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# **Intensive End of Life Care:** Implementation study of a guideline-based order set for the withdrawal of life-sustaining therapy in the ICU

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## Background

- Despite technological advancements in the management of critically ill patients, death remains a common outcome in the ICU, often after the decision to withdraw life sustaining therapy (WLST)<sup>1,2</sup>
  - Quality palliative care provision in the ICU should be thoughtful and comprehensive, addressing the physical and spiritual needs of patients and families<sup>3</sup>

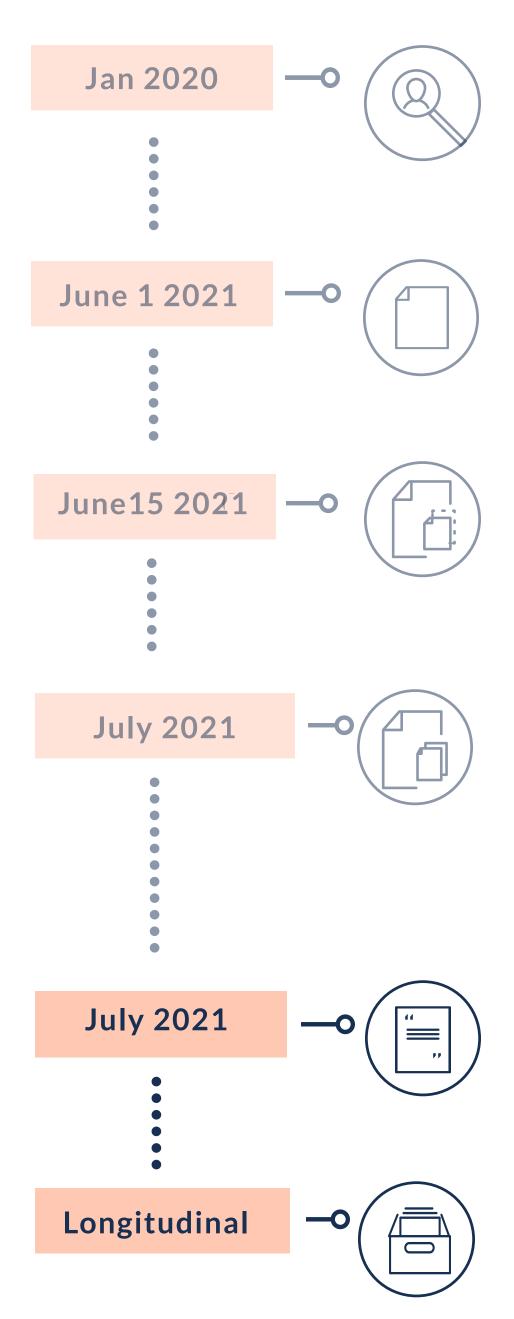


- Recent guidelines from Downar et al. provide a framework to improve the quality of end-of-life (EOL) care in the ICU<sup>4</sup>
- Notable differences between current practice in Saskatoon and best practice recommendations:
  - ✓ Use of validated pain, dyspnea, and sedation scales for titration of medications for symptom control
- Specific titration guidelines for opiate and sedative medications
- ✓ Ventilation weaning protocols to ensure patient comfort

## Dbjective

Improve the consistency and quality of end-of-life care provided to ICU patients in Saskatoon for whom a decision has been made to withdraw life-sustaining therapy

## Methods



### **Data Collection**

- Oetermine barriers and facilitators to implementation
- Seasibility and acceptability of intervention
- Family-reported impact on the quality of end-of-life care

### Draft One

- Guideline-based order set
- Nursing assessment flowsheet
- Supporting education materials

### **Draft Two**

- Revised with feedback from leadership within the stakeholder groups
- Baseline data will be collected prospectively by attaching a modified Quality of Death and Dying (QODD) survey to the current EOL order set

### **Draft Three**

- Incorporation of feedback from Critical Care Nursing, Respiratory Therapy, and attending Intensivists
- Socus groups to identity barriers and facilitators of Draft 2
- Open-ended survey completed by attending Intensivists
- Trialled for six months with addition of modifided QODD survey

### **Final Order Set**

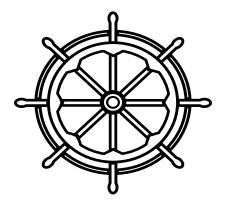
- Incorporate changes from focus groups with critical care nurses and respiratory therapists that identify challenges and benefits
- Input from online survey completed by attending intensivists

### **Chart Review**

⊘ Chart review of all patients receiving WLST pre- and postimplementation to determine narcotic and sedative administration prior to and following interventions and time to death following ventilator withdrawal

### **Steering Committee**

• Created to oversee the implementation of the project



- Involving both patient family members (Patient Family Representatives) and interdisciplinary ICU leadership
- Active research partner providing feedback on the content and implementation method of the intervention materials

## Outcomes

### **Study Design:**

Hybrid implementation-effectiveness study

### **Primary Outcomes:**

### Implementation:

- Seek to describe :
- Barriers and facilitators to implementation
- How the methods address domains of the Consolidated Framework for Implementation Research Constructs (CFIR)

### **Effectiveness**:

- QoDD results
- Compliance with guidelines
- Data on staff adherence to the protocol and patient scoring on validated assessment tools

# Expected Conclusions

- Expect to describe the effect of the implemented order-set on the quality of end-of-life care received in the ICU and the feasibility of such a program
- Future research may involve a survey of current practices for bereavement follow-up of families after the death of a loved one in the ICU across Canadian ICUs.

## References





