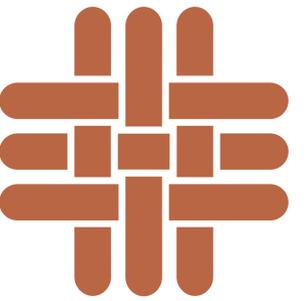


When Decisions Matter Most: Changing the Paradigm of Goals-of-Care Discussions for Seriously Ill Patients in Acute Care



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03. Methods

Design: Prospective, 3-Month Pilot Implementation

Population: Seriously Ill ED patients with advanced, life-limiting disease.

Setting: Memorial Hermann Texas Medical Center (Quaternary Academic Center) & Lyndon B. Johnson (Public Safety Net) Hospital EDs.

Definition of Seriously Ill: Based on consensus-driven guidelines, including:

- End-Stage Organ Disease (f.e. COPD, CHF, ESRD)
- Functional decline, Frailty, Reduced Self-Care AND
- Clinician-perceived near-term mortality

Intervention: My Health Code Guided GOC Discussion

- Outcome:**
- Platform Utilization Rates
 - Patient Reported: Acceptability, Usability
 - Impact on Communication, Understanding, and Decision-Making Confidence

04. Results

Demographics

Mean Age: 69 Years (Median 71 Years)

Decision-Makers: 70% Patients; 30% Surrogates

Clinical Context: Reduced Self-Care (43%), Metastatic Cancer (30%), Dementia (11%)

Key Findings

Platform Completion Rate: 88% (84 Patients)

Patient Reported Outcomes: (5-Point Likert Score)

- Application Ease of Use: 4.93/5
- Clarity of Information: 4.93/5
- Improved My Confidence with Decisions: 4.95/5
- Helped Me Feel More Involved in Care: 4.93/5

Net Promoter Score: 95.5/100

Electing for Code Status Transition: 55% of Patients (DNR/DNI)



06. Conclusion

In a three-month pilot, My Health Code demonstrated high feasibility, exceptional acceptability, and meaningful values-code status alignment among older adults and patients with advanced, life-limiting illness in a high-acuity clinical context.

Patients and surrogate decision-makers reported improved understanding, communication, and decision confidence, demonstrating that structured digital support can enable high-quality goals-of-care discussions even in time-pressured acute care settings.

MHC represents a scalable approach to advancing values-aligned decision-making at critical moments when care trajectories are often established.



01. Abstract

Seriously ill patients - particularly older adults and those with advanced, irreversible illnesses - often face high-stakes treatment decisions during acute care encounters, yet goals-of-care (GOC) discussions remain inconsistent and challenging. We evaluated the feasibility, acceptability, and patient-reported effectiveness of My Health Code (MHC), a digital shared decision-making platform designed to support values-aligned GOC discussions during real-time clinical care.

Key Finding:

In a three-month pilot, **MHC demonstrated high completion, exceptional patient and surrogate endorsement, and strong perceived impact on communication, understanding, and decision confidence among seriously ill patients.**

02. Introduction

By 2050 the U.S. Population:



75% of older adults visit ED in the last 6 months of life; 30% are admitted to intensive care.

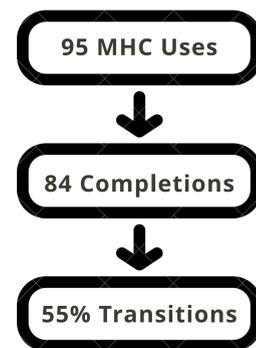
Where the majority of Americans prefer less aggressive care at the end of life, these care patterns represent costly and discordant medical errors.

Goals-of-care discussions are essential to align treatment with patient values, yet remain inconsistently performed due to time constraints and limited patient understanding of life-sustaining treatments.

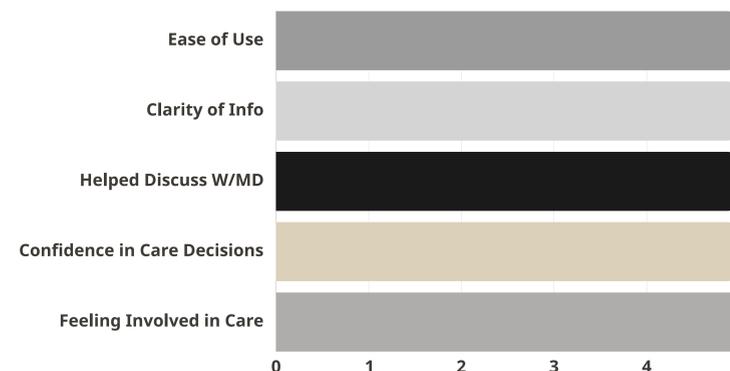
Digital shared decision-making tools may support values-aligned decision-making but are understudied in high-acuity settings. We evaluated the feasibility and impact of My Health Code, a digital platform supporting goals-of-care discussions among seriously ill patients.

05. Discussion

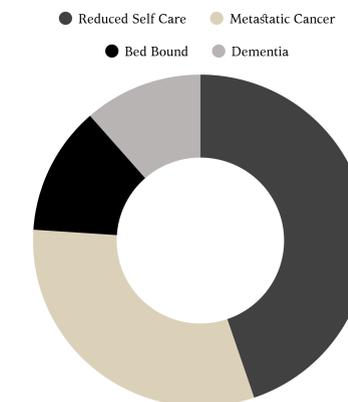
In a high-acuity clinical context, MHC demonstrated high feasibility, exceptional acceptability, and meaningful values-code status alignment, supporting its ability to facilitate values-aligned goals-of-care discussions for older and seriously ill patients when decisions matter most.



Platform Completion Funnel



Patient Post-MHC Survey Outcomes



Clinical Pathology