

Questions

- * How many decisions have you made since you awoke this morning ?
- * What have you done in the last five days ?



Longterm Patients in ICU

Providing clarity to improve care

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Overview

Change in practice

Challenges with Longterm patients

The Wellington experience

Survey results from 2015

Changes as a result of that study

Follow up study 2017

History

- * Long term patients have been around since the polio epidemic but not categorised as such
- * Brussels round table (2009) looking at ICU acquired weakness
- * Growing body of evidence
- * Changing perception and attitude

Chronically Critically ill

- * Critically ill patients who survive an acute illness, who do not always recover rapidly and may become dependent on life support and mechanical ventilation (Roulin & Spirig 2006)
- * Identification challenges

Perceptions

- * Hardwork/boring
- * Staff also fear making a mistake with care if they have not looked after the patient before
- * Disconnection from medical staff once acute phase over
- * Challenging to communicate with
- * Not seen as real ICU patient

Wellington Survey

- * Total replies = 70%
- * What do you enjoy?
- * What do you not enjoy?
- * What aspects do you find challenging?
- * Do you think we provide good care?

Results: What do you like?

- * Relationship building and getting to know patient
- * Continuity of care
- * Seeing progress
- * Familiar routine

Results: What do you dislike?

- * Not knowing the routine
- * Fear/Intimidation
- * Disinterest from medical team
- * Lack of support from colleagues
- * Patient expectations being too high
- * Lack of consistency of nursing care
- * Hardwork/Boring routine
- * Difficult personalities
- * Stress from family
- * Irritated, Anxious, Agitated demanding patients

Results: Challenges?

- * Communication (tracheostomy)
- * Lack of consistency of care
- * Lack of support from colleagues
- * Unfamiliarity with routine
- * Emotional strain
- * Feeling rushed
- * Lack of rapport with the patient
- * Trips outside of unit

Results: Do you think we provide good care?

- * 83% of staff still felt that we provided good care

Patient comments

- * Medical staff don't talk to me once I did not have much for them to do
- * Patient said that she parked her dignity at the door once she was admitted
- * Many actions can trigger a panic attack
- * We can see and hear all that is going around us
- * It is hard to convey just how debilitated one is after an insult of ICU magnitude. (Misak 2011)

What the patient thinks/feels

- * Anxiety and Stress
- * Delirium or muddledness
- * Anger
- * Hopelessness
- * Lack of control
- * Pain
- * Constant bombardment of senses

Key improvement objectives

- * Obviously need to change understanding for the team
- * Provide clarity around care
- * Make care consistent
- * Change perception
- * Gain engagement from all of team

Providing consistency

- * CNS Role to provide consistency
- * One individual to be the constant presence through admission
- * Goal setting in conjunction with patient and team
- * Weekly MDT
- * Identify patients in conjunction with nurse and ACNM
- * Liaison between other services
- * Organise trips of unit

Documentation

- * Daily planner

PLAN FOR TODAY

DATE: _____

GOALS (WHAT WOULD YOU LIKE TO ACHIEVE TODAY):

8AM _____

9AM _____

10AM _____

11AM _____

12AM _____

1PM _____

2PM _____

- * Rehabilitation record

	SHOWER	MOBILIZATION	PT/OT	RESPIRATORY WEAN	TRIP OUTSIDE
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

- * Day and Night stickers

Nursing the ICU Long Stay Patient

DAY SHIFT REPORT

Date: _____

- Plan of Care developed in partnership with patient & completed
- Respiratory Weaning Plan followed
- Rehabilitation Record completed
- Showered
- Mobilized
- Number of times: _____ Aids: _____
- Side of bed: _____ Chair: _____
- Standing: _____
- Trip off unit: _____
- Daily sunlight exposure: Outside _____ Blinds up: _____
- Communication optimized
- Methods: _____
- Cognitive stimulation/activities to enhance mood: _____
- Bowels working: _____ Bowel regime: _____

Name: _____ Signature: _____

Nursing the ICU Long Stay Patient

NIGHT SHIFT REPORT

Date: _____

- Quality sleep: _____ Number of hours: _____
- Lights out time: _____
- Minimize unnecessary ICU equipment/monitoring
- Minimize noise and lighting
- Curtains pulled to promote darkness
- Nurse-patient interactions kept to a minimum
- Nursing cares grouped & organized at a time the patient prefers
- Invasive care/done before 10pm (e.g., trachey clean, ties, NG tapes etc) and after 6am
- Sleep aids required
- Medication: _____ Ear Plugs: _____
- Orders from evening ward round for less frequent obs
- Drug Chart reviewed to reduce meds b/w 10pm and 6am
- Stressors and worries addressed
- Call bell within reach

Name: _____ Signature: _____

Long term patient group

- * Introduction of champions
- * Support
- * Education
- * Know how

Focus of care

- * Early rehabilitation
- * Patient autonomy and control
- * Goal Setting; short and long-term, small achievable steps
- * Negotiation of a routine with patient
- * Rationalise care and equipment: aiming for a touch of normalisation
- * Change focus from acute care to rehab
- * Psychological support

Post introduction survey

- * Follow up survey post introduction same questions
- * Greater engagement
- * Patient discussed in a more positive manner
- * Need to check other survey results

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Final thoughts

The image features a dark blue header bar at the top with the text "Final thoughts" in white. Below the header, there are several overlapping, wavy, light blue shapes that create a sense of depth and movement, resembling a stylized landscape or a series of waves. The rest of the page is plain white.

Any questions