

Decision-making for ICU admissions

Introduction to project

Train the trainers workshop 2017

Decision-making for ICU admissions

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Access to ICU:

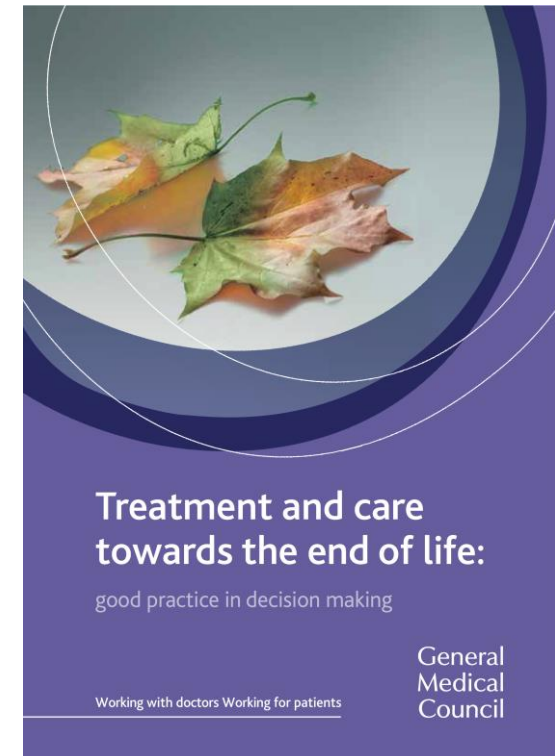
- Potentially life-saving therapies
- Not available to all
- Harms (burdens) of therapies
 - Procedures
 - Poor functional survival
 - Poor duration of survival
 - Psychological consequences
 - Social consequences



Decision-making

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- No accepted method for determining who should have access to ICU therapies
- No training in how to make this decision
- No effective prognostic tool
- Not everyone is admitted to ICU
- How to make decision
 - Patients views (ReSPECT)
 - Medical team
 - *“Best Interests” (MCA)*
 - *“you must consult with those close to the patient” (GMC)*



Factors associated with variability in admission to ICU

Patient factors

- Current functional status / quality of life (41 studies)
- Patient age (37 studies)
- Presence of chronic illness (22 studies)
- Patient preference (17 studies)
- Family preference (16 studies)
- Gender (11 studies)

Non-patient related factors

- Seniority of clinician (6 studies)
- Seniority of referrer (5 studies)
- ICU clinician's base specialty (4 studies)
- ICU bed availability (28 studies)
- Advanced care plan or directive (10 studies)
- Time of day (6 studies)
- Specialty of patient (5 studies)
- Time to make a decision (2 studies)

Decision-making for ICU admissions

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- ICU can be life-saving
- ICU can be harmful
- Not everyone can or should be admitted to ICU
- Determining who will be harmed, and who will benefit is difficult
- Evidence of significant variability in decision-making
- No clear guidance on making this decision

Decision-making for ICU admissions

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“What is required for an ethically justifiable, patient-centred decision-making process for unplanned and emergency admissions to adult intensive care?”

Aims

- A. Explore how decisions on whether to admit a patient to adult intensive care are made in the acute and emergency situation.
- B. Identify and critically analyse the factors that inform ICU admission decisions from the perspective of patients and their families, and the clinical decision-makers.
- C. Facilitate ethically justifiable, patient and family centred decision-making in these situations.

Project overview

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Systematic reviews

Work package 1: Observational study

Work package 2: Discrete choice experiment

Work package 3: Develop and implement a decision support framework

Work package 4: Develop an evaluation tool to assess impact of decision support framework



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Work Package 1

Exploring the current situation: An observation and interview study

Mia Svantesson-Sandberg 010716

University Hospitals
Coventry and Warwickshire
NHS Trust

NHS
*National Institute for
Health Research*

Observational study:

- 6 centres across Midlands
 - stratified by size
- Varying time of day/day of week
- 45 patient referral/assessments observed
- 116 interviews (staff, patients, family)

**Straight forward
admissions**

6

**“grey”
admissions**

11

**“grey” non-
admissions**

12

**Straight forward
non-admissions**

16



Summary

- Difficult decision-making is common
- Communication difficulties with referrals are common
- Patients and families are variably involved
- Large number of factors taken into consideration
- Lack of balancing or ethical reasoning in decision-making
- Ethical conflicts are common



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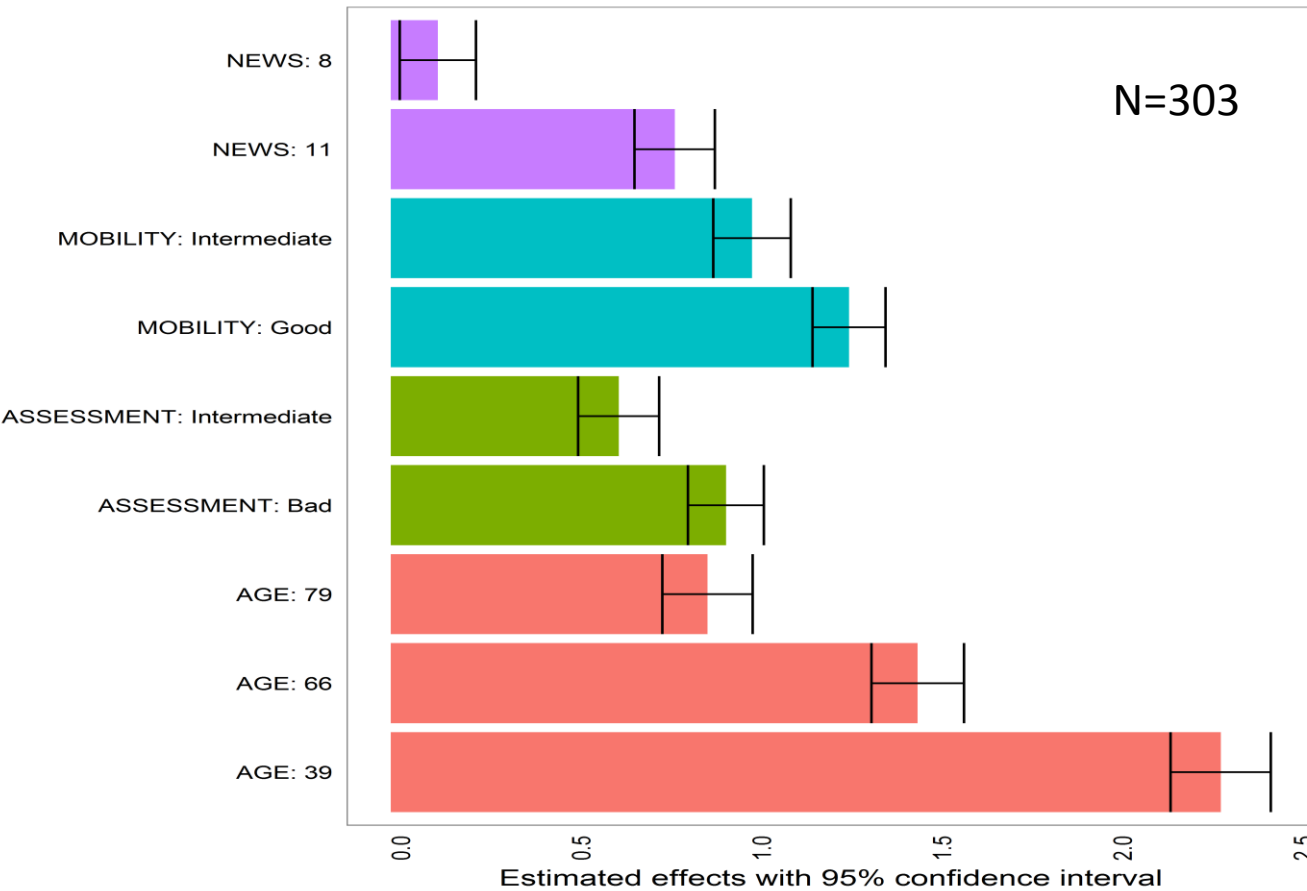
Work Package 2

Discrete Choice Experiment (DCE)

Discrete Choice Experiment (DCE)

- Determine importance of different attributes in decision-making by studying response to changes in these attributes.
- Factors based on systematic review and observational study
 - Patient's age
 - Main comorbidity (e.g., cancer)
 - Severity of main comorbidity
 - Severity of acute illness (e.g., NEWS score)
 - Family views
 - Subjective assessment of patient
 - Functional status (e.g., move freely)
 - Patient safety (e.g., number of nurses per patient on ward)

2. What is the influence of these features?



Characteristic	% (or mean + SD)
1. Gender	
Male	79.5
Female	20.5
2. Univ hosp.	
No	63.7
Yes	36.3
3. Location	
Work (busy)	31.7
Work (off)	35.3
At home & other	33
4. Risk	
Seeking	35
Neutral	28.4
Averse	36.6
5. Age	
	45.6 (SD: 6.9)
6. Experience	
	15.5 (SD: 7.5)
7. Unit size	
	15.8 (SD: 9)

Work Package 3

The development and implementation of a decision-support intervention

DSI: Principles of Development

- Draw on research findings of preceding work packages
- Reflect best current practice and real-life decision-making
- Integrate ethical reasoning into decision-making process
- Address whole of decision-making process
 - Integrated
 - Focussed
 - Structured

Development of Decision-support intervention

Pre-production

Identification of factors and processes influencing decision-making process

Systematic reviews

Observational Study

Discrete Choice Experiment

Production

Development and refinement of decision-support intervention components

Development of model
decision-making process

Mapping of observed factors
and processes onto model

Presentation of draft
intervention at stakeholder
conference

Post conference feedback and
refinement

Post production

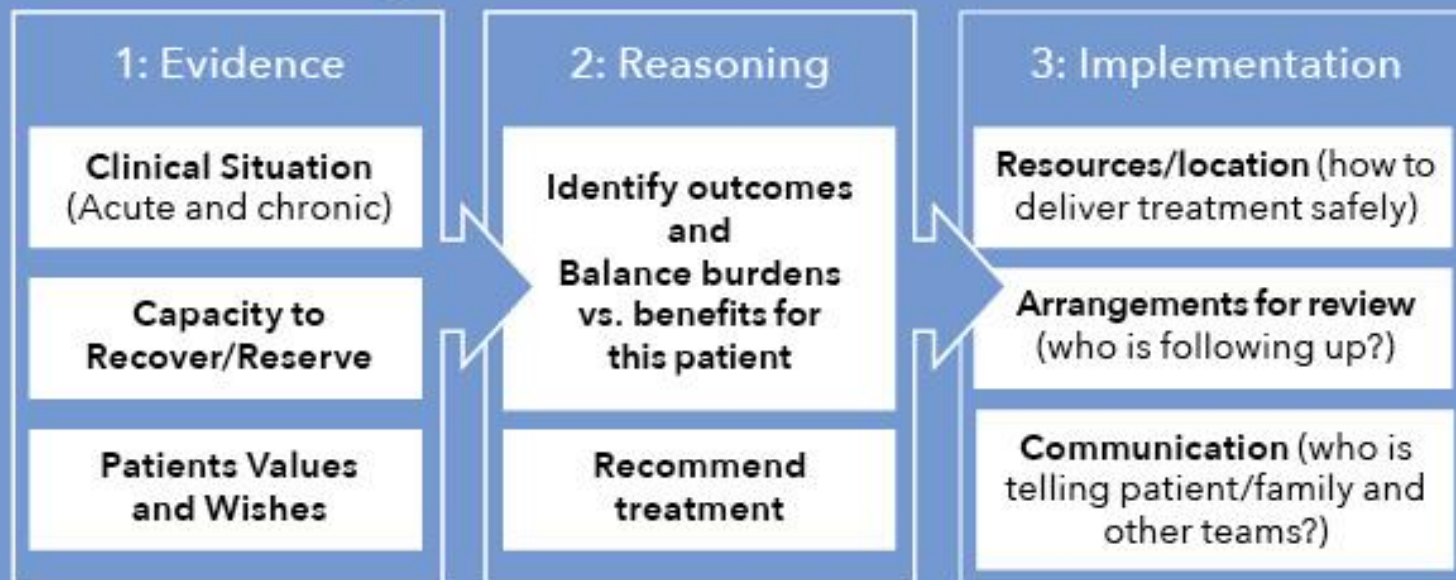
Development of implementation strategies

Normalisation process theory workshop

Stakeholder implementation feedback
workshops



Decision-making for escalation of treatment



Implementation Champions

- *To improve decision-making regarding escalation of treatment for critically ill patients **throughout** your trust.*
 - *DSI as tool for transforming practice*
 - *Promoting/supporting use of DSI in trust*
- *Research vs. Service Improvement*
 - *Bias*
 - *Hawthorne effect*
- *Enthusiastic in implementation, honest in feedback*

- *“Never doubt that a small group of thoughtful, committed individuals can change the world; indeed, it's the only thing that ever has.”*
 - *Margaret Mead*