A **Talking Serious Illness** Journey

patient & caregiver experience

arrive at hospital

preparing for conversations

- told they will be having a goals of care conversation
- given a brief explanation of what that looks like
- receives a guide and workbook

having conversations

- receives guidance and knowledge including questions they can ask of their providers
- given support to explore their fears and goals
- asked what and how much they want to know and hear

- given information about what life support really is and what it looks like

- verbalizes what they want, what they do not want, and what they can not manage

documenting & sharing after conversations

- receives notes through their online portal (notes include when conversations took place, who was there and what was decided)
- uploads/shares their workbook to their online portal

extended

normal

urgent

provider experience

preparing for conversations

- engages with patient and caregiver to explain need for serious illness conversation
- receives support with planning & knowledge building

having conversations

- engages in multiple small and informal exploratory conversations
- receives feedback as the conversation progresses

- tracks multiple decision points through cumulative note-taking and documentation

- receives support from an interdisciplinary team who can be engaged when needed

documenting & sharing after conversations

- documents what was decided in one collaborative note signed by all who participated
- gathers alignment and consent for final document

who is involved

preparing for conversations

GoC Facilitator

MRP

- might include oncology, general internal medicine, plus any additional care team members

having conversations

multidisciplinary team is assembled by GoC Facilitator according to the needs of the patient and caregivers

MRP

conversations led by MRP, multidisciplinary team supports and are included in conversations as needed

Social Work

Palliative Care

Spiritual care

Translation Services

GoC Facilitator

support with education, knowledge sharing, knowledge tracking and administration

documenting & sharing after conversations

MRP

***NOTE** record should be signed by all who participate in conversations*

Palliative Care

Spiritual care

Social Work

Translation Services

GoC Facilitator

how it is happening

preparing for conversations

- GoC guide - shared either digitally or in paper form
- EHR record - health history
- GoC log - ongoing and needed conversations

having conversations

Patient record - tracking progress of conversation, providing summaries

Collaborative notes - tracking progress of conversation, stages, decisions, etc.

GoC log - tracking who is part of the conversations, when and how

documenting & sharing after conversations

- one single GoC record - using the ACP tab in EPIC
- MyUHN - patient and caregiver record