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The “Surprise Question”

Would you be surprised if your patient died in the next year?

Background

In 2008, initiation of palliative care was identified as one of six top priorities for improving the U.S. healthcare system¹. Recent studies have confirmed that palliative care improves quality of life for patients and their families². Subsequently, in the past decade, the demand for palliative care has grown exponentially³. Aligning with this demand, a new model of health care delivery has been proposed that incorporates the core principles of palliative care into the primary care, or community care, setting.

An innovative question has been identified that helps recognize individuals who would benefit from palliative care measures⁴. This question – the “surprise question” (SQ) – asks, “Would you be surprised if the patient died within the next year?” If the answer is no, the provider is triggered to initiate primary palliative measures with the patient.

Primary Palliative Care

All clinicians have the requisite skills for the provision of primary palliative care measures. These measures include the following:

- advance care planning
- symptom assessment and management
- PHQ-2 depression screen
- addressing psychosocial/spiritual needs

Project Aim

The aim of this quality improvement (QI) project was to pilot use of the SQ in daily Team-Based Huddle to identify patients appropriate for palliative care measures in the community care setting.

Short Term Objectives

Post project implementation:

- the SQ will be used in Team-Based Huddle at least 40% of the time.
- 60% of healthcare providers will be able to identify the SQ.
- 60% of healthcare providers will rate the SQ as a somewhat helpful to very helpful trigger for palliative care measures in community care.

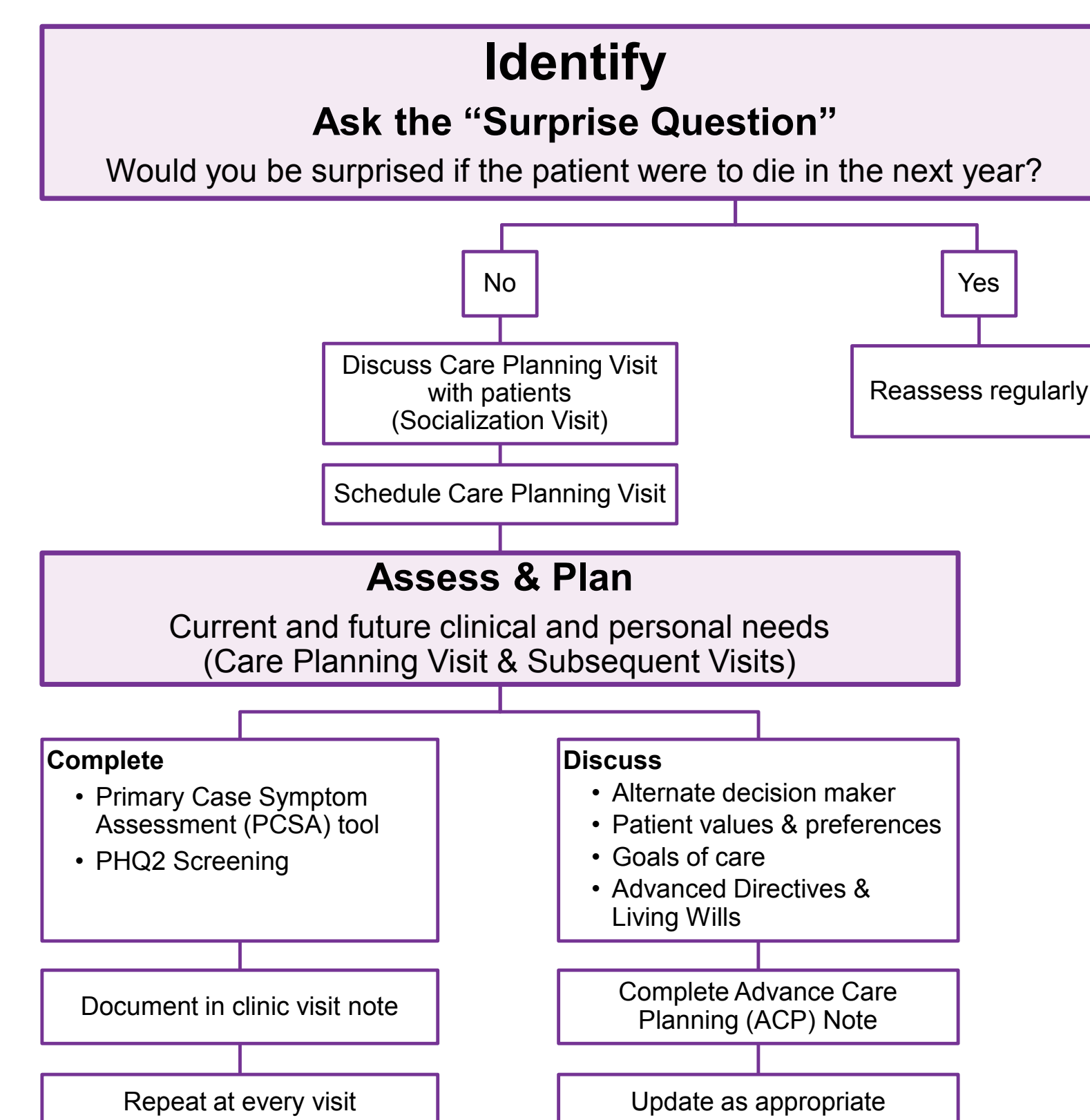
Methods

This QI pilot project was conducted over seven weeks at two Mayo Clinic community care clinics in Owatonna, Minnesota and Scottsdale, Arizona. Participants included both providers and allied healthcare staff who participated in Team-Based Huddle. A short 30-minute in person education session was given to participants prior to pilot initiation. During the pilot, participants were asked to consider the SQ during daily multidisciplinary Team-Based Huddle. Data was gathered using pre surveys (N=43, RR* 71%) and post surveys (N=36, RR 39%)*. Changes were made based on 2 PDSA rapid improvement cycles during weeks 2 and 5 of the pilot.

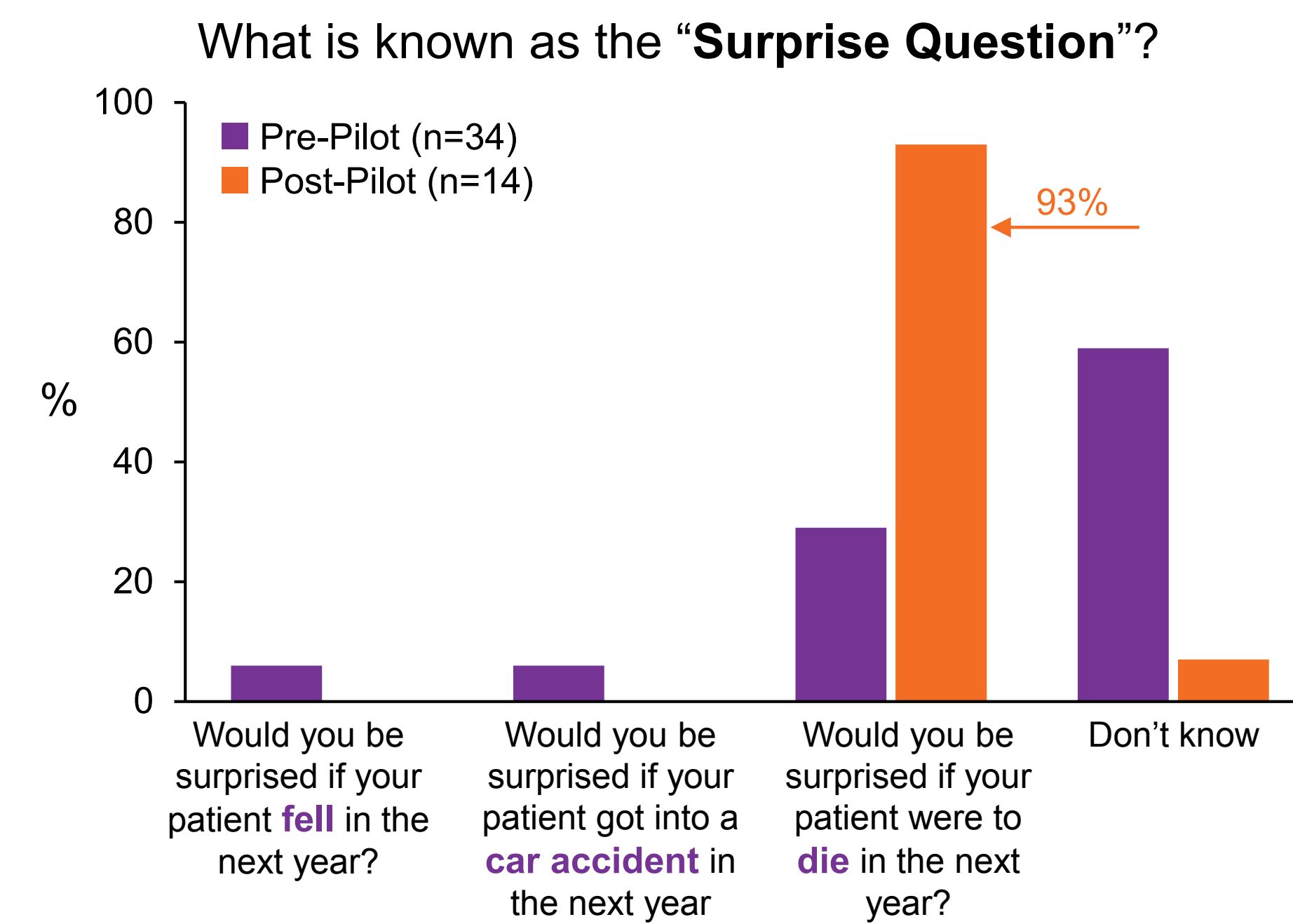
*Response rate.

**Numbers varied based on staff turnover and availability.

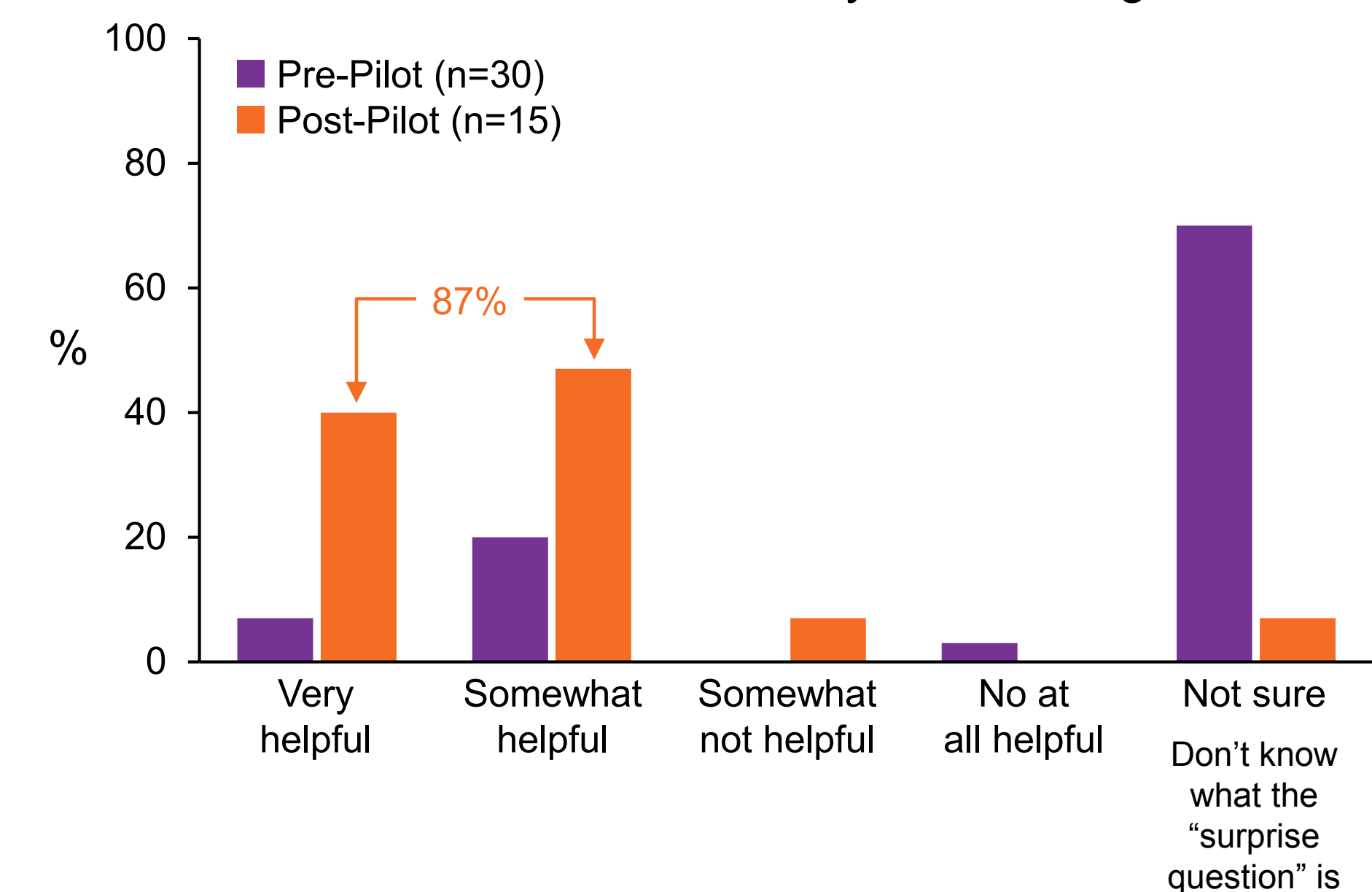
“Surprise Question” Algorithm



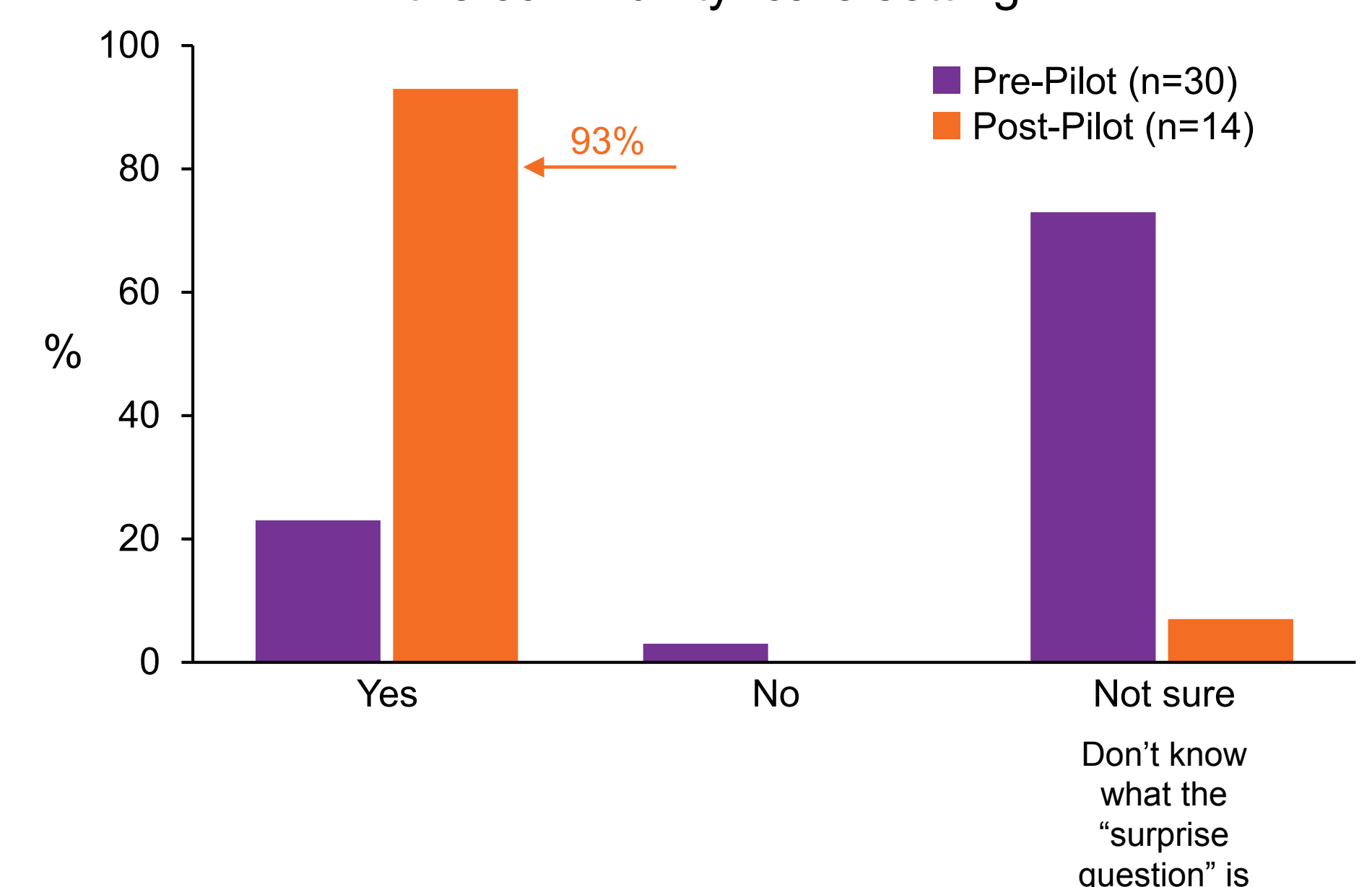
Survey Results



How helpful or not helpful do you feel the SQ is for identifying patients that are appropriate for palliative measures in the community care setting?



Do you feel that the SQ is an appropriate trigger for identifying patients for primary palliative care measures in the community care setting?



Outcomes

- The SQ was asked in 62% of multidisciplinary Team-Based Huddles during the pilot.
- Following the pilot, 93% of participants were able to identify the SQ and felt it was an appropriate trigger.
- Post pilot 87% of participants felt that the SQ was somewhat helpful to very helpful in identifying patients.
- A majority of participants had significant healthcare experience:
 - Pre-survey 82% ≥ 6 years, 27% ≥ 21 years
 - Post-survey 72% ≥ 6 years, 14% ≥ 21 years

Conclusions

- Multidisciplinary health care teams are willing to ask the SQ question on a routine basis.
- Minimal training is required for healthcare teams to be able to use the SQ as a trigger.
- The SQ was first used in primary care by Pattison & Romer, 2001⁵. It appears to still be an appropriate and novel question today.
- The use of a team-based model in community care assures that Mayo Clinic will be well positioned to deliver relationship-based community palliative care.

Next Steps

- The SQ is a helpful tool for identifying patients who might be appropriate for primary palliative care measures. Additional understanding is needed about the characteristics of the population triggered to discern the sensitivity and specificity of the SQ in community care.
- The SQ will become a standard trigger for primary palliative care at Mayo Clinic community care sites.

References

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5. Pattison, M. & Romer, A. (2001). Improving care through the end of life: launching a primary care clinic-based program. Journal of Palliative Medicine, 4:249-254.