palliative Medicine Fellowship, Milwaukee, WI; 2Center for Urban Population Health, Milwaukee, WI; 3Aurora Research Institute, Milwaukee, WI; 4Aurora West Allis Medical Center, Milwaukee, WI

---

**PROBLEM**

The need for specialty palliative services outpaces the current supply of specialists.

---

**METHODS**

- Hospitalists from across the Aurora system participated in training sessions covering GOC conversations on various dates between 6/27/2017 to 1/17/2018.

- Further inclusion criteria:
  - Documented GOC, including the use of the GOC DP.
  - The following comorbid conditions were tabulated:
    - Number of patients with >1 of the following comorbid conditions: decompensated congestive heart failure, severe chronic obstructive pulmonary disease; end stage renal disease; end-stage liver disease; advanced dementia/neurodegenerative disease; and metastatic cancer.
  - Quality assessment was done by searching for goal-concordant keywords and their synonyms within these conversations.
  - High-caliber notes were determined by the inclusion of language that built a good narrative, clearly showcasing active engagement of patients (or their surrogates) in GOC discussions, and taking patient’s wishes regarding treatment options into consideration.
  - Notes which explicitly documented “writer discussed with patient...” (or other synonyms) as well as “patient wants...” (or other synonyms) were indicative of good-quality conversations.
  - Basic descriptive statistics were used to describe the population. Chi square tests and t-tests were used as appropriate to compare groups.

---

**RESULTS**

- **RACE/ETHNICITY**
  - White 189 (94.5)
  - African American 4 (2.0)
  - Hispanic 5 (2.5)
  - Other 2 (1.0)

- **COMORBIDITIES**
  - No Comorbidities 93 (46.5)
  - 1 Comorbidities 90 (45.0)
  - 2 Comorbidities 15 (7.5)
  - 3 Comorbidities 3 (1.5)

- **GENDER**
  - Female 117 (58.5)
  - Male 83 (41.5)

- **N (%)**
  - Did a GOC conversation take place?
    - Yes 47 (23.5)
    - No 165 (82.5)

- **CDP IS THE EPIC DOT PHRASE USED?**
  - Yes 96 (48.0)
  - No 104 (52.0)

<table>
<thead>
<tr>
<th>Characteristics of Patients</th>
<th>Table I.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td><strong>NUMBER OF COMORBIDITIES</strong></td>
</tr>
<tr>
<td>White</td>
<td>No Comorbidities 93 (46.5)</td>
</tr>
<tr>
<td>African American</td>
<td>1 Comorbidities 90 (45.0)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2 Comorbidities 15 (7.5)</td>
</tr>
<tr>
<td>Other</td>
<td>3 Comorbidities 3 (1.5)</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td><strong>DIAGNOSIS CONSIDERED GOOD QUALITY?</strong></td>
</tr>
<tr>
<td>Female</td>
<td>Yes 47 (23.5)</td>
</tr>
<tr>
<td>Male</td>
<td>No 165 (82.5)</td>
</tr>
<tr>
<td><strong>COMORBIDITIES</strong></td>
<td><strong>WAS THE CONVERSATION CONSIDERED GOOD QUALITY?</strong></td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>Yes 96 (48.0)</td>
</tr>
<tr>
<td>COPD</td>
<td>No 104 (52.0)</td>
</tr>
<tr>
<td>End-Stage Renal Disease</td>
<td>Yes 35 (17.5)</td>
</tr>
<tr>
<td>End-Stage Liver Disease</td>
<td>No 165 (82.5)</td>
</tr>
<tr>
<td>Metastatic Cancer</td>
<td>Yes 96 (48.0)</td>
</tr>
<tr>
<td>Advanced Dementia</td>
<td>No 165 (82.5)</td>
</tr>
</tbody>
</table>

---

**CONCLUSION**

- Usage of the GOC dotphrase among hospitalists increased after the intervention (73% compared to 31%; P<0.01).

- Although there was an increase in usage of the GOC DP after training sessions (73% compared to 31%; P<0.01), only 23% of all patients in the study population actually had a GOC conversation.

- The overall quality of the GOC conversations that were held both before and after the intervention remained essentially unchanged (17% vs 18%).

---

**REFERENCES**


