



2021 LEAD Capstone Poster Session

***Leveling Up Informed Consent: How
Video-based Informed Consent Can
Improve Satisfaction and Improve
Outcomes in the ICU***

Caroline Park, MD, MPH

Assistant Professor

Surgery



Abstract

- Patient and family satisfaction in the intensive care unit (ICU) remain a complex challenge. The use of multi-media communication aids has shown benefit, but assessment of their performance is variable in rigor [1, 2].
- Common barriers to adequate comprehension include age, educational background, and readability, with limited evaluation of preferred language and its impact on ICU patients [3].
 - Sub-optimal communication, including with informed consent, may lead to dissatisfaction and may affect patient outcomes



Objectives

- Evaluate the feasibility of traditional informed consent (IC) supplemented by video-based ICU consents (VBIC)
- Evaluate satisfaction of communication and information before and after
 - Supplement traditional informed consent with video-based education (indications, risks, benefits and basic procedure)
- Evaluate patient outcomes, including time to intervention, ICU length of stay, ventilator days, etc..



Background Information

- Standard of Care Informed Consent
 - Standard paper-based or electronic based informed consent by physician or mid-level provider
 - May require in-person or telephonic Spanish translation
- Implement Supplemental video-based consent
 - Provides 6-8th grade level, video representation of the standard consent to help families and health care proxies make informed decisions



Specific Aims

- Improve communication between providers and families
- Improve family satisfaction scores
- Improve patient outcomes in the ICU



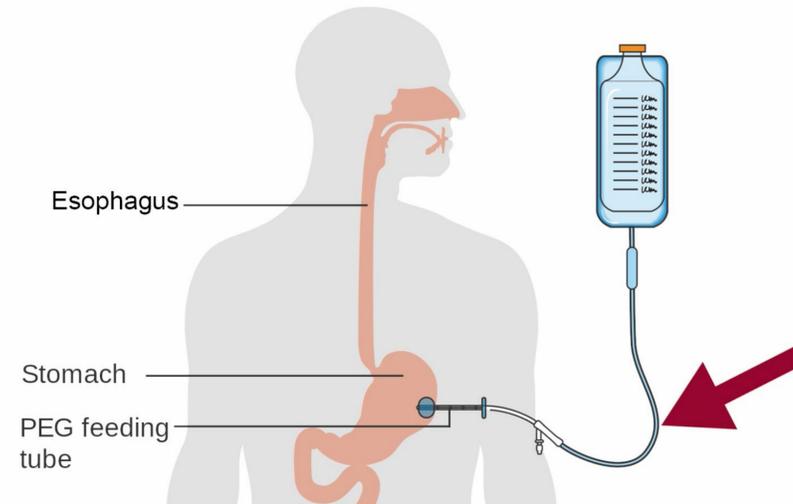
Project Plan

- Population: patients and families of patients in SICU
 - English and Spanish-speaking
- Intervention: video-based informed consent for common procedures
 - IVC filter
 - Intubation
 - Tracheostomy
 - Chest tube
 - Feeding tube



Project Plan

- Supplement informed consent with video – visual presentation of standard informed consent
- Approved by health literacy
- Translated into Spanish and English



Reasons for a feeding tube

- Some patients have a hard time swallowing
- Other patients may not be able to eat or drink normally because they are





Project Plan

- Short-term/intermediate goals

- ✦ assess patient and/or family satisfaction of communication (validated survey, 'FS-ICU')
- ✦ understanding of patient care before and after video consent

- Long-term:

- assess patient outcomes – length of stay, vent days, time to intervention

How are we doing?
Your Opinions about your Family Member's ICU stay

**PART 2: FAMILY SATISFACTION WITH DECISION-MAKING
 AROUND CARE OF CRITICALLY ILL PATIENTS**

INSTRUCTIONS FOR FAMILY OF CRITICALLY ILL PATIENTS

This part of the questionnaire is designed to measure how you feel about YOUR involvement in decisions related to your family member's health care. In the ICU, your family member may have received care from different people. We would like you to think about all the care your family member received when you are answering the questions.

Please check one box that best reflects your views. If the question does not apply to your family member's stay then check the 'Not Applicable' box (N/A)

INFORMATION NEEDS

HOW SATISFIED ARE YOU WITH...

<p>15. Frequency of Communication With ICU Doctors? How often doctors communicated to you about your family member's condition.</p>	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
<p>16. Ease of getting information? Willingness of ICU staff to answer your questions.</p>	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
<p>17. Understanding of Information? How well ICU staff provided you with explanations that you understood.</p>	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
<p>18. Honesty of Information? The honesty of information provided to you about your family member's condition.</p>	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
<p>19. Completeness of Information? How well ICU staff informed you what was happening to your family member and why things were being done.</p>	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>
<p>20. Consistency of Information? The consistency of information provided to you about your family member's condition (Did you get a similar story from the doctor, nurse, etc.)</p>	 Very Dissatisfied <input type="checkbox"/> 1	 Slightly Dissatisfied <input type="checkbox"/> 2	 Mostly Satisfied <input type="checkbox"/> 3	 Very Satisfied <input type="checkbox"/> 4	 Completely Satisfied <input type="checkbox"/> 5	N/A <input type="checkbox"/>



Project Plan

Implementation
(1-4 months)

- Continued education to ICU nurses and staff
- Screening and recruitment

Mid-point
Analysis (5-8
months)

- Administer Satisfaction surveys
- Evaluate Patient outcomes
- Staff feed-back and feed-forward

Continued
Implementation,
Analysis (8-16
months)

- Expand to other ICUs
- Evaluate Satisfaction survey data and Patient Outcomes



Application of What You Learned at LEAD

- Identify key stakeholders
 - ICU patient families, nurses, staff
- Effectively listen, effectively communicate
 - Pilot with community-based focus group
- Create a pragmatic plan with clear goals and deliverables
 - Created timeline and assign responsibilities
- Anticipate, identify challenges and create practical solutions



Proposed Budget

- 0.1 FTE mid-level provider
 - Educate ICU nurses and staff
 - Screen eligible patients
 - Track patients within registry
- Two computer on wheels (show video to families - already present in unit) = \$0



Innovation and Significance

- Patient and family satisfaction with the informed consent process is an important part of our care
- Multi-media can be used effectively to improve comprehension and satisfaction.
- Customized videos tailoring to education level and language have been created and piloted in a community-based focus group with improvement in satisfaction scores at this institution.
- To our knowledge, standardized video-based consents have not been widely used in the ICU setting to evaluate satisfaction and patient outcomes
- We hypothesize that improved communication between patient, family and providers can improve comprehension, decrease time to intervention and facilitate ICU care.
- The applicability of this delivery system and audience is broad with high impact



References

- Lin, Y.-K., et al., *How to effectively obtain informed consent in trauma patients: a systematic review*. BMC Medical Ethics, 2019. **20**(1): p. 8.
- Farrell, E., et al., *Systematic review and meta-analysis of audio-visual information aids for informed consent for invasive healthcare procedures in clinical practice*. Patient Education Counsel, 2014. **94**(1): p. 20-32.
- Fink, A., et al., *Predictors of Comprehension during Surgical Informed Consent*. Journal of the American College of Surgeons, 2010. **210**(6): p. 919-926.