

Key Stakeholders' Perspectives On The Acceptability And Design Of A Web-Enabled, Tablet-Based Decision Support Tool To Improve Surrogate Decision Making In Icus

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Background: Three decades of research have documented serious problems with the quality of surrogate decision making in ICUs and high levels of lasting psychological distress among surrogates. Existing strategies to address the problem—such as family navigator interventions or routine palliative care consultation—are difficult to scale up because they involve personnel-intensive interventions.

Research Question: We sought to explore key stakeholders' perspectives on the acceptability and feasibility of a tablet-based, web-enabled communication and decision support tool for surrogates and clinicians in ICUs.

Methods: We conducted in-depth, semi-structured interviews with 58 stakeholders: 30 surrogate decision makers, 8 ICU physicians, 15 nurses, 3 social workers, and 2 spiritual care providers to gather perspectives on an intervention with the following content domains: orientation to the ICU, education about the surrogate role, education about treatment options, eliciting patient values, eliciting and sharing perceptions about prognosis, completing a question prompt list, and providing psychosocial support resources. We transcribed the interviews and used constant comparative methods to identify key themes that emerged during the interviews.

Results: Overall, 95% (55/58) of participants endorsed that the proposed intervention would be potentially beneficial. More than 90% of surrogates agreed with each of seven planned content domains of the decision support tool. **The main benefits** perceived by key stakeholders were: enhancing communication between surrogates and the clinical team, leveraging surrogates' downtime before and between clinician-family meetings (e.g. at home, in waiting room), facilitating surrogates' time for consideration of the patient's values and treatment options, and readily facilitating repetition of information. **Important design suggestions** included: to conceptualize the tool as a supplement to rather than a substitute for communication with the clinical team; to allow individualization with respect to how, where, and when the tool is used; to make efforts to minimize the cognitive load of the intervention, such as through the use of short segments of video and audio and minimal text; to make the tool interactive; and to build an extremely simple user interface.

Conclusion: There was broad support among key stakeholders for the use of a tablet-based, web-enabled decision support tool for surrogates of critically ill patients. Participants' suggestions will inform the development and pilot testing of a decision support tool for surrogate decision makers in ICUs.

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