ASKmeGOC

Advancing High-Value Care With E-Tool Facilitated Goals of Care Discussions

1. What is the Problem?

Goals of care discussions (GOCDs) between hospitalized patients & their healthcare providers are found to be challenging and time consuming

75% of patients lack decision-making capacity at the time of ICU admission, and many have not had a previous GOCD and/or documented CODE STATUS

This can result in a loss of patient autonomy and low-value care - care the patient does not want, or does not benefit or may harm the patient, and leads to unwarranted expenditures

2. Our Solution

In order to facilitate and standardize GOCDs, Intensivists from the Royal Victoria Regional Health Centre developed a web-based tool to support patients and their substitute decision makers (SDMs) through informed and meaningful GOCDs with their healthcare providers

The tool consists of 4 modules that provide patients, SDMs, and trained healthcare providers with objective and personalized health information to ensure treatment preferences are informed and concordant with both patients' goals of care & professional judgement

3. Examined in a Randomized Control Trial

The ASKmeGOC e-tool was examined in a randomized control trial, compared to usual care GOCDs (ClinicalTrials.gov NCT06002113)

1906
Patients enrolled from Oct 5th, 2023-Oct 31st, 2024

INCLUDED
Any patient:
- age≥80 years
- Hospitalized ≥24 hrs
- ward-based only

ICU NURSES
trained to use the tool to guide GOCDs with patients and SDMs

4. Outcomes Examined

- ICU UTILIZATION
- CODE STATUS PREFERENCE
- QUALITY OF DISCUSSION
- DECISIONAL CONFLICT AND UNDERSTANDING
- E-TOOL SATISFACTION

Results

33 MINUTES
The average duration of an ASKmeGOC discussion was 32.6 min (sd 13.6)

62%
of patients who used the tool changed their current CODE STATUS. **98%** of these changes were **de-escalations** of care

24%
4.6%
Patients **discharged without** a documented CODE STATUS decreased from 24% in the control group, to 4.6% in the ASKmeGOC group

25.6%
12.2%
CODE STATUS that did **NOT include any ICU treatments** increased to 25.6% in the ASKmeGOC group from 12.2% in the control group

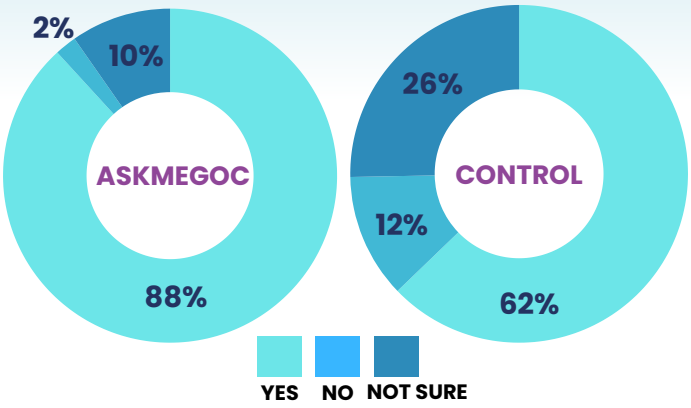
Personalized.
Informed. Planned.

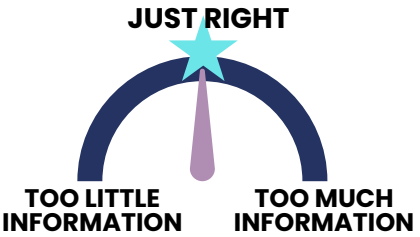
Build a care plan that is right for you.

SEE MORE RESULTS & FUTURE PLANS

SELF-REPORTED PATIENT OUTCOMES

Do you feel sure about the resuscitation options you chose?





When asked about the amount of information provided in the tool [1-much less to 3=just right to 5-much more], the average self-reported patient response was 3.18 (sd 0.55)

Patient Evaluation of E-tool (Best Score = 5)

- ★★★★★ **Usefulness** [4.2(sd 0.9)]
- ★★★★★ **Recommend** [3.9(sd 0.9)]
- ★★★★★ **Overall Rating** [4.0(sd 0.8)]

REGARDING RESUSCITATION OPTIONS...

	ASKMEGOC	CONTROL
DO YOU KNOW THE BENEFITS VS HARMS?	91%	49%
DO YOU KNOW THE BENEFITS & HARMS THAT MATTER MOST?	91%	45%
DID YOU HAVE ENOUGH SUPPORT TO MAKE A CHOICE?	90%	56%

ICU Utilization

ASKmeGOC group had **29.6% less** ICU days utilized compared to the control group (95% CI 8.2% to 46.1% fewer ICU days) (p=0.010)

Ventilator Utilization

ASKmeGOC group had **59.2% less** ventilator days utilized compared to the control group (95% CI 37.3% to 73.4% fewer ventilator days) (p<0.001)

DECREASE COST

Total direct patient care costs were

$80,000 Less

in the ASKmeGOC group, compared to controls*

*F23/24 (46.9% Sample)

Return on investment

For every $1 of program costs, there was a

$2 Decrease

in direct patient care costs

PHYSICIAN FEEDBACK

"Ultimately it would be absolutely wonderful if a team was available to go and do the (goals of care) discussions."

"In general, people who are in hospital always feel better when they know more and understand more...Also, building understanding that it is not an all or nothing dichotomy is very reassuring too."

The ASKmeGOC program was a recipient of the **Health Care Unburdened Grant (2024)**

SCALE-UP AND SPREAD

The ASKmeGOC team will use this grant to support the scale-up and spread of the e-tool to other healthcare facilities.

Contact us to learn about the ASKmeGOC program & opportunities to become a study site.

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