



Updates & Innovations in Essential Conversations for the Health Care Team

Session Topic: Implementing the Serious Illness Conversation Program in the East Kootenays

Presenters: Laura Finkler-Kemeny, RN, MSN, Clinical Lead
Grace Hu, MPH, Research Coordinator.

Wednesday December 17th, 2025 12:00pm - 1:00pm

Agenda Item	Discussion
Introduction & Key Themes	<p><u>Overview:</u></p> <ul style="list-style-type: none">• This ECHO session focused on the implementation of the Serious Illness Conversation (SIC) Program in British Columbia, highlighting recent research, system-level barriers and facilitators, and the development and pilot of an implementation toolkit. The session emphasized integrating palliative care into everyday practice using an equity- and systems-informed lens.• The presenters acknowledged Interior Health partners and the BC Centre for Palliative Care project team. Funding support was provided by the Michael Smith Health Research BC REACH Program. Specific contributors included clinicians, evaluators, and advisors involved in toolkit development and pilot testing. <p><u>Purpose & Objectives</u></p> <ul style="list-style-type: none">• Share recent research and evidence related to Serious Illness Conversation• Describe the current state of SIC implementation in British Columbia• Identify system-level barriers and facilitators• Introduce the SIC Implementation Toolkit and key learnings• Support participants in reflecting on SIC implementation in their own settings
Presentation Key points	<ul style="list-style-type: none">❖ Importance of Earlier, More, and Better Serious Illness Conversations• Participants reflected on when SICs typically occur in practice, how often they occur, and their overall quality. There was recognition that earlier and more consistent conversations improve shared understanding, patient safety, and care alignment.• Evidence and Research Updates: Recent international and Canadian studies highlighted cultural adaptation, relational approaches to care, and the safety implications of delayed conversations.• Education Alone is Insufficient: While clinicians value SIC education, presenters emphasized that implementation challenges are primarily contextual and systemic rather than knowledge-based.• Barriers and Facilitators:<ul style="list-style-type: none">○ Leadership prioritization and organizational culture○ Workflow and documentation challenges○ Role clarity and interprofessional collaboration○ Equity, cultural safety, and societal context

❖ **SIC Implementation Toolkit**

The toolkit was presented as a structured, evidence-based approach to supporting system-level change.

Toolkit components include:

- Establishing an implementation team
- Understanding the current state
- Identifying and prioritizing barriers and facilitators
- Matching and tailoring strategies to local context
- Ongoing evaluation and reflection

The toolkit pilot in the East Kootenays demonstrated the value of iterative design and local adaptation.

❖ **Equity & Patient Safety Lens:** The discussion emphasized aligning SICs with Health Quality BC's Patient Safety Strategy. Equity and cultural safety were highlighted as core considerations, including respect for cultural norms, family roles, and historical experiences with health systems.

Key Takeaways

- SICs are essential to patient safety and quality care
- Sustainable implementation requires leadership, workflow integration, and team-based approaches
- Equity and cultural safety must be embedded in both conversations and implementation strategies
- Toolkits and implementation science offer practical pathways for system change

Next Steps & Resources

- Participants encouraged to reflect on SIC implementation in their own settings
- Toolkit resources available via the BC Centre for Palliative Care SIC Toolkit Project page
- Follow-up questions directed to the SIC Clinical Lead

Resources

- [Video link](#)