The 3 Wishes Project:

A Multicenter Formative Program Evaluation

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iCCCare
Improving Compassion in Critical Care Research Program

3 Wishes Project

Spirituality in the ICU

ARTICU

FOOTPRINTS

ESPRIT: End of Life Skills & Professionalism for Residents In Training

ETHOS

Evaluating Three Wishes and Organ Donation Study
Overall Goal of The 3 Wishes Project

To improve the quality of the dying experience for patients and their families
Objectives

- For patients
  - to honour their inherent dignity

- For family members
  - to humanize the dying process and support them in grief

- For ICU clinicians
  - to inspire a deeper sense of vocation
Premise of the 3 Wishes

- Soliciting and fulfilling personalized wishes to bring comfort in the final hours
- Offering a scaffold for conversations about preferences at the end of life

Wishes may be those of

- the patient
- family and friends
- clinicians
Personalizing Dying in the ICU

- Dignifying The Patient
- Giving Voice To The Family
- Calling Forth Clinician Compassion
Research Question:

Is the 3 Wishes Project

Transferrable?  
Affordable?  
Sustainable?  
Valuable?
• **Transferrable**
  – implemented by different clinician groups beyond the original site
• **Affordable**
  – from the hospital perspective, <$50/patient
• **Sustainable**
  – beyond the research evaluation phase
• **Valuable**
  – as experienced by family members, clinicians and managers
Mixed Methods Formative Program Evaluation

Qualitative
- Family, Clinician & Manager Interviews
- Clinician Focus Groups

Quantitative
- Patient Characteristics & Life supports
- Family, Clinician & Manager Roles & Characteristics
- Wish Characteristics
Consent Methods

≥95% Probability Of Death In ICU

Withdrawal of Life Support in Anticipation of Death

Acts of Compassion

Reb/IRB Approval: Quantitative Data

Family, Clinician & Manager Interviews

Clinician Focus Groups

Verbal consent

Written consent
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Urban Population</td>
<td>540,000</td>
<td>2.7 million</td>
<td>4 million</td>
<td>2.5 million</td>
</tr>
<tr>
<td>Hospital beds</td>
<td>570</td>
<td>455</td>
<td>520</td>
<td>955</td>
</tr>
<tr>
<td>ICU beds</td>
<td>23</td>
<td>24 MS 19 TN</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Patient Population</td>
<td>Medical Surgical</td>
<td>Medical Surgical Trauma Neuro</td>
<td>Medical</td>
<td>Medical Surgical Neuro</td>
</tr>
<tr>
<td>Study Period</td>
<td>St. Joseph’s Healthcare Hamilton</td>
<td>St. Michael’s Inspired Care. Inspiring Science.</td>
<td>UCLA Health</td>
<td>Vancouver Coastal Health</td>
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</tr>
<tr>
<td>Catalysts</td>
<td>Physician ResCoord Chaplain Nurse</td>
<td>Social workers Chaplain</td>
<td>Physician CNS RNMan</td>
<td>CNS RNMan ResCoord</td>
</tr>
<tr>
<td>Champions</td>
<td>ResCoord RN, MD, Chaplain</td>
<td>5 SWs, 2 RNs 2 Chaplains 3 ResCoords MD, RNMan</td>
<td>2 MDs, 2 RNs, CNS ResCoord RNMan</td>
<td>CNS, RN, 2SWs, MD ResCoord Chaplain RNMan</td>
</tr>
<tr>
<td>Patients Enrolled</td>
<td>369</td>
<td>134</td>
<td>133</td>
<td>94</td>
</tr>
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</table>
Qualitative Data Analysis

• Content analysis
  – Inductive coding (data-driven)
  – Deductive coding (theory-driven)

• Coding and analysis
  – Iterative by 7 investigators with qualitative research experience and clinical experience

• Triangulation & resonance
  – Over time, across centers
  – Within and among respondent groups
  – Member checking
Results

✓ Valuable
✓ Transferable
✓ Affordable
✓ Sustainable

730 patients enrolled, 3407 wishes implemented

Interviews:
75 Family members
72 Clinicians
20 Managers
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Age, years</td>
<td>63.1 (16.9)</td>
</tr>
<tr>
<td>Female</td>
<td>328 (44.9%)</td>
</tr>
<tr>
<td>White</td>
<td>511 (70.0%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>40 (5.5%)</td>
</tr>
<tr>
<td>APACHE II Score</td>
<td>28.3 (8.4)</td>
</tr>
<tr>
<td>Medical admitting diagnosis</td>
<td>657 (90.0%)</td>
</tr>
<tr>
<td>Admitted from Emergency</td>
<td>303 (41.0%)</td>
</tr>
<tr>
<td>Full code at ICU admission</td>
<td>601 (82.3%)</td>
</tr>
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</table>
## Patient Characteristics

<table>
<thead>
<tr>
<th>Event</th>
<th>Count (Percentage)</th>
</tr>
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<tr>
<td>Mechanical ventilation withdrawal</td>
<td>438 (60.0%)</td>
</tr>
<tr>
<td>Inotrope withdrawal</td>
<td>217 (29.7%)</td>
</tr>
<tr>
<td>Renal replacement withdrawal</td>
<td>52 (7.1%)</td>
</tr>
<tr>
<td>Time from ICU admission to 3WP</td>
<td>5 days (2.13)</td>
</tr>
<tr>
<td>Time from 3WP to death</td>
<td>0 days (0.1)</td>
</tr>
<tr>
<td>Family/friend present at death</td>
<td>582 (90.8%)</td>
</tr>
</tbody>
</table>
"When I had this moment to be able to paint his foot with our family, it almost sort of cut through this tension and this feeling of this raw moment and bring a little bit of life back into the room," she said. "To share this time together and genuinely kind of laugh in the face of this horrific situation was really quite touching and beautiful."
Co-Created Momentos & Keepsakes
Wish Categories (N=3407)

- Humanizing the Patient
- Humanizing the Environment
- Family Care
- Keepsakes & Tributes
- Celebrations With Food & Beverages
- Preparations & Final Arrangements
- Paying it Forward
- Organ & Tissue Donation
- Miscellaneous
- Music Therapy
- Word Clouds
- Rituals & Ceremonies
✓ Valuable
  ✓ Affirmed value as experienced at original site
  ✓ Enriched family experiences of care
  ✓ Enhanced inter-professional practice
  ✓ Exemplified institutional mission & values

✓ Transferable
✓ Affordable
✓ Sustainable
“It changed the focus of a negative experience into a more positive experience toward the end… We were able to focus on who my Dad was, versus what’s happening to my Dad.”
(Daughter)
Results

✓ Valuable
✓ Transferable
  ✓ Successfully implemented at each site
  ✓ Champions mentored other clinicians to spread
  ✓ Each site surpassed enrollment target
✓ Affordable
✓ Sustainable
Welcome to St. Joseph’s Healthcare Hamilton’s Intensive Care Unit (ICU)

Today is MONDAY OCTOBER 29, 2018

RN Cathy
MD Dr. Ligori
RT Jeff
PT Kristy + Laura

Call Me ARCHIE
Spokesperson JESSIE (wife)

Goals CPAP Wean
   Up in chair x 30 min

About Me
- I have 7 children
- 13 grandchildren
- I love music, reading
- I have a dog “Nick”
- I’m hard of hearing
- I wear glasses

Messages
- George from KofC visited
- We love you Grandpa!
- 1 biked 2km yesterday!

My Photo

*""
No Singular Approach: Adopt and Adapt
“I was already buying stuff. I was already getting them things. …
A lot of nurses were doing that so it’s not like it wasn’t done, but [the 3WP] legitimized it, and also gave it this framework.”
(Social Worker)
“I don’t feel like I’m ready to discuss 3 Wishes just because we don’t get a lot of patients who are...at the end of life.”
[nurse]

“It’s definitely practice. The more you’re exposed to it, the more comfortable you are bringing these things up.”
[nurse]
Results

✓ Valuable
✓ Transferable
✓ **Affordable**
  ✓ $5.19 per wish
  ✓ 76.8% wishes at no cost to the program
✓ Sustainable
St. Joseph’s Healthcare Interim Results
Mean Cost/Wish
“Low cost. Easy to implement. Quite impressive gratification from many of the staff members and the recipients, which in this case, are patients’ families. So for all those reasons, it seem like, to me, it’s a win-win-win… There aren’t too many things that we do in medicine that have that impact.”

(ICU Director)
“Honestly, if I look at the value of this project against the investment of resources, it’s hugely in favor of the value it brings. Not just from a staff perspective but from a patient and family centered perspective.” (Hospital Administrator)
Results

✓ Valuable
✓ Transferable
✓ Affordable
✓ Sustainable

✓ Continued at each site after research completion… and ongoing today
Sustainability

• Adapted by
  – Frontline staff - to their own practice and interests
  – Units - as aligned with their norms and resources

• Guided by
  – Tips & toolkits from the original center
  – Site visits, reverse site visits, retreats

• Informed by
  – Quantitative data registry → to describe
  – Qualitative data repository → to share impact
What is a Wish?
A Process…. A Product…. A conversation starter

- A means to recognize the patient
- An example of dignity-conserving care
- A tangible expression of empathy
- An opportunity for reflection
- A vehicle for inter-professional care
- A therapeutic connection
- A transitional activity
- An expression of spirituality
- A secular prayer
Limitations

• **Internal validity**
  – Patient perspectives not captured
  – An evaluative, non-controlled design

• **External validity**
  – More diverse/disadvantaged groups unstudied
  – All closed university affiliated N American ICUs
Conclusions

• The 3 Wishes Program
  – prioritizes the expression of personally comforting interventions at the EOL
  – fosters meaningful connections among patients, families and clinicians

• When championed by local clinicians, this transferrable, affordable and sustainable palliative care intervention can provide value to dying patients, their families, clinicians and healthcare institutions
Annals of Internal Medicine

Original Research

Compassionate End-of-Life Care: Mixed-Methods Multisite Evaluation of the 3 Wishes Project

Meredith Vanstone, PhD; Thanh H. Neville, MD, MSHS; France J. Clarke, RRT; Marilyn Swinton, MSc; Marina Sadik, MA; Alyson Takaoka, MSc; Orla Smith, RN, PhD; Andrew J. Baker, MD; Allana LeBlanc, RN, MScN; Denise Foster, RN; Vinay Dhingra, MD; Peter Phung, MD, MBA; Xueqing (Sherry) Xu, RN, MSN, CCRN; Yuhan Kao, RN, MSN; Diane Heels-Ansdell, MSc; Benjamin Tam, MD, MSc; Feli Toledo, MDiv; Anne Boyle, MD; and Deborah J. Cook, MD, MSc

Quick Access: bit.ly/3WPinAID

Clinicaltrials.gov
NCT04147169
Nephew

“Full steam ahead. Don’t give up. Never give it up because if you give it up then you’re just going to be … a standard hospital… and nothing extraordinary will come from here. And when something extraordinary is in the making you don’t give it up.”
Implementation
Tools
Evidence-Based Impact of 3 Wishes

**Personal:** Personalizes care by dignifying the patient

**Familial:** Builds relationships and creates some positive moments among the horrible times

**Clinical:** Makes work meaningful and encourages collaborative team work during stressful times

**Institutional:** Aligns with institutional mission

**Community:** Fosters a community of caring
In Conclusion

- There are no ‘do-overs’
- There is no such thing as ‘withdrawal of care’
- Families don’t remember the vasopressors or ventilator settings --- They remember the way they are treated and how we made them feel
“The most important gift was the relationship that was built with the ICU team – Family”
8. Beliefs, values or practices that are spiritual or religious:

9. Interests/Hobbies:
   (e.g., TV, reading, music, golf, knitting, woodworking)

10. Pets at home:

11. Roles – past or present:
   (e.g., parent, volunteer, teacher, caregiver)

12. Personality traits:
   (e.g., shy, talkative, funny, anxious, claustrophobic)

13. Life events:
   (e.g., recently married, just retired, grandparent, experienced a loss)

14. What matters most to you:
   (e.g., physical independence, ability to manage personal matters, comfort)

15. What else should we know about you as a person to look after you right now?

16. A little more about your FOOTPRINT - Please add a few key words, phrase or quote that summarizes your views or journey, or what is important to you
One patient’s journey...

FOOTPRINTS

She loves to talk and be social

Family: 4 generations

More about you?

“It’s nice to be important but more important to be nice”

Who are we likely to meet?

Word Cloud

- Word Cloud
- Flowers
- Music
- Shawl for patient
- Parking passes
- Time after death
Implementing the 3 Wishes Project

- Use your clinical intuition
- Ask to understand what is meaningful to the patient and family
- Create a space for listening
- Help to encourage making positive memories that honour the patient and support the family
- Be patient and be present
Do You Really Know Your i-Patient?