ICU
Care & Communication Bundle

Roper Hospital

2011

Table 3. Definition of high-quality intensive care unit palliative care by patients and families

Important Domains of High-Quality ICU Palliative Care as Identified by Patients and Families
Communication by clinicians:
Timely, ongoing, clear, complete, compassionate
Addressing condition, prognosis, and treatment
Patient-focused medical decision-making:
Aligned with patient values, care goals, treatment preferences
Clinical care of the patient: Maintaining comfort, dignity, personhood, privacy
Responsive and sensitive to patient's needs
Maintaining physical comfort
Respecting dignity
Treating the patient as a person—somebody's loved one
Protecting privacy
Care of the family: Providing access, proximity, and support
Allowing liberal, flexible visiting
Valuing family input about patient needs and care
Offering practical, emotional, spiritual support to family
Offering bereavement support
Important Care Processes and Structural Aspects of High-Quality ICU Palliative Care as Identified by Patients and Families
Regular family meetings with attending physician and nurse
Flexible, liberal, policy on visiting
Early identification of surrogate decision-maker/advance directive/resuscitation status
Frequent assessment of pain and titration of analgesia to maximize comfort and achieve desired level of consciousness
Offer of pastoral care with sensitivity and without mandate
Offer of practical and emotional (social work) support
Printed information about ICU for families
Offer of bereavement support to families of patients dying in the ICU
Waiting room affording comfort and privacy to families

What Patients and Families Want from the Healthcare System

In their own words: Patients and families define high-quality palliative care in the intensive care unit

Critical Care Medicine. 38(3):808-818, March 2010.

ICU Bundle Strategy

Group of process measures that are based on **best practices** that individually improve care and are **applied together** for a fuller assessment of the quality of care

RSFH Successes: VAP Bundle *(ventilator associated pneumonia)*

CLABSI Bundle *(central line assoc. blood stream infection)*

Sepsis Bundle

Does Proactive ICU Communication Make a Difference?

530 Adult ICU pts

Multidisciplinary meeting within 72hrs of admission

4 Goals of Meetings:

1. Reviewing Medical Facts
2. Discussing family's perspective on what the pt would have wanted
3. Agreeing on a plan of care
4. Agreeing on criteria by which success or failure of the plan would be judged

Results:

↓ LOS w/o change in mortality

Regular family meetings resulted in earlier discussion of goals & focus on comfort in pt who were unlikely to survive ICU care.

ICU Care & Communication Bundle

Day 1 – Day after Admission

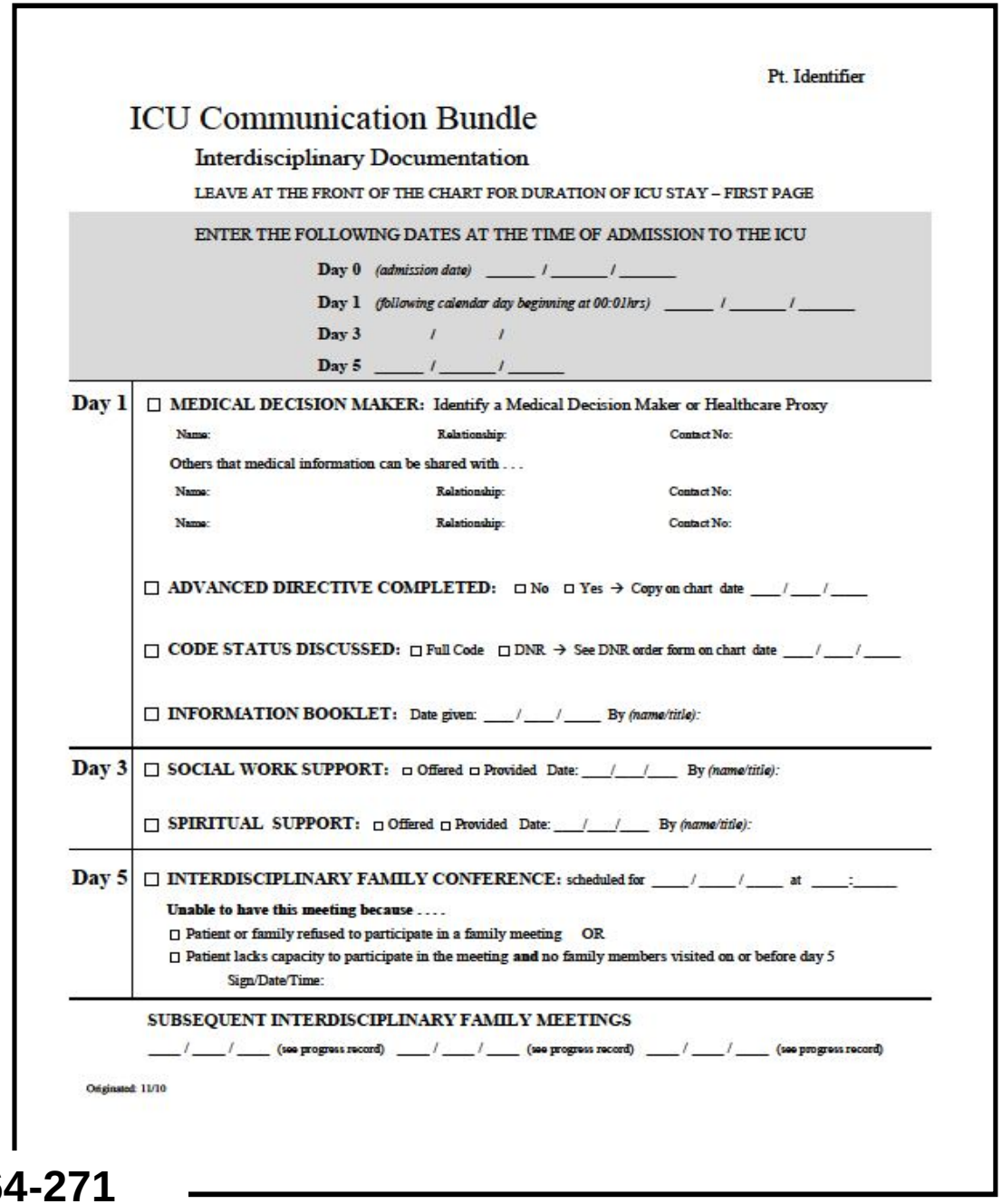
Identification of decision maker
Advance directives
Code status
Information booklet
Symptom Management

Day 3

Spiritual support
Case Management/Social Work

Day 5

Interdisciplinary Family Conference



Pt. Identifier

ICU Communication Bundle

Interdisciplinary Documentation

LEAVE AT THE FRONT OF THE CHART FOR DURATION OF ICU STAY – FIRST PAGE

ENTER THE FOLLOWING DATES AT THE TIME OF ADMISSION TO THE ICU

Day 0 *(admission date)* _____ / _____ / _____

Day 1 *(following calendar day beginning at 00:01hrs)* _____ / _____ / _____

Day 3 / /

Day 5 _____ / _____ / _____

Day 1

☐ **MEDICAL DECISION MAKER:** Identify a Medical Decision Maker or Healthcare Proxy

Name: Relationship: Contact No:

Others that medical information can be shared with . . .

Name: Relationship: Contact No:

Name: Relationship: Contact No:

☐ **ADVANCED DIRECTIVE COMPLETED:** ☐ No ☐ Yes → Copy on chart date ___/___/____

☐ **CODE STATUS DISCUSSED:** ☐ Full Code ☐ DNR → See DNR order form on chart date ___/___/____

☐ **INFORMATION BOOKLET:** Date given: ___/___/____ By *(name/title)*:

Day 3

☐ **SOCIAL WORK SUPPORT:** ☐ Offered ☐ Provided Date: ___/___/___ By *(name/title)*:

☐ **SPIRITUAL SUPPORT:** ☐ Offered ☐ Provided Date: ___/___/___ By *(name/title)*:

Day 5

☐ **INTERDISCIPLINARY FAMILY CONFERENCE:** scheduled for ____/____/____ at ____:____

Unable to have this meeting because . . . .

☐ Patient or family refused to participate in a family meeting OR

☐ Patient lacks capacity to participate in the meeting **and** no family members visited on or before day 5

Sign/Date/Time:

SUBSEQUENT INTERDISCIPLINARY FAMILY MEETINGS

____/____/____ (see progress record) ____/____/____ (see progress record) ____/____/____ (see progress record)

Originated: 11/10

Quality Safety Health Care 2006; 15: 264-271

Utilization of Life Limiting Illness Triggers

University of Rochester Medical Center

Trigger	In Hospital Mortality Rate
s/p Cardiac arrest	74%
Stage IV Malig	63%
>80 yr w/2 or > co morbidities	55%
ICH w/ Mechanical Ventilation	54%
>10 day inpt; prior to ICU admit	54%

Crit Care Med 2007; 35: 1530-1535

Baseline Data Collection

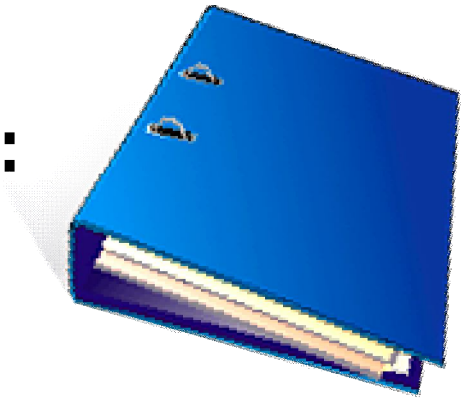
Sept – Nov 2010

Sept/ Oct / Nov 2010	
Total # of ICU Admissions	732
Total # of ICU Pt who met Triggers	51

7% ICU Admissions
Met Palliative Care Triggers

Triggers	#	%
Age > 80 w/ 2 or more comorbidites	22	43%
Hospital stay ≥ 10 days prior to ICU admission	10	20%
Status Post Cardiac Arrest	10	20%
Intracerebral Hemorrhage requiring Mechanical Ventilation	6	12%
Stage IV Malignancy	3	6%

ICU Family Information Booklet



Information about the ICU including Note Space:

Pocket Cards: Visitation guidelines
Place to document "Pass Code" for patient information

Taking Care of Yourself
Communication in the ICU: Family conferences
What is Palliative Care?
Support Services provided: Financial consultation
Bereavement programs
Logistical information
Diagram of a typical ICU patient with names of all devices
Glossary of terms commonly used in ICU
Transferring out of the ICU

Pilot Completed with a Family Feedback Survey

Measuring the Quality of Palliative Care in the Intensive Care Unit

Mitchell Levy MD, J. Randall Curtis MD, MPH, John Luce MD,
Judith Nelson JD, MD

The survey uses an 11 point response scale:
0 *(Never, Worst Possible)* -- 10 *(Always, Best Possible)*

Communication within the Team and with Patients and Families Physicians
Patient and Family Centered Decision-Making
Continuity of Care Physicians
Emotional and Practical Support for Patients and Families
Spiritual Support - Patients and Families/ Emotional and Organizational Support - Clinicians
Communication within the Team and with Patients and Families *(Nurses and Physicians)*
Symptom Management and Comfort Care

Area's Of Improvement Identified

Physicians:

Meeting privately with families
Meeting with nurses to clarifying goals of care
Identification of a time frame for re-assessment of goals of care
Scheduling follow-up meetings to discuss goals
Communication with pt/families about goals

Preparing pt/family for change of physician
Communication with colleagues about pt/families emotional needs

Preparing families for the dying process.
Assessment of spiritual needs of pt/families
Attention to emotional/practical needs of dying pt/families

ICU Team/Organization:

Provision of bereavement materials
Sending messages of condolence

Time to meet with caregivers after the pt dies
Incorporating palliative care competencies into performance evaluations
Providing emotional support for clinicians caring for dying pts

ICU
Care & Communication Bundle

	2011 April - Sept	2010 Baseline Sept - Nov
DNR	50%	51%
Days ICU Admit to DNR	3.2 days av.	4 days av.
Palliative Care Consults	38%	20%
ICU Admit to Palliative Care consult	6 days av.	9 days av.
Observed Mortality	32%	37%

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Day 1 Bundle Compliance (Day after ICU admission)	**2011 April - Sept**	**2010 Baseline**
Documentation of identification of decision maker	**91%**	29%
Documentation family received information booklet	**NA**	N/A
Documentation of resuscitation status	**52%**	13%
Documentation of advance directive status	**90%**	33%
Day 3 Bundle Compliance		
Documented social work/case mgmt support offered	**77%**	90%
Documented spiritual support offered	**56%**	5%
Day 5 Bundle Compliance		
Documentation of family conference	**45%**	7.5%

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Symptom Management

First 24 hr of Admission	April - Sept 2011	Baseline 2010
4hr intervals w/pain score < 3	79%	60%

Future:

ICU Care and Communication as Standard of Practice

Implementation: 3 Day Care & Communication Bundle for **All ICU Pts**

Day 1 *(Day after admission)*

Designation of resuscitation status
Documentation of Advance Directives
Documentation of Family Information Booklet

Day 2

Spiritual and Social Work Support Offered

Day 3

Family Conference required by Day 3 in ICU

ICU Care and Communication

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