DOCUMENTATION OF TREATMENT LIMITATION PRACTICES FOR PATIENTS WHO DIED IN FOUR VICTORIAN ADULT INTENSIVE CARE UNITS

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Introduction: Treatment limitations ensure patients do not receive care that is futile or against their wishes. Documentation of treatment limitations can improve end-of-life care by preserving quality of life and limiting treatment escalation.

Objective: To explore treatment limitation documentation and practices in patients who died during 2018 in four Victorian adult intensive care units.

Methods: A retrospective medical record audit was conducted for 430 deceased patients. Qualitative and quantitative data were collected to describe documentation of treatment limitation practices, including the rationale for the practices and who was involved in decision making.

Results: In all, 77% (n=332) of deceased patients had a completed treatment limitation form. Of those, 62% (n=207) were for curative or restorative limitations, with 30% (n=99) for palliative or terminal care. In 35% (n=117) of deceased patients, there was evidence of multiple changes to the treatment limitation, but with little evidence or explanation as to why. Changes were most common for patients starting with no limitations through to terminal care; however, changes were also documented with patients having curative or restorative limitations reverting to no limitations. Some patients had partial limitations such as to allow for defibrillation, but not cardiopulmonary resuscitation. Despite medical record provision for doctors to date the treatment limitation form and to record whether next-of-kin were consulted, such evidence was rarely recorded.

Conclusions: Accurate documentation of treatment limitations is essential to delivering high quality, end-of-life care. In many patient cases, documentation of treatment limitations was incomplete. These findings suggest that a more coordinated and collaborative approach among clinicians, and between clinicians and next-of-kin is required to reduce confusion for clinicians and minimise unwanted and burdensome treatment.

AN INTENSIVE CARE FOLLOW-UP SERVICE IN AUSTRALIA IS FEASIBLE AND HAS HIGH PATIENT AND CARER SATISFACTION: A PROSPECTIVE COHORT STUDY

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Introduction: With increasing recognition of long-lasting physical, psychological and cognitive complications of ICU admission, specific Intensive Care Follow-up services have developed internationally. The role of these services in the Australian healthcare system have not been fully evaluated.

Objectives: To determine the feasibility of a new ICU follow-up clinic for ICU patients and their Primary Care Givers (PCGs) and to describe patient and PCG satisfaction with this service.

Methods: We conducted a prospective cohort study in a large referral ICU in Sydney. Adult patients admitted for ≥7 days and/or ventilated for ≥48 hours were invited to attend a physician-led ICU follow-up clinic, 6-8 weeks after hospital discharge. Consent ing PCGs were also approached for consent. Feasibility was assessed by proportion of clinic attendance and frequency of interventions made. Secondary outcomes included the incidence of physical and psychological morbidity. Satisfaction of the clinic was measured by a 5-point satisfaction survey (very dissatisfied to very satisfied).

Results: From April 2020 - July 2021, 386 patients met inclusion criteria. Only 146 patients were approached for consent due to staff staffing limitations. Eighty-three patients and 32 PCGs consented to attend the clinic. Booked appointments were attended by 71% (54/76) of patients. Depression and anxiety symptoms were present in 33% (17/51) and 43% (22/51) respectively. Twenty-three medical referrals were made, eight patients had medication changes, and 10 patients were offered social work support. Satisfaction surveys were completed by 65% (35/54) of attending patients; 97% (34) patients reported either being ‘very satisfied’ or ‘satisfied’ with the service. All responding PCGs (10) were either ‘very satisfied’ or ‘satisfied’ with the clinic.

Conclusion: There were a large number of patients meeting inclusion criteria to the ICU follow-up clinic, and clinic attendance was high. Reported satisfaction with the service was high.