

Implementation study of a guideline-based order set for the withdrawal of life-sustaining therapy in the ICU

Alison Knapp¹, Rebecca Schmidt¹, Danley Lunn², Jennifer O'Brien¹, Faith Bae³, Joann Kawchuk¹, Sabira Valiani³

¹Department of Anesthesiology, Perioperative Medicine & Pain Management, University of Saskatchewan ²Department of Surgery, University of Saskatchewan, ³Department of Medicine, University of Saskatchewan

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)^{1,2}



- Quality palliative care provision in the ICU should be thoughtful and comprehensive, addressing the physical and spiritual needs of patients and families³

- Recent guidelines from Downar et al. provide a framework to improve the quality of end-of-life (EOL) care in the ICU⁴

- 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



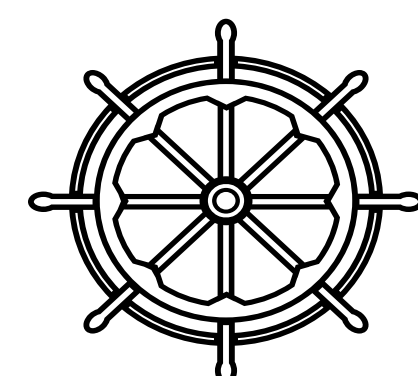
Objective

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



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

