

Utilization of the “3 Wishes Project” to Enhance Individualization of End-of-Life Care in a Medical Intensive Care Unit

Brittany Harrison, DNP (c), AG-ACNP, CNL
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Advisor: Beth Hundt, PhD, NP-C, ACNS-BC
Second Reviewer: Clareen Wiencek, PhD, ACNP, FAAN



SCHOOL *of* NURSING

DNP Scholarly Project Team

DNP Advisor: Beth Hundt, PhD, NP-C, ACNS-BC

Assistant Professor of Nursing

Second Reviewer: Claren Wiencek, PhD, ACNP, FAAN

Professor of Nursing

Practice Mentor: Jamie Brick, DNP, AGACNP-BC

Medical ICU Nurse Practitioner

Statistician: Ivy Hinton, PhD

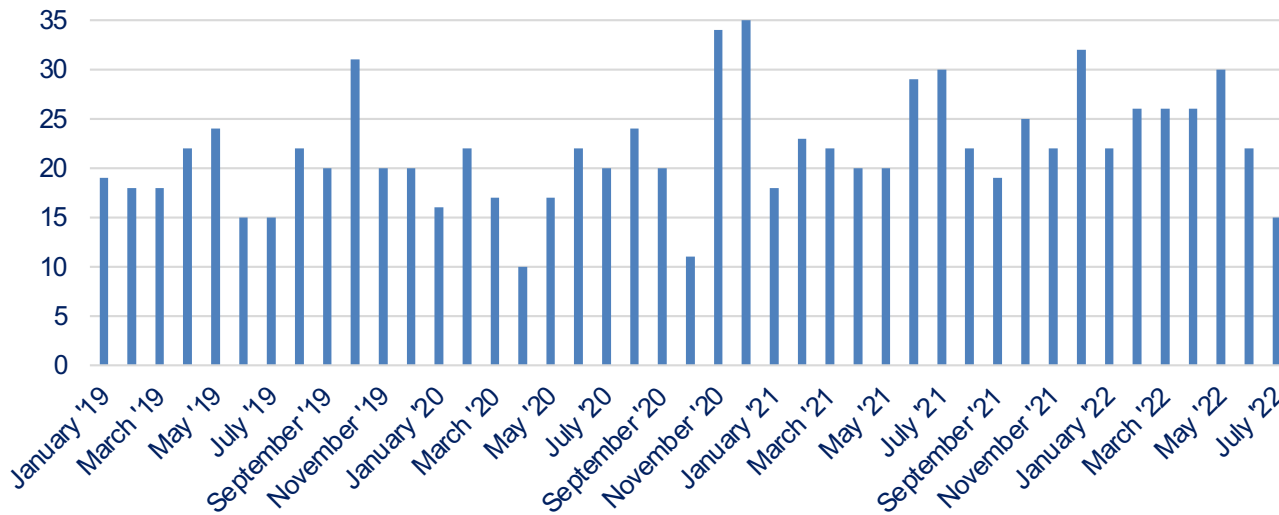
Director of Diversity, Equity and Inclusion

Background / Significance

- **Society of Critical Care Medicine (SCCM)** (www.sccm.org)
 - **Over 5 million patients admitted to ICUs annually**
 - **Leading causes of death in the ICU:**
 - **Multiorgan failure**
 - **Cardiovascular failure**
 - **Sepsis**
 - **Mortality rates in ICU adults range between 10-29% depending on:**
 - **Age**
 - **Co-morbidities**
 - **Illness severity**
- **Khandelwal et al. (2016) – Journal of Palliative Care**
 - **Average total ICU cost: \$39,315**



Practice Area Pre-Implementation Mortality Rates: January 2019 to August 2022



Overall average:
21.8 deaths/month

Pre-COVID average:
19.7 deaths/month

Post-COVID average:
22.7 deaths/month



End-of-life (EOL) intervention

Dr. Deborah Cook, McMaster University, Canada

Goals:

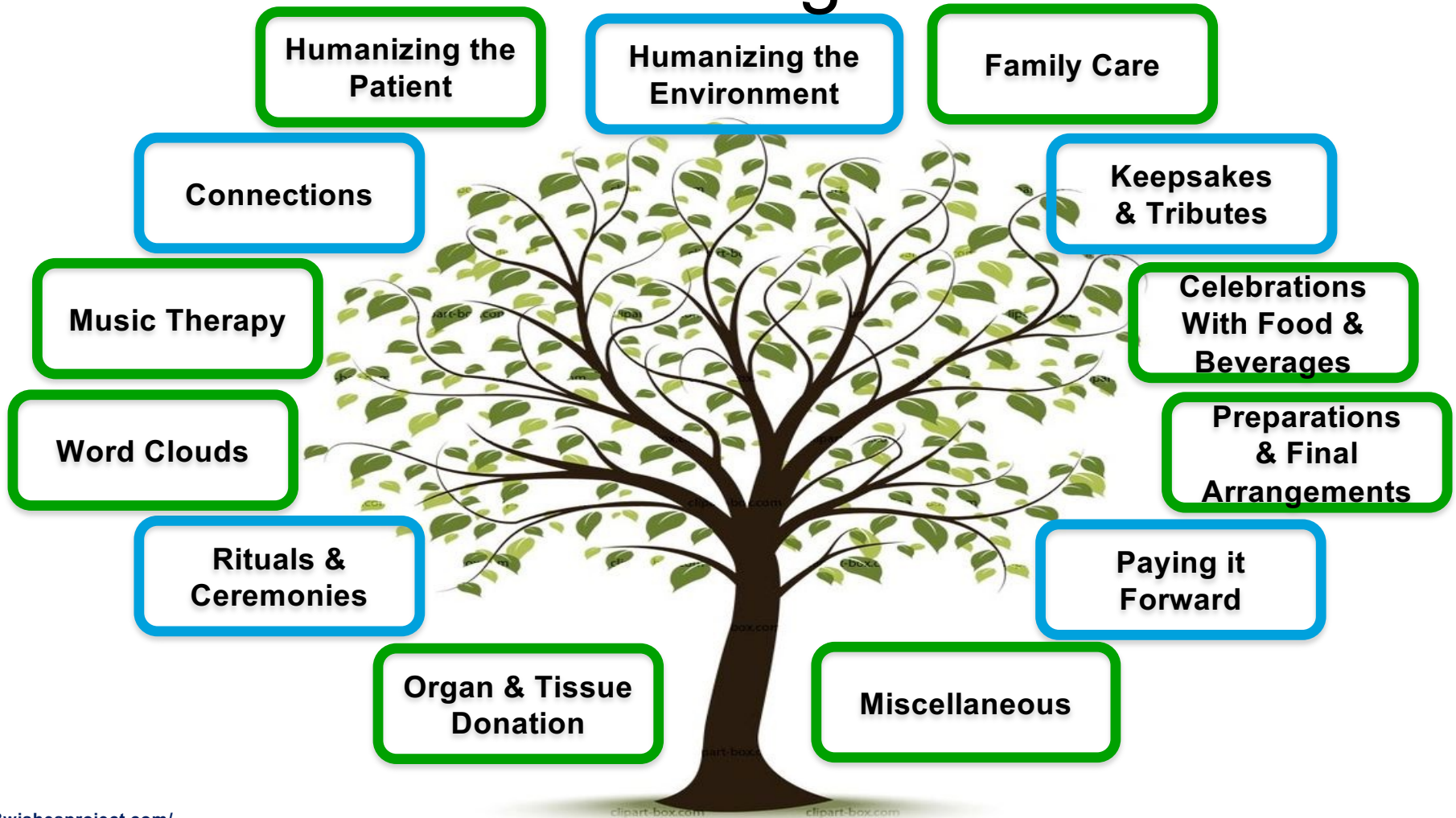
- **1) Dignify death and celebrate the individual's life**
- **2) Support family members by humanizing the death process and creating positive memories**
- **3) Support ICU clinicians by fostering patient and family centered care**

A wish is a meaningful request that is fulfilled for a dying patient and / or grieving family member

- **Median cost: \$5.00 per wish**

<https://3wishesproject.com/>

Wish Categories



EBP Framework: IOWA Model

- **Systematic, 7-step guide for implementation of EBP**
- **1) Identify Triggering Issues/Opportunities**
- **2) State the Question or Purpose**
 - *Is this topic a priority?*
- **3) Form a Team**
- **4) Assemble, Appraise and Synthesize Body of Evidence**
 - *Is there sufficient evidence?*
- **5) Design and Pilot the Practice Change**
 - *Is change appropriate for adoption in practice?*
- **6) Integrate and Sustain the Practice Change**
- **7) Disseminate Results**

Collaborative, I. M., Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., Tucker, S., & Collaborative, A. on behalf of the I. M. (2017). Iowa Model of Evidence-Based Practice: Revisions and Validation. *Worldviews on Evidence-Based Nursing*, 14(3), 175–182. <https://doi.org/10.1111/wvn.12223>

Step 1: Identify Triggering Issues/Opportunities

Clinical or patient identified issues

Organization, state, or national initiative

Data – Expert Opinion

- **American Association of Critical-Care Nurses (AACN)**
- **Clinical Practice Guidelines for Quality Palliative Care (2018)**
- **End-of-Life Nursing Education Consortium (ELNEC)**
- **Institute of Medicine, Dying in America (2015)**
- **Society of Critical Care Medicine (2001)**
- **World Health Organization**

Accrediting agency requirements/regulations

Philosophy of care

Step 2: Clinical Question

Practice Gap: Standards for high quality EOL care are endorsed by multiple organizations and societies but how to meet those standards varies

Is this topic a priority?

YES

Step 3: Form a Team

Medical Team: Any member of the medical team who cared for MICU patients in the practice area between September 1 – November 1, 2022

Step 4: Assemble, Appraise, and Synthesize the Body of Evidence

Search Terms: “3 wishes project” AND (individualized OR tailored OR personalized)

<u>Themes</u>	<u>Articles</u>
Meaningful impact on patients / families <ul style="list-style-type: none"> • Promoted interpersonal care • Exemplified humanism in practice • Provides value-based discussions at EOL • Word clouds can honor a dying patient • Reframed perception of dying process 	Cook et al. (2015) Neville et al. (2019) Vanstone et al. (2020) Takoaka et al. (2021) – Organ Vanstone et al. (2016) Centofani et al. (2016)
Meaningful impact on teams <ul style="list-style-type: none"> • Strengthened team bonds • Perceived improvement of EOL care 	Cook et al. (2015) Neville et al. (2019) Yeung et al. (2020)
Transferability <ul style="list-style-type: none"> • Successful implementation in academic and community ICUs 	Reeve et al. (2021) Vanstone et al. (2020)
Affordability	Vanstone et al. (2020) Takoaka et al. (2021) - Scale

Is there sufficient evidence?

YES

Step 5: Design and Pilot the Practice Change

Project Question: Does the implementation of the 3WP help the medical team provide individualized EOL care?

Funding: Verhonick Clinical Nursing Research Award

IRB Waiver: Received

Step 5: Design and Pilot the Practice Change

Pre-Project Education

Emails

- Registered Nurses
- Patient Care Techs
- Respiratory Therapists
- Unit Managers
- Clinical Nurse Specialists
- Attendings
- Palliative Care
- Case Management
- Chaplaincy
- Decedent Affairs

Presentations

- Shared Governance Meetings
- Charge Nurse Meetings
- Pulmonary Critical Care Fellows
- Internal Medicine Residents
- Advanced Practice Providers

Anecdotal Discussions with the Medical Team

Step 5: Design and Pilot the Practice Change

1) Identified patients considered for participation

Nursing ICU Checklist on rounds
Medical team assessment

2) Approached the patient / family

Provide the 3WP brochure and wish form

3) Participation/Implementation

Medical team implements patient/family wishes

4) Wrap-Up

Collect wish form

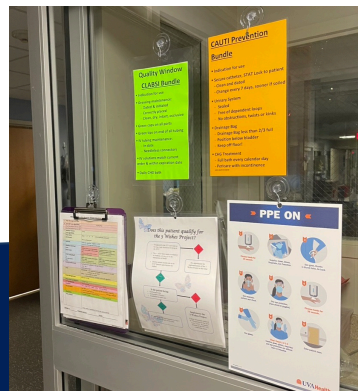
1) Identified patients considered for participation

Patients Considered for Participation

- Designated by the medical team as having a high likelihood of dying in the ICU
 - AND/OR
- Decision made to withdraw or withhold life support in the anticipation of death
 - AND/OR
- Patients who recently died in the ICU (limited opportunities for wishes)

Ineligible Patients

- Patients on the MICU service but located in another ICU
 - AND/OR
- Patients being discharged home or a Hospice facility



2) Approached the patient / family

What wishes could be requested from the medical team?

- Blanket
- Capturing the patient's heart beat via doppler
- Capturing the patient's heart beat on paper
- Cloth hearts (2+ hearts pinned to gown)
 - When the patient died, 1+ hearts went with the family as a symbol of the patient's enduring love, 1 heart went with the patient as a symbol of the family's enduring love.
- Collecting a lock of hair
- Collecting fingerprints/handprints
- Communication with family/friends via technology
- Drinks and snacks
- Facilitating a loved one to lie in bed with the patient
- Flameless (battery operated) candle
- Listening to the patient's favorite music
- Photographs – patient, family, tattoos
- Religious rituals / spiritual ceremonies
- Spa day
- Stuffed animal(s)



3) Participation/Implementation

Supplies were located in the 3W ICU Conference Room



4) Wrap-Up

Collected the Wish Form



Contributions

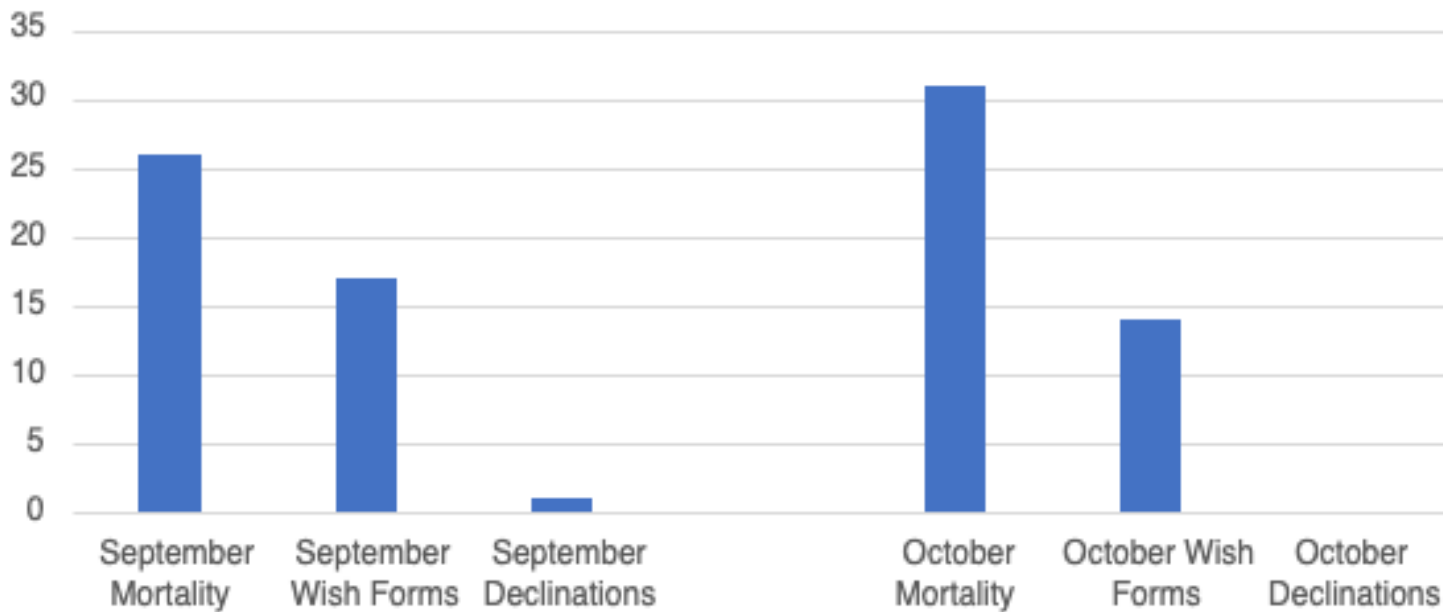
Medical team brochure

Project implementation questions

Approaching patients / families

Assisting with supply collection

Mortality, Wish Forms, and Declinations (September 1- November 1)



September:

- Mortality: 26
- Wish Forms: 17
- Declinations: 1

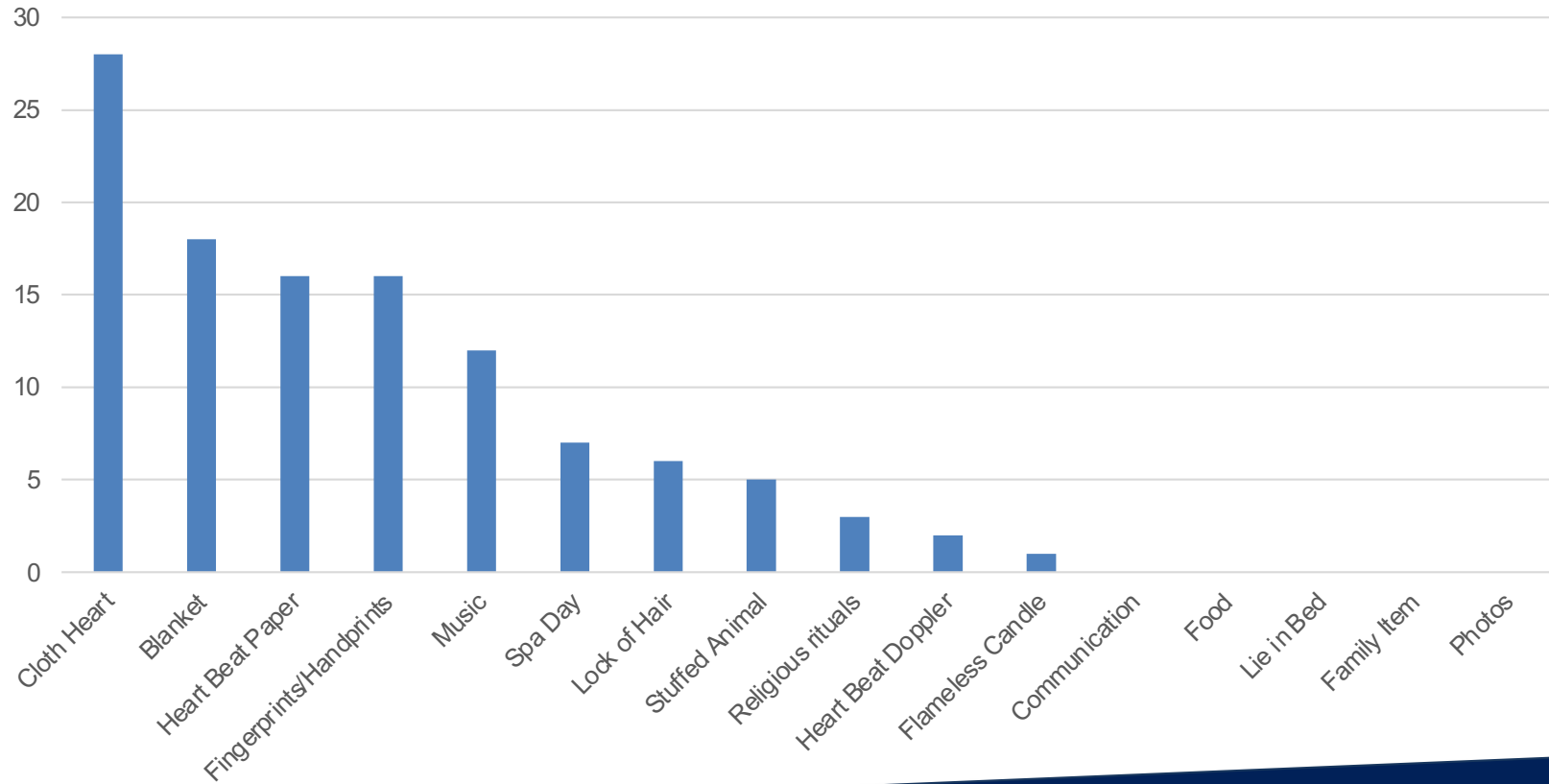
October:

- Mortality: 31
- Wish Forms: 14
- Declinations: 0

Overall:

- September: 65%
- October: 45%
- Overall: 55%

Wishes during Implementation (September 1 - November 1)



<u>Wish</u>	<u>Included Items</u>	<u>Cost</u>
Blankets		\$58
Cloth Hearts	Cloth Hearts Safety Pins	\$129
Heart beat (paper) Lock of Hair	Cork bottles Ribbon	\$77
Fingerprints Handprints	Cardstock Frames Ink Key Chains	\$211
Flameless Candles		\$63
Music	iPhone	\$30
Spa Day	Razors Deodorant Aftershave Lotion Fingernail polish Dry Shampoo	\$187
Stuffed Animals		\$41

Financial Analysis

Total Cost:
\$992

Storage / Organization:
\$196

Total Cost of Wishes:
\$796

Cost per Wish:
\$6.98

Data Analysis - Demographics

<i>Characteristic</i>	<i>n (%)</i>
Gender^a	
Male	8 (20.5)
Female	31 (79.5)
Role in ICU^a	
Advanced Practice Provider - PA/NP	2 (5.1)
MD - Attending	1 (2.6)
MD - Fellow	4 (10.3)
MD - Resident	2 (5.1)
RN - Manager/Assistant Nurse Manager	1 (2.6)
RN - Charge	3 (7.7)
RN - primary bedside RN to a 3WP patient	15 (38.5)
RN - bedside RN but not primary RN to a 3WP patient	6 (15.4)
Lifenet Coordinator	3 (7.7)
Other ^b	2 (5.1)
Degree of Involvement	
None	3 (7.7)
Minimal	16 (41)
Moderate	16 (41)
Significant	4 (10.3)

^a Additional options provided and not chosen
^b No response

Data Analysis - Survey

<i>Survey Question</i>	<i>Strongly disagree, n (%)</i>	<i>Disagree, n (%)</i>	<i>Neither agree or disagree, n (%)</i>	<i>Agree, n (%)</i>	<i>Strongly agree, n (%)</i>
1) This intervention was valuable to patients/their families.	0 (0)	0 (0)	4 (10.3)	9 (23.1)	26 (66.7)
2) This intervention allowed me to make a meaningful impact on the patients/families.	0 (0)	0 (0)	4 (10.3)	12 (30.8)	23 (59)
3) This intervention has had a meaningful impact on the ICU team.	0 (0)	0 (0)	7 (18)	12 (30.8)	20 (51.3)
4) This intervention was disruptive to my regular duties.	17 (43.6)	16 (41)	6 (15.4)	0 (0)	0 (0)
5) This intervention increased my professional morale/job satisfaction in the unit.	0 (0)	0 (0)	7 (18)	12 (30.8)	20 (51.3)
6) This intervention has created a more enjoyable atmosphere at work.	1 (2.6)	0 (0)	6 (15.4)	15 (38.5)	17 (43.6)

Data Analysis - Individualization

<i>Survey Question</i>	<i>Strongly disagree, n (%)</i>	<i>Disagree, n (%)</i>	<i>Neither agree or disagree, n (%)</i>	<i>Agree, n (%)</i>	<i>Strongly agree, n (%)</i>
The 3 Wishes Project allowed healthcare providers to consistently provide individualized end-of-life care to every patient who met criteria for participation.	0 (0)	0 (0)	6 (15.4)	13 (33.3)	20 (51.3)

Analysis of Free Text

<u>Theme</u>	<u>n (%)</u>
Meaningful Impact on patients/families	11 (59.6)
Meaningful Impact on Teams	10 (52.6)
Transferability	0 (0)
Affordability	0 (0)
Individualization of EOL care	3 (15.8)
Project Continuation	4 (21.1)
Barrier – unexpected decompensation or death	2 (10.5)

“ The 3 wishes project allowed me to give my patients a meaningful and dignified death in the ICU. In 1 week I used the 3WP I think 5 times.

Each family wanted something different for their loved ones. It gave them control over a time that was scary, sad and not fair.

I truly hope that every unit starts to use this project. It is so impactful to the staff and families.”

Anecdotal Story



Ethical Considerations

1) Utilitarianism

- **Did not capture all patients**
- **Isolation policies**

2) Autonomy

- **Who should choose wishes?**
- **Organ donation**

Is change appropriate for adoption into practice?

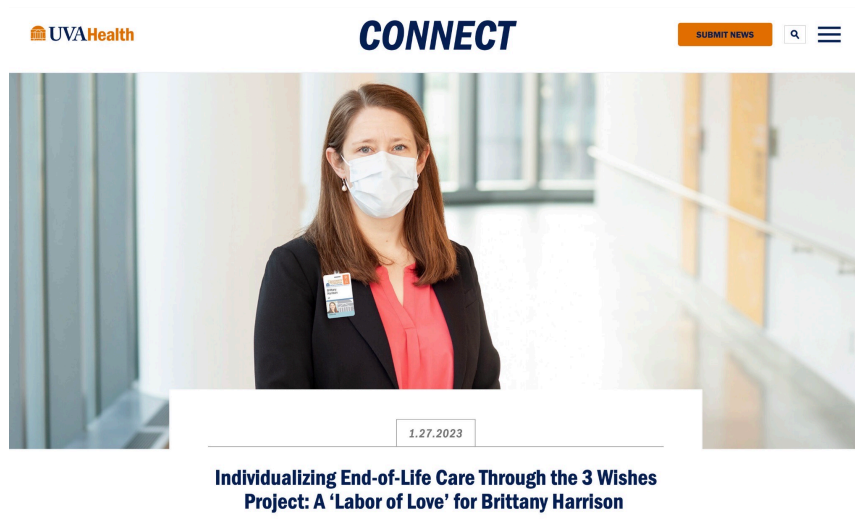
Strengths

- 1) Diverse backgrounds
- 2) Medical team support
- 3) Minimal space requirements
- 4) Minimal cost
- 5) Individualization

Limitations

- 1) Time - Rapid decompensation / death
- 2) Concerns regarding expansion
- 3) Possible error in wish form collection
- 4) Increased percentage of traveler nurses

Step 6: Integrate and Sustain the Practice Change



- Hospital leadership
- MICU Bereavement Committee
- Chaplaincy
- Child Life
- Volunteer services
- Patient Experience Office

Step 7: Disseminate Results

**American Journal of
Critical Care**



Libra



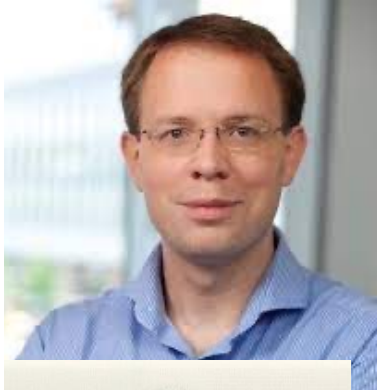
**Virginia Council of
Nurse Practitioners
(VCNP) Annual
Conference**

- **March 22-25, 2023**
- **Roanoke, VA**



**Compassionate End of
Life Care: 10 Years of
the 3 Wishes Research
Program**

- **June 7-8, 2023**
- **Hamilton, Ontario**



Thank You!







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<i>Survey Questions</i>	<i>Strongly disagree, n (%)</i>	<i>Disagree, n (%)</i>	<i>Neither agree or disagree, n (%)</i>	<i>Agree, n (%)</i>	<i>Strongly agree, n (%)</i>
This intervention was valuable to patients/their families	2 (2.1)	0 (0)	0 (0)	26 (26.8)	69 (71.1)
This intervention allowed me to make a meaningful impact on the patients/families	3 (3.1)	0 (0)	8 (8.2)	30 (30.9)	56 (57.7)
This intervention has had a meaningful impact on the ICU team	2 (2.1)	0 (0)	9 (9.3)	38 (39.2)	48 (49.5)
This intervention was disruptive to my regular duties	54 (55.7)	33 (34.0)	8 (8.2)	2 (2.1)	0 (0)
This intervention increased my professional morale/job satisfaction in the unit	1 (1.0)	2 (2.1)	12 (12.4)	46 (47.4)	36 (37.1)
This intervention has created a more enjoyable atmosphere at work	2 (2.1)	2 (2.1)	17 (17.5)	46 (47.4)	30 (30.9)

Survey Question	Strongly disagree, Disagree, n (%)					Neither agree or disagree, n (%)		Agree, n (%)		Strongly agree, n (%)		Harrison	Neville
	Strongly disagree, n (%)	Disagree, n (%)	Neither agree or disagree, n (%)	Agree, n (%)	Strongly agree, n (%)	Strongly disagree, n (%)	Neither agree or disagree, n (%)	Agree, n (%)	Strongly agree, n (%)				
1) This intervention was valuable to patients/their families.	0 (0)	0 (0)	4 (10.3)	9 (23.1)	26 (66.7)						89.8	97.9	
2) This intervention allowed me to make a meaningful impact on the patients/families.	0 (0)	0 (0)	4 (10.3)	12 (30.8)	23 (59)						89.8	87.7	
3) This intervention has had a meaningful impact on the ICU team.	0 (0)	0 (0)	7 (18)	12 (30.8)	20 (51.3)						82.1	88.7	
4) This intervention was disruptive to my regular duties.	17 (43.6)	16 (41)	6 (15.4)	0 (0)	0 (0)						84.6	89.7	
5) This intervention increased my professional morale/job satisfaction in the unit.	0 (0)	0 (0)	7 (18)	12 (30.8)	20 (51.3)						82.1	84.5	
6) This intervention has created a more enjoyable atmosphere at work.	1 (2.6)	0 (0)	6 (15.4)	15 (38.5)	17 (43.6)						82.1	78.3	