

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

Brittany H. Harrison, DNP(c), AG-ACNP, CNL



SCHOOL of NURSING

Background

- Society of Critical Care Medicine (www.sccm.org)
- 5+ million patients are admitted to ICUs annually
- Adult ICU mortality rates range between 10-29%
- Khandelwal et al. (2016) – Journal of Palliative Care
- Average total ICU cost: \$39,315

Project Design

- Project Design:** Evidence-Based Practice
- EBP Framework:** IOWA model
- Funding:** Verhonick Clinical Nursing Research Award (Beta Kappa Chapter of Sigma Theta Tau)

Practice Gap: Respected nursing and medical organizations agree that providing individualized end-of-life care should be a standard of care but do not provide guidelines on how to achieve those standards

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

Review of Literature

- “3 wishes project” AND (individualized OR tailored OR personalized)
- N = 19, 9 articles retained for full article review

Emerging Themes:

- Meaningful impact on patients/families
- Meaningful impact on teams
- Transferability
- Affordability

Contact Information:
bhh8f@virginia.edu

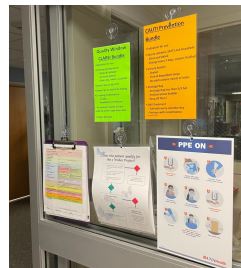


3 Wishes Project

- End-of-life intervention that invites patients / families to choose 3 wishes during the dying process
- Creator:** Dr. Deborah Cook at McMaster University (Canada)

Goals:

- 1) Dignify death and celebrate the patient's life
- 2) Support family members
- 3) Support ICU clinicians



“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.”

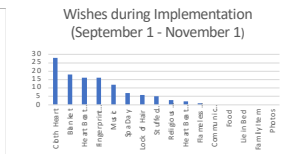
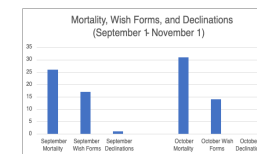
Implementation Process

- 1) Identify
- 2) Approach
- 3) Participation/Implementation
- 4) Wrap-Up
- 5) Medical Team Survey - Neville et al. (2019)

Evaluation

85% of respondents indicated they either agree or strongly agree the project allowed healthcare providers to consistently provide individualized end of life

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



Financial Analysis

- Total Cost:** \$940
- Storage Items:** \$196
- Total Cost of Wishes:** \$795
- Cost per Wish:** \$6.98

References

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- Neville, T. H., Agarwal, N., Swinton, M., Phung, P., Xu, X., Kao, Y., Seo, J., Granone, M. G., Hjelmhaug, K., Hairje, J., Pavlish, C., Clarke, F., & Cook, D. J. (2019). Improving End-of-Life Care in the Intensive Care Unit: Clinicians' Experiences with the 3 Wishes Project. *Journal of Palliative Medicine*, 22(12), 1561–1567. <https://doi.org/10.1089/jpm.2019.0135>
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- Full reference list available by request