CREATING AND MEASURING CHANGE IN ICU CONSENT PROCESS: ChELO

(CheckLIST TO MEET EthICAL & LEGAL OBLIGATIONS)

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Background
Simple checklists and bundled quality improvements have been shown to improve safety and reduce complications in diverse surgical and critical care settings. The high prevalence of incapacity for decision making, and low rates of “living wills” among critically patients make decision making according to the requirements of the Health Care Consent Act of Ontario especially challenging. In the status quo, this process is prone to errors such as not acting on prior expressed wishes, or allowing family members to direct care inappropriately. In a cohort of 105 critically ill patients who died in the intensive care unit we (AC) found that physicians documented the correct substitute decision maker in the chart for 10%, and also found that substitute decision makers frequently corrected substitute decision maker in the chart for 10%, and cohort of 105 critically ill patients who died in the intensive care unit. We also explained how to deliver the bundle to the family and how to conduct interdisciplinary data collection for the consent checklist. Measurement of effectiveness is presented as CHELO-U (per patient analysis, percentage normalized completion rate MNCR-8 checklist items), CHELO-B ( MNCR-3 bundle items).

Method
Through a consensus process 4 experts developed ChELO based on the Health Care Consent Act, clinical research and 2 qualitative studies (3). Our intervention consisted of the CHELO bundle (consent checklist, substitute decision maker pamphlet, Aoulay family information leaflet, RWJ values information sheet) and an associated change strategy. 72 h post admission to ICU the bundle was given to the patient’s nurse. In 30 minute training sessions for physicians and nurses we guided narrative exploration to recruit participants’ affective connection to the consent process. We also explained how to deliver the bundle to the family and how to conduct interdisciplinary data collection for the consent checklist. Measurement of effectiveness is presented as CHELO-U (per patient analysis, percentage normalized completion rate MNCR-8 checklist items), CHELO-B ( MNCR-3 bundle items).

Objective
This quality improvement project developed a simple checklist and an information bundle to reduce errors in the consent process for critically ill patients. Our strategy is grounded on positive deviance within existing practice in existing practice in our intensive care unit and follows the framework given in Heath and Heath (2010).

Consent Process

| Values Assessment | Treatment Options | Treatment Refusal | Treatment Goals | Prognosis | Patient's Goals
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<tbody>
<tr>
<td>Value</td>
<td>Function</td>
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ChELO Score Card

ChELO U score increased from baseline during the intervention period, and change was sustained two weeks post intervention. CHELO B increased at all points after baseline assessment indicating increased bundle distribution to families. Our change strategy may be effective in creating conditions for a cultural shift in our intensive care unit, but it appears that a more prolonged period of engagement with the multidisciplinary team will be required to effect a durable change in documentation of key domains of consent.

Results

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Intervention 1</th>
<th>Intervention 2</th>
<th>Post Intervention</th>
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</thead>
<tbody>
<tr>
<td>CHELO-U</td>
<td>47(32-54)</td>
<td>74(63-87)</td>
<td>80(70-90)</td>
</tr>
<tr>
<td>CHELO-B</td>
<td>n/a</td>
<td>81(59-100)</td>
<td>90(70-100)</td>
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<tr>
<th>N patients &gt;72 h LOS</th>
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<tbody>
<tr>
<td>Baseline</td>
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<tr>
<td>15</td>
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References

Campbell ML, Guzman J: Impact of a proactive approach to improve end of life care in a medical ICU.
Parke B, Handleman M: The beneficial role of a judicial process when “everything” is too much?
Schneiderman LJ, Jecker NS, Jonsen AR: Medical futility: its meaning and ethical implications.
Ratnapalan M, Cooper AB, Scales DC, Pinto R: Documentation of best interest by intensivists: a retrospective study in an Ontario ICU.
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