Supplementary Material 10 – Choice experiment 2 CCOR questionnaire

Investigating how clinicians make decisions about admitting a patient to intensive care

About this questionnaire

In this questionnaire we are interested in what you consider when you are assessing patients for possible ICU admission. You will be given <u>15 choice tasks</u>. At first glance the choice tasks might all look the same but that is not the case, each choice task consists of a new choice problem with new profiles of patients.

For answering the choice questions, we would like you to imagine that you are leading a critical care outreach team (CCOT), and there are two patients who have been referred to, and assessed by members of your team. We would like to know what recommendations you would make to the ICU team about admission to the unit. For each choice task we will give you some summary information on two hypothetical patients, **both of whom have been referred to the CCOT with sepsis.**

For each choice task we will ask you to answer two questions. Firstly we will ask you to indicate, for each patient, if you would recommend that they should <u>not admit them to ICU at all</u>. We will then ask you to imagine that there is only one currently available ICU bed: in this circumstance, which of the two patients you would prioritise for admission? We recognise that in reality such limitations are rarely absolute, and that intensive care medical teams seek, and follow, CCOT recommendations to a very variable degree. Please answer as best you can, even if the unit you work in operates in a different way.

These choice tasks have been developed to mimic as closely as possible the type of choice problems that are faced in practice. The information you have been provided with has been chosen after observing these kinds of decision being made and interviewing the outreach teams and intensive care clinicians involved in making them. We recognise that we have provided very little information, and more would help the decision-making; please answer as best you can with the information provided.

In order to help you to make a decision we will set some hypothetical constraints on the situation:

- 1. Please imagine you are <u>unable to assess the patients yourself</u> and must rely on this information provided by a trusted colleague whose opinion is reliable
- 2. The <u>patients are too unwell to provide any opinion</u> on what they would want to happen themselves

Once you have completed the choices you will be asked a small number of questions about yourself and the intensive care unit in your hospital. Your replies to this questionnaire will be entirely anonymous; these choice questions are being posed solely to determine how clinicians determine whether or not a patient is admitted to the ICU. At the end of the questionnaire you will be asked to provide your name and institution. This is for the purpose of logging accrual to the NIHR portfolio at your institution and within the critical care speciality. This personal information will be separated from your answers before data is passed to the researcher team. Your answers will be anonymous. You do not have to provide this information if you prefer not to.

Please keep in mind:

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
79 years old	66 years old
with mild dementia, started on Aricept in the last month	with moderate COPD((FEV1 65% predicted). One course of steroids and antibiotics in the last year
Mobile to shops with family; has to rest climbing stairs.	Mobilises independently; walks dog daily.
NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).
Your colleague saw the patient earlier and tells you that they look like they are tiring	Your colleague has seen the patient and tells you that they are stable, and "holding their own"
Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.	Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support
The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU	The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team
For each patient please indicate if you would reco	mmend that the patient should NOT be admitted to

ICU:

Patient A □ Patient B □

Now assuming there is a	only one ICU bed currently available: Please indicate which patient you would
recommend should be g	iven priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A 🗆	Patient B

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

Patient A	Patient B
39 years old	66 years old
with heart failure; echo shows severe LV impairment. They have had numerous long hospital admissions. They have a biventricular pacemaker and are on spironolactone and b.d. furosemide.	with prostate cancer – a recent CT scan revealed bone metastases.
Mobile to shops with family; has to rest climbing stairs.	Mobilises independently; walks dog daily.
NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).
Your colleague saw the patient earlier and says that they look dreadful now.	Your colleague has seen the patient and tells you that they are stable, and "holding their own"
Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support	Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.
The patient's family say that they think the patient would not want to be admitted to ICU.	The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU
For each patient please indicate if you would red	commend that the patient should NOT be admitted to

ICU:	
Patient A \square	Patient B □
•	only one ICU bed currently available: Please indicate which patient you would given priority for admission to ICU:
to prioritise one of the	either patient, for the purposes of this questionnaire, we would still like you patients for admission. In this case please indicate which patient you would for life-sustaining therapy)
Patient A □	Patient B

Please keep in mind:

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

Patient A	Patient B
79 years old	89 years old
with heart failure; echo shows severe LV impairment. They have had numerous long hospital admissions. They have a biventricular pacemaker and are on spironolactone and b.d. furosemide.	with very severe COPD (FEV1 28% predicted. 2 hospital admissions for exacerbations in the last year
Mobilises independently; walks dog daily.	Mobile to shops with family; has to rest climbing stairs.
NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).
Your colleague saw the patient earlier and tells you that they look like they may be tiring	Your colleague has seen the patient and tells you that they are stable, and "holding their own"
Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support	Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.
The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU	The patient's family say that they think the patient would not want to be admitted to ICU
For each patient please indicate if you would reco	mmend that the patient should NOT be admitted to

ICU:

Patient A \square	Patient B □
-	s only one ICU bed currently available: Please indicate which patient you would given priority for admission to ICU:
prioritise one of the	it either patient, for the purposes of this questionnaire, we would still like you to atients for admission. In this case please indicate which patient you would be or life-sustaining therapy)
Patient A □	Patient B □

Please keep in mind:

Patient A □

Patient B

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
66 years old	39 years old
with ischaemic heart disease; moderate heart failure on echo, on regular furosemide and ramipril	with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year
Mobile to shops with family; has to rest climbing stairs	Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day
NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).
Your colleague saw the patient earlier and says that they look dreadful now	Your colleague saw the patient earlier and tells you that they look like they are tiring
Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support	Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.
The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team	The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU
For each patient please indicate if you would recon	nmend that the patient should NOT be admitted to

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

ICU:	
Patient A \square	Patient B
•	only one ICU bed currently available: Please indicate which patient you would given priority for admission to ICU:
to prioritise one of the	either patient, for the purposes of this questionnaire, we would still like you patients for admission. In this case please indicate which patient you would be life-sustaining therapy)

Please keep in mind:

Patient A

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
79 years old	66 years old
with severe COPD (FEV1 45% predicted). 3 courses of steroids and antibiotics over the last 12 months	who has recently been referred by GP to a memory clinic for a suspected diagnosis of dementia; otherwise well.
Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day.	Mobilises independently; walks dog daily
NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids)	NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)
Your colleague has seen the patient and tells you that they are stable, and "holding their own"	Your colleague saw the patient earlier and tells you that they look like they may be tiring
Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support	Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.
The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team	The patient's family say that they think the patient would not want to be admitted to ICU

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A \square	Patient B □
•	only one ICU bed currently available: Please indicate which patient you would iven priority for admission to ICU:
to prioritise one of the	either patient, for the purposes of this questionnaire, we would still like you patients for admission. In this case please indicate which patient you would for life-sustaining therapy)

Patient B

Please keep in mind:

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
79 years old	66 years old
with a history of a previous MI; recent echo shows LVH and a mildly decreased ejection fraction; on ramipril.	with prostate cancer with local spread on recent staging CT; on hormonal therapy with planned radiotherapy
Mobilises independently; walks dog daily.	Mobile to shops with family; has to rest climbing stairs
NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids)
Your colleague has seen the patient and tells you that they are stable, and "holding their own"	Your colleague saw the patient earlier and says that they look dreadful now.
Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.	Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support
The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team	The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU
For each patient please indicate if you would recor	mmend that the patient should NOT be admitted to

Now assuming there is only one ICU bed currently available: Please indicate which patient you would

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be <u>more likely</u> to admit for life-sustaining therapy)

Patient A \square	Patient B 🗆
Patient A 🗆	Patient b 🗆

Patient B

recommend should be given priority for admission to ICU:

Patient A 🗌

Please keep in mind:

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
89 years old	79 years old
with prostate cancer with local spread on recent staging CT; on hormonal therapy with planned radiotherapy	with established dementia. They forget many recent conversations and needs some help washing and dressing; family say they remain contented
Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day	Mobilises independently; walks dog daily.
NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).
Your colleague saw the patient earlier and tells you that they look like they are tiring	Your colleague saw the patient earlier and says that they look dreadful now
Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support	Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.
The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team	The patient's family say that they think the patient would not want to be admitted to ICU
For each patient please indicate if you would recorto ICU:	mmend that the patient should NOT be admitted

Patient A
Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be <u>more likely</u> to admit for life-sustaining therapy)

Patient A	Patient B	

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
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Patient A	Patient B
39 years old	89 years old
with severe COPD (FEV1 45% predicted). 3 courses of steroids and antibiotics over the last 12 months	On hormonal therapy for local prostate cancer
Mobile to shops with family; has to rest climbing stairs.	Mobilises independently; walks dog daily.
NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)	NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)
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The patient's family say that they think the patient would not want to be admitted to ICU	The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team
For each patient please indicate if you would re to ICU:	commend that the patient should NOT be admitted
Patient A Patient B	

Patient A	Patient B □
•	only one ICU bed currently available: Please indicate which patient you uld be given priority for admission to ICU:
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Patient A \square	Patient B □

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Patient A	Patient B
89 years old	79 years old
with a history of a previous MI; recent echo shows LVH and a mildly decreased ejection fraction; on ramipril.	who has recently been referred by GP to a memory clinic for a suspected diagnosis of dementia; otherwise well.
Mobile to shops with family; has to rest climbing stairs	Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day
NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)	NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)
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For each patient please indicate if you would reco	ommend that the patient should NOT be admitted to

ICU:	
Patient A \square	Patient B □
•	s only one ICU bed currently available: Please indicate which patient you would given priority for admission to ICU:
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Patient A □	Patient B 🗆

Please keep in mind:

Patient A

Patient B

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
79 years old	39 years old
with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year	with prostate cancer - a recent CT scan revealed bone metastases
Mobile to shops with family; has to rest climbing stairs.	Mobilises independently; walks dog daily.
NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)	NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)
Your colleague saw the patient earlier and tells you that they look like they are tiring	Your colleague saw the patient earlier and says that they look dreadful now
Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.	Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support
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For each patient please indicate if you would red ICU:	commend that the patient should NOT be admitted to
Patient A \square Patient B \square	
Now assuming there is only one ICU bed current recommend should be given priority for admission	ly available: Please indicate which patient you would on to ICU:
	urposes of this questionnaire, we would still like you nather this case please indicate which patient you would be

recommend should be given priority for admission to ICU:

Patient B

more likely to admit for life-sustaining therapy)

Patient A

Please keep in mind:

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
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Patient A	Patient B
89 years old	79 years old
with ischaemic heart disease; moderate heart failure on echo, on regular furosemide and ramipril	On hormonal therapy for local prostate cancer
Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day	Mobile to shops with family; has to rest climbing stairs
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Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.	Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support
The patient's family say that they think the patient would not want to be admitted to ICU	The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team
For each patient please indicate if you would recoming:	mend that the patient should NOT be admitted to
Patient A Patient B	
Now assuming there is only one ICU bed currently a	vailable: Please indicate which patient you would

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be

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Patient A	Patient B
39 years old	89 years old
with mild dementia, started on Aricept in the last month	with established dementia. They forget many recent conversations and needs some help washing and dressing; family say they remain contented
Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day	Mobile to shops with family; has to rest climbing stairs
NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids)
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For each patient please indicate if you would recor	mmend that the patient should NOT be admitted to

patient would not want to be admitted to ICU	they will leave all the decisions to the medical team
For each patient please indicate if you would r ICU:	recommend that the patient should NOT be admitted to
Patient A Patient B	
Now assuming there is only one ICU bed current recommend should be given priority for admission.	ntly available: Please indicate which patient you would sion to ICU:
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Patient A ☐ Patient B ☐	

Please keep in mind:

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
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Patient A **Patient B** 79 years old 66 years old with heart failure; echo shows severe LV impairment. They have had numerous long who has recently been referred by GP to a hospital admissions. They have a biventricular memory clinic for a suspected diagnosis of pacemaker and are on spironolactone and dementia; otherwise well. b.d. furosemide. Mobilises around the ground-floor of their Mobile to shops with family; has to rest home; cannot manage stairs. Has carers climbing stairs. twice a day. NEWS of 11 (Temp: 37.7C; Resp rate: 23; NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic Systolic BP: 85mmHg after adequate iv fluids) **BP: 140mmHg)** Your colleague has seen the patient and tells Your colleague saw the patient earlier and you that they are stable, and "holding their says that they look dreadful now own" Patient is on a busy acute ward with 1 trained Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is nurse per 4 patients; critical care outreach worried the ward cannot cope with looking nurses are available to provide further after the patient. support The patient's family say they have never The patient's family have already approached discussed ICU admission or end-of life care: the ward doctors and said that they insist on they will leave all the decisions to the medical the patient being admitted to ICU team For each patient please indicate if you would recommend that the patient should **NOT be** admitted

to icu:	
Patient A \square	Patient B □
•	only one ICU bed currently available: Please indicate which patient you would given priority for admission to ICU:
to prioritise one of the	either patient, for the purposes of this questionnaire, we would still like you patients for admission. In this case please indicate which patient you would for life-sustaining therapy)
Patient A 🗆	Patient B

Please keep in mind:

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Patient A	Patient B
79 year old	66 year old
with mild dementia, started on Aricept in the last month	with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year
Mobile to shops with family; has to rest climbing stairs.	Mobilises independently; walks dog daily.
NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg)	NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).
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Patient A \square	Patient B □
•	only one ICU bed currently available: Please indicate which patient you would given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A	Patient B	
Patient A	Patient B	

- 1) Please imagine you are specifically <u>unable to attend the patients</u> and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The <u>patients are too unwell to provide any opinion themselves</u> on what they would want to happen

Patient A	Patient B
39 year old	89 year old
with a history of a previous MI; recent echo shows LVH and a mildly decreased ejection fraction; on ramipril.	with established dementia. They forget many recent conversations and needs some help washing and dressing; family say they remain contented
Mobilises independently; walks dog daily.	Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day.
NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids).	NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids)
Your colleague saw the patient earlier and says that they look dreadful now.	Your colleague has seen the patient and tells you that they are stable, and "holding their own"
Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient.	Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support
The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU	The patient's family say that they think the patient would not want to be admitted to ICU
For each patient please indicate if you would recor	nmend that the patient should NOT be admitted to ICU:

For each patient p	lease indicate if you would recommend that the patient should NOT be admitted to ICU:
Patient A \square	Patient B
•	re is only one ICU bed currently available: Please indicate which patient you would do be given priority for admission to ICU:
prioritise one of th	admit either patient, for the purposes of this questionnaire, we would still like you to be patients for admission. In this case please indicate which patient you would be more life-sustaining therapy)
Patient A □	Patient B \square

Q16. What is your gender? (Please tick one box) ☐ Male ☐ Female Q17. What is your age? Age (Please specify): **Q18.** How long have you worked in critical care outreach in total? Number of years (Please specify): Q19. How would you characterise your main professional background prior to critical care outreach? ☐ Intensive care nursing ☐ Medical nursing ☐ Physiotherapy □ Surgical nursing □ Other Please specify **About your ICU Q20.** What is the number of beds in the primary ICU in your hospital? Number of ICU beds (Please specify): Q21. Do you work in a University Hospital? (Please tick one box) ☐ Yes □ No

Part 2: Questions about you

Your views on life prolonging medical treatment

We are interested in whether clinicians' personal views on how they would want to be treated influence how they make decisions. The following questions ask you to consider what you would want for yourself if you were in the situation described.

	I was diagnosed as having a terminal illness, with less than 12 months to live, I would want to o invasive ventilation (Please tick one box)
	Strongly Disagree
	Disagree
	Neutral
	Agree
	Strongly Agree
	I was diagnosed as having a terminal illness, with less than 12 months to live, I would want to nitted to ICU for other organ support (Please tick one box)
	Strongly Disagree
	Disagree
	Neutral
	Agree
	Strongly Agree
	I was diagnosed as having a terminal illness, with less than 12 months to live, I would want to to CPR (Please tick one box)
	Strongly Disagree
	Disagree
	Neutral
	Agree
	Strongly Agree
Q25. If tick on	I was suffering from severe dementia, I would want to undergo invasive ventilation (Please e box)
	Strongly Disagree
	Disagree
	Neutral
	Agree
	Strongly Agree

-	I was suffering from severe dementia, I would want to be admitted to ICU for other organ t (Please tick one box)
	Strongly Disagree
	Disagree
	Neutral
	Agree
	Strongly Agree
Q27 . If	I was suffering from severe dementia, I would want to undergo CPR (Please tick one box)
	Strongly Disagree
	Disagree
	Neutral
	Agree
	Strongly Agree

Q28. One potential risk of ICU is that a patient's life is prolonged but they are left with a severe disability which may be unacceptable to them. Please indicate on the following table what level of risk you would accept for yourself in order to opt for life-sustaining care on ICU over end-of-life palliative care?

Chance of surviving in current	Chance of surviving with	Please
functional state	severe disability	tick
1%	99%	
5%	95%	
10%	90%	
15%	85%	
20%	80%	
25%	75%	
50%	50%	
75%	25%	
Higher than 75%	Lower than 25%	
If higher than 75% please	If lower than 25% please	
specify	specify	

Part 3: Questions about the choice tasks Q29. How difficult did you find the choice tasks (Please tick one box) ☐ Very difficult ☐ Difficult □ Neutral ☐ Easy □ Very easy Q30. How reflective of real life practice did you find the choice tasks? (Please tick one box) ☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent Q31. Do you feel there was enough information about the patients? (Please tick one box) ☐ Far Too Little (Some key features have been omitted) ☐ Too Little ☐ About Right (*All key features have been identified*) ☐ Too Much ☐ Far Too Much (*More information than needed to make admission decisions*) **Q32.** Would you recommend this questionnaire to a colleague? (Please tick one box) ☐ Not probable ☐ Somewhat improbable

☐ Neutral

☐ Somewhat probable

☐ Very probable

Q33. Did you learn something about ICU-related decision making? (Please tick one box)		
	None	
	Little	
	Some	
	Substantial	
Q34. W	here did you complete the questionnaire? (Please tick one box)	
	At work between clinical commitments	
	At work in non-clinical time	
	While travelling/commuting	
	At home	
	Other	
Thank you for completing this questionnaire		

Developed in collaboration with the University of Aberdeen