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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)^{1,2}
 - Quality palliative care provision in the ICU should be thoughtful and comprehensive, addressing the physical and spiritual needs of patients and families³

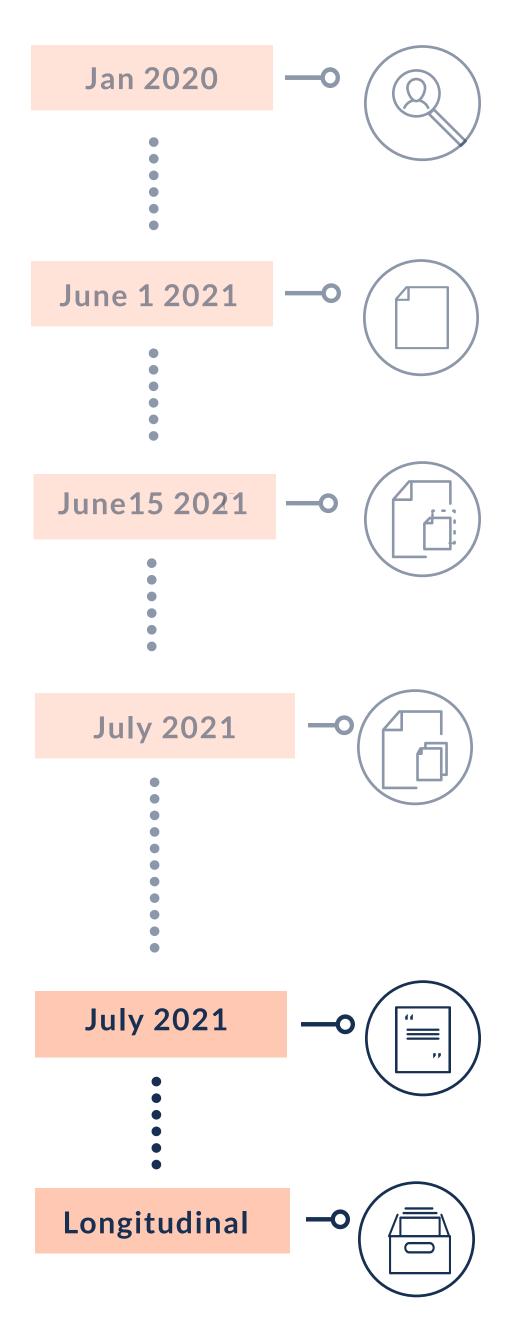


- Recent guidelines from Downar et al. provide a framework to improve the quality of end-of-life (EOL) care in the ICU⁴
- Notable differences between current practice in Saskatoon and best practice recommendations:
 - ✓ Use of validated pain, dyspnea, and sedation scales for titration of medications for symptom control
- Specific titration guidelines for opiate and sedative medications
- ✓ Ventilation weaning protocols to ensure patient comfort

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

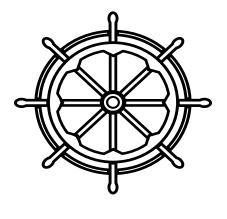
- Incorporate changes from focus groups with critical care nurses and respiratory therapists that identify challenges and benefits
- Input from online survey completed by attending intensivists

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





