Service de médecine intensive adulte

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SIZ Nursing 4 Avril 2019

E Favre

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Pr P Eckert

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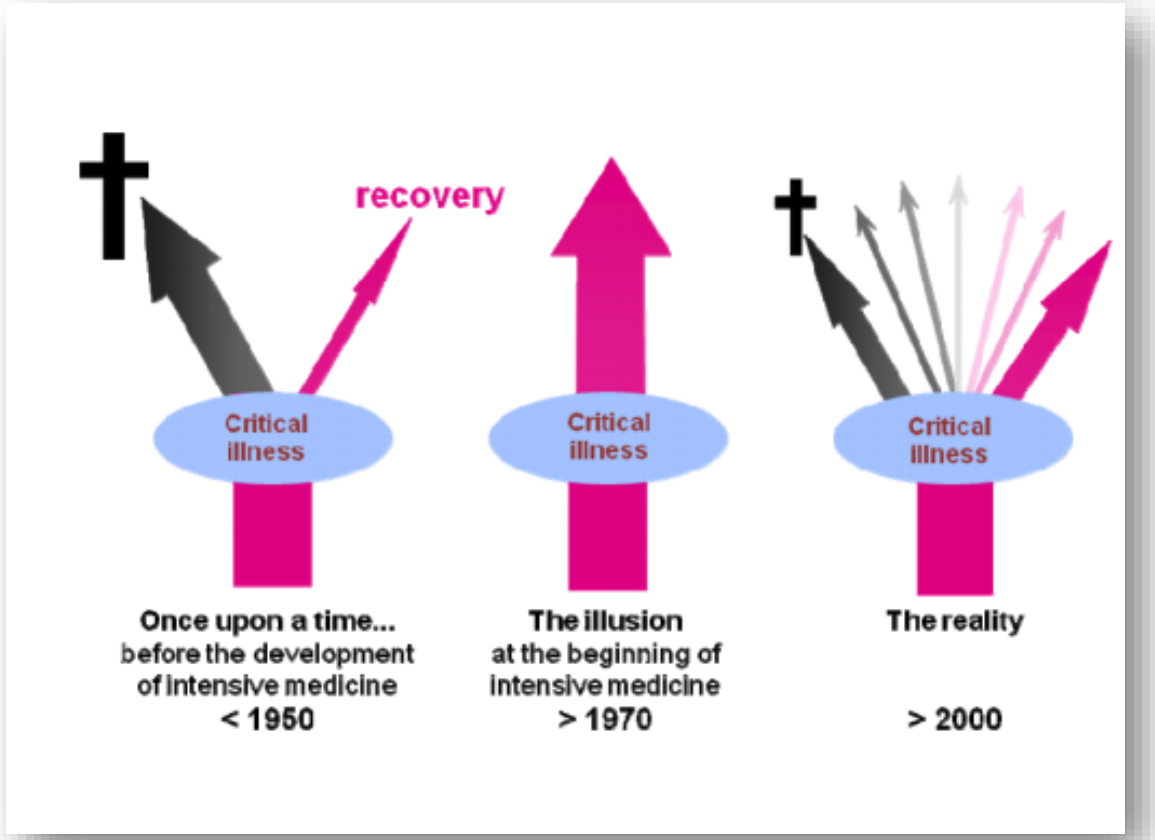
Contexte des soins intensifs

The dream of the intensivist



Merlani P, Conti M, Ricou B. After ICU. *ICU Management* . 2011, vol. 3, p. 6-8

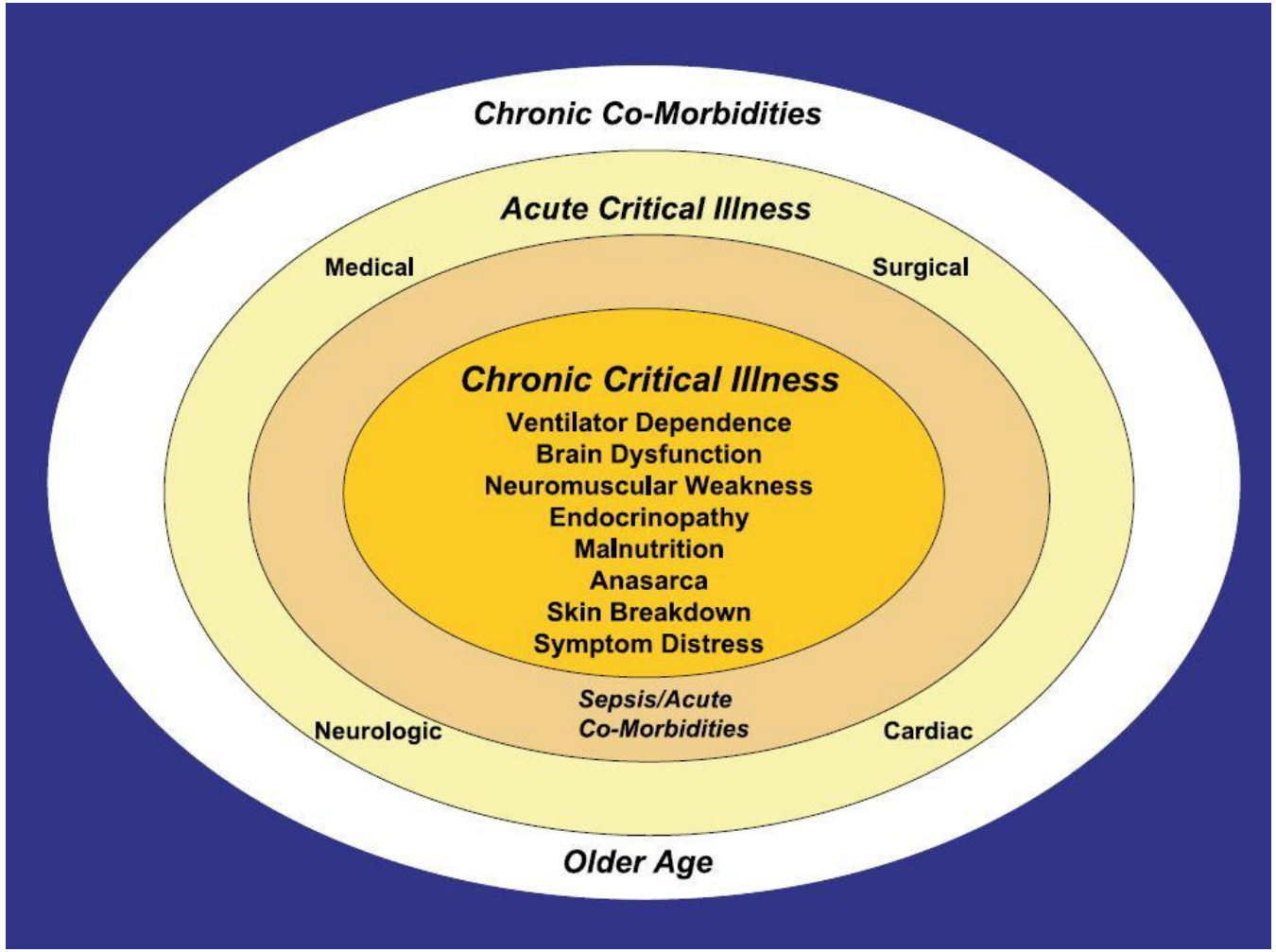
"Created a new population who are chronically critically ill"

Nierman DM. A structure of care for the chronically critically ill. *Crit Care Clin* 2002;18:477–491.

Définition

The definition of the "**chronically critically ill patient**" was coined by Girard and Raffin **in 1985** in an article describing a set of patients who **remained dependent on vital support treatments** after an acute critical disease that required admission to the ICU

Girard K, Raffin TA. The chronically critically ill: to save or let die? *Respir Care* 1985;30:339–347.



Chronic critical illness is a **devastating condition**: **mortality** exceeds that for most malignancies, and **functional dependence** persists for most survivors

Nelson J E, Cox C, Hope A, and Carson S; Chronic Critical Illness, *American Journal of Respiratory and Critical Care Medicine 2010*

Profil du Chronically Critically Ill Patient ou Patient Long Séjour (PLS)

THE LANCET
Respiratory Medicine

CII caractéristiques et survie

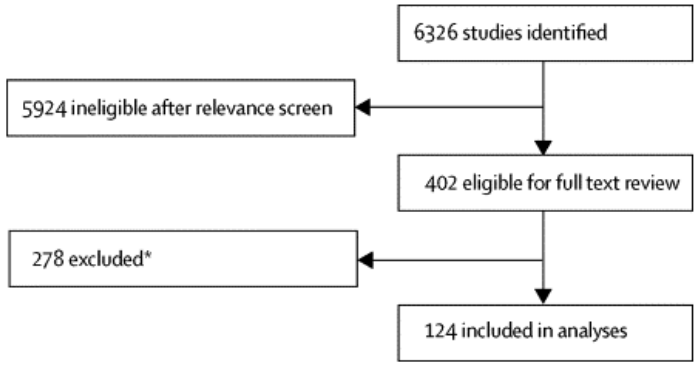


Figure 1 Study flow chart

The 124 studies included a total of 318 621 patients from 16 different countries: 62 from the USA, 16 from Taiwan, 11 from Italy, nine from Germany, seven from the UK, three from Australia, three from France, two from Argentina, two from Canada, two from Israel, two from Spain, one from Brazil, one from South Korea, one from the Netherlands, one from Saudi Arabia, and one from the United Arab Emirates. Among the 124 studies, 56 were from acute care hospital ICUs, 25 from ventilator weaning units in acute care hospitals, 36 from post-acute care hospitals, and seven from a combination of these study settings. Table 2 displays pooled data for patient characteristics.

- Age 64 ans (63-66)
- Femmes 44 % (42-47)
- APACHE II 19 (18-20)
- Mortalité à la sortie de l'hôpital 26% (95% CI 24-28)
  - 57% sevrés de la Ventilation Mécanique : 80 études
  - 66% mortalité après au mois 1 an : 18 études (1- 2 ou 4 ans)

Damuth E, Mitchell J, Bartock J, Roberts B, & Trzeciak S, Long-term survival of critically ill patients treated with prolonged mechanical ventilation: a systematic review and meta-analysis *The Lancet Respiratory Medicine*, 3 , 7 P544-553, JULY 01, 2015

CII caractéristiques

AMERICAN JOURNAL OF Respiratory and Critical Care Medicine

(Nelson, Cox, Hope, & Carson, 2010)

TABLE 1. OUTCOMES OF CHRONIC CRITICAL ILLNESS RELATIVE TO COHORT DEFINITION*

Cohort Definition	Ventilation for ⩾14 d	Ventilation for ⩾21 d		Tracheotomy for Prolonged Mechanical Ventilation	
Study (reference)	Combes *et al.* (34)	Carson *et al.* (25)	Cox *et al.*† (24)	Cox *et al.*† (24)	Engoren *et al.* (14)
n	347	200	114	267	347
Age (yr), median (IQR) or mean ± SD	63 ± 14, 67 ± 13‡	58 (42–69)	66 (47–74)	66 (45–75)	64, 71§
Duration of ventilation, median (IQR) or mean ± SD	36 ± 25, 37 ± 28‡	35 (26–51)	27 (23–36)	16 (10–24)	23–30‖
Hospital length of stay, median (IQR)	—	51 (36–72)	39 (30–52)¶	29 (22–38)	28–37‖
Died in hospital, %	43	41	31	20	22
Discharged home, %	—	11	4	7	—
Alive at 12 mo, %	32	48	42	52	50

Nelson J E, Cox C, Hope A, and Carson S; Chronic Critical Illness, *American Journal of Respiratory and Critical Care Medicine 2010*

CII caractéristiques

AACN Advanced Critical Care

Table 2: Comparison of Characteristics and Outcomes: The Chronically Critically Ill and the Critically Ill

Characteristic	Chronically Critically Ill	Critically Ill
Average age	65 y[3]	62 y[102]
Gender	Female 53%[1]	Male 53%[102]
APACHE III score	75.9 ± 16.1[7]	50[16]
Number of comorbidities	3.9[17,23]	3 or less[101,102]
Cognitive impairment	20%–75%[2,16,24]	No data from reports of overall ICU patients
Length of ICU stay	15–25 d[1,2,7,16,31]	4–8 d[3,16,27,102]
Length of hospital stay	21–37 d[1,2]	6–10 d[102]
Hospital mortality	37%–60%[7,13]	10%–30%[102]
Postdischarge mortality	>50% at 6 mo[4]	10%–36% at 1 y[4]
	37%–72% at 1 y[2,12,26,28,32,53,56]	
Functional status at 1 y	11%–28% independent in 3 of 4 activities of daily living (ie, bathing, toileting, feeding, and transferring)[3,12]	Not clear from published reports of overall ICU patients
Readmission rates	40% within 6 mo[2,7,28,61]	1%–19%[103]
Symptom prevalence	90%[5,14,17,29]	50%–75%[15,44,45]
Number of patients reporting at least 1 distressing symptom (eg, pain, fatigue, dyspnea, or thirst)		

Wiencek C, Winkelman C. Chronic critical illness: prevalence, profile, and pathophysiology. *Advanced Critical Care* 2010 Jan-Mar;21(1):44-61.

CII caractéristiques

AACN Advanced Critical Care

Table 2: Comparison of Characteristics and Outcomes: The Chronically Critically Ill and the Critically Ill

Characteristic	Chronically Critically Ill	Critically Ill
Average age	65 y[4]	62 y[83]
Gender	Female 53%[1]	Male 53%[83]
APACHE III score	75.9 ± 16.1[1]	50[16]
Number of comorbidities	3.9[17,23]	3 or less[81,83]
Cognitive impairment	20%–75%[2,16,24]	No data from reports of overall ICU patients
Length of ICU stay	15–25 d[12,13,16,21]	4–8 d[4,16,21,82]
Length of hospital stay	21–37 d[12]	6–10 d[82]
Hospital mortality	37%–60%[13]	10%–30%[82]
Postdischarge mortality	>50% at 6 mo[4]	10%–36% at 1 y[4]
	37%–72% at 1 y[2,12,20,30,31,82,85,88]	
Functional status at 1 y	11%–28% independent in 3 of 4 activities of daily living (ie, bathing, toileting, feeding, and transferring)[31,32]	Not clear from published reports of overall ICU patients
Readmission rates	40% within 6 mo[2,3,28,81]	1%–19%[83]
Symptom prevalence	90%[3,16,17,29]	50%–75%[15,44,45]
Number of patients reporting at least 1 distressing symptom (eg, pain, fatigue, dyspnea, or thirst)		

The syndrome of chronic critical illness has well-documented **emotional**, **social**, and **financial burdens** for individuals, **caregivers**, and the **health care system.**

Wiencek C, Winkelman C. Chronic critical illness: prevalence, profile, and pathophysiology. *Advanced Critical Care* 2010 Jan-Mar;21(1):44-61.

Facteurs influençant les infirmiers de soins intensifs

Table 1 Factors leading nurses to a feeling of frustration with chronically critically ill patients

Patient characteristics	Nursing and organisational characteristics
Slow progress	Loss of information over time
Specific problems such as	Poor care continuity and coordination
Muscle wasting	Lack of competency in specific techniques such as
Immobility	Tilt tables
Communication impairment	Swallowing rehabilitation
Slow ventilator weaning	Poor knowledge about specific needs and adapted nursing interventions
Sleep disturbances	ICU culture values fast-paced care and recovery
Poor wound healing	
Swallowing difficulties	
Diarrhoea	
Mental problems such as	
Memory loss	
Difficulty concentrating	
Confusion	
Depression	
Frustrated families	

Developing a care program to better know the chronically critically ill. Roulin MJ, Spirig R Intensive and Critical Care Nursing (2006) 22, 355—361

Besoins

The **years of expertise** taught us the **specific needs** for the care of PLSs: **multidisciplinary management**, recovery of physical and psychological independence, early rehabilitation, **sleep**, relationships with **family** members, **planning** for the future, and the spiritual dimension.

Aitken LM, Marshall AP. Monitoring and optimising outcomes of survivors of critical illness. Intensive *Crit Care Nurs*. 2015;31(1):1–9.

Besoins

«Les patients long séjour» d
cadre pas avec les voies c
plus des résultats médiocr
Une attention particulière d
des soins afin de répondre au

Equilibrer les différentes priori
du patient en USI nécessite que
besoins physiologiques, psychos

ur prolongé
traction des
texte des soins.

New Zeland

The impact of a prolonged stay in the ICU on patients' fundamental care needs. C Minton, L Batten, A Huntington, *Journal of Clinical Nursing* 2017

Buts pour PLS

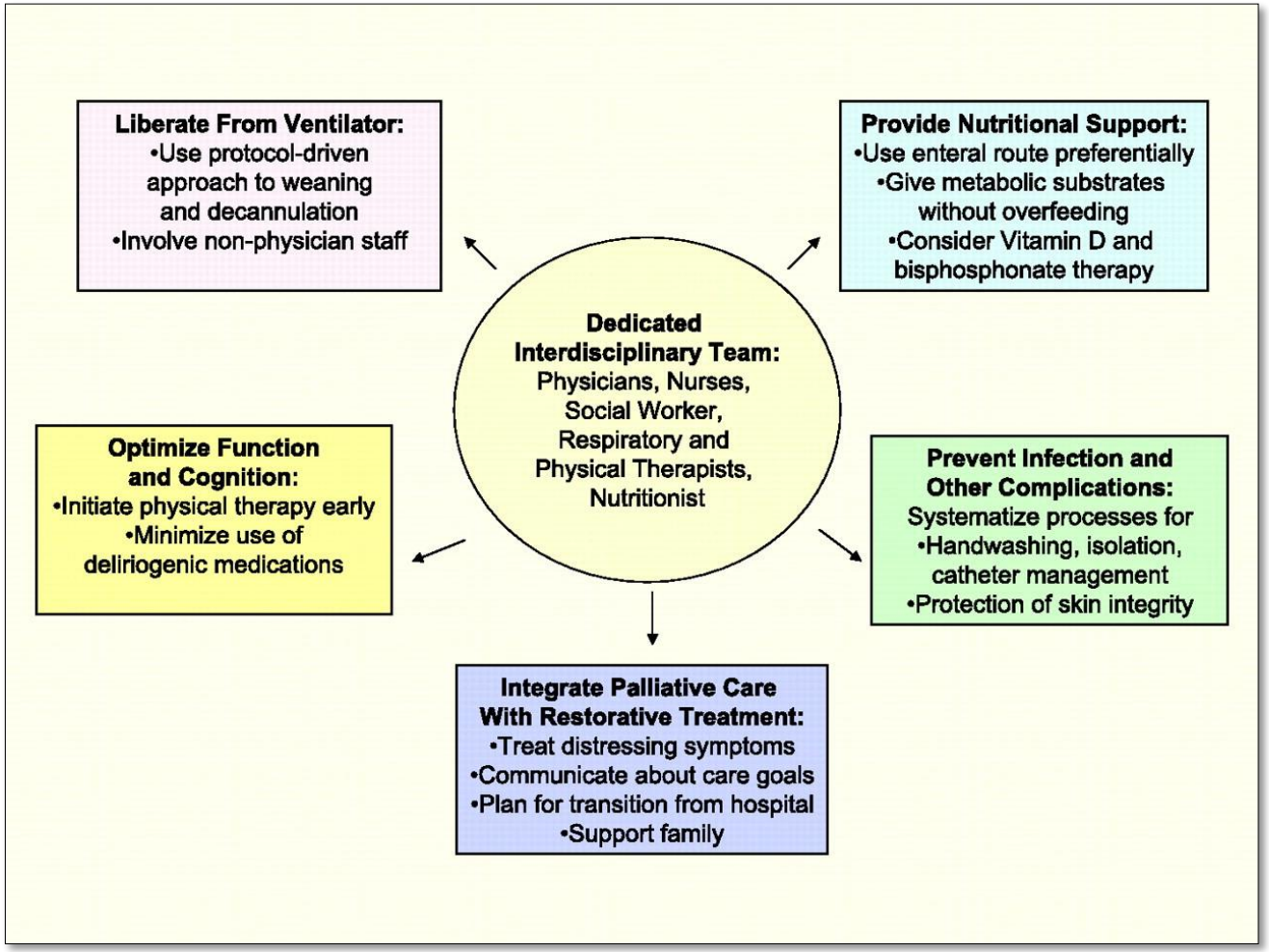


Figure 2.

Comprehensive care for the chronically critically ill. Comprehensive care for the chronically critically ill includes multiple components, as illustrated here and discussed more fully in text, with five key goals: ventilator liberation, nutritional support, cognitive and functional recovery, prevention of complications, and attention to palliative needs. Given the unique and complex challenges, a dedicated interdisciplinary team of professionals may be best equipped to provide this care.

Nelson J E, Cox C, Hope A, and Carson S; Chronic Critical Illness, *American Journal of Respiratory and Critical Care Medicine 2010*

Le SMIA en 2018

2’000

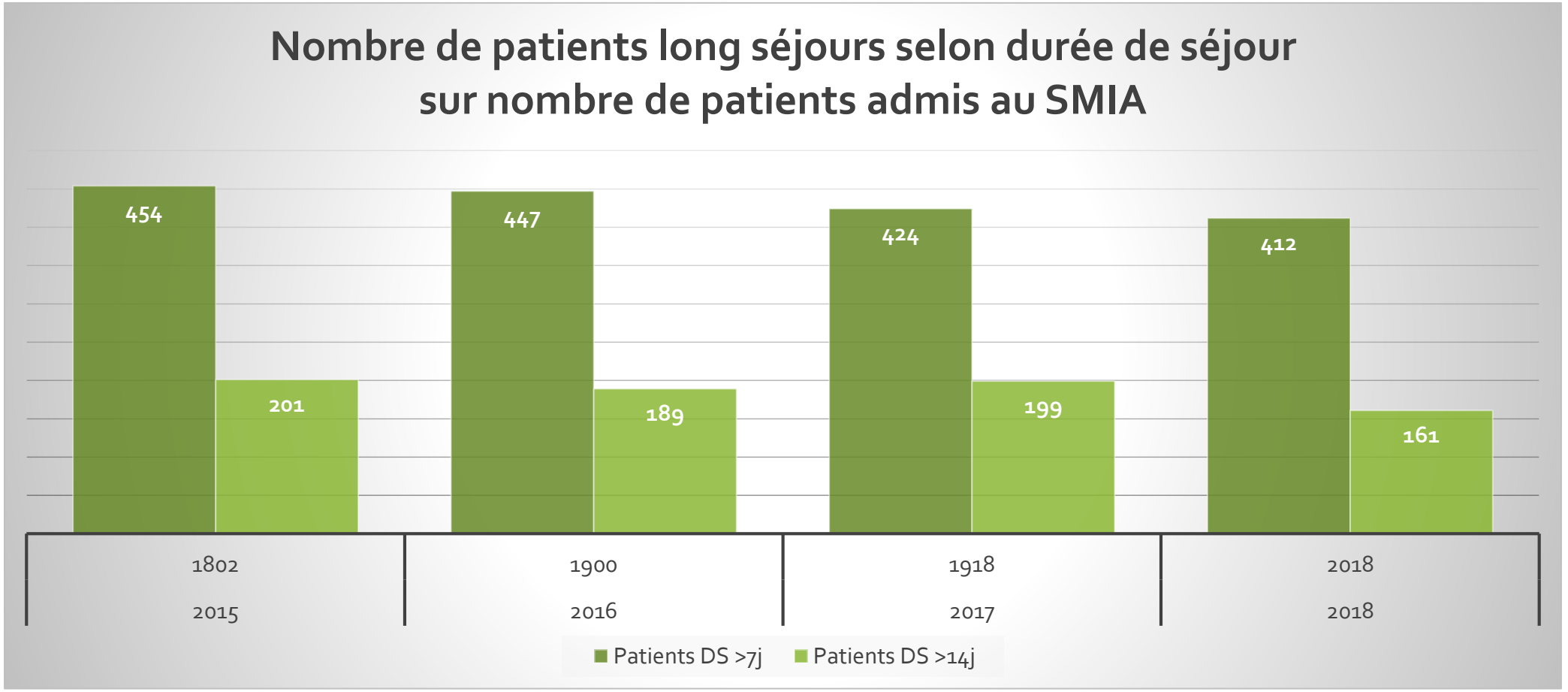
35

250

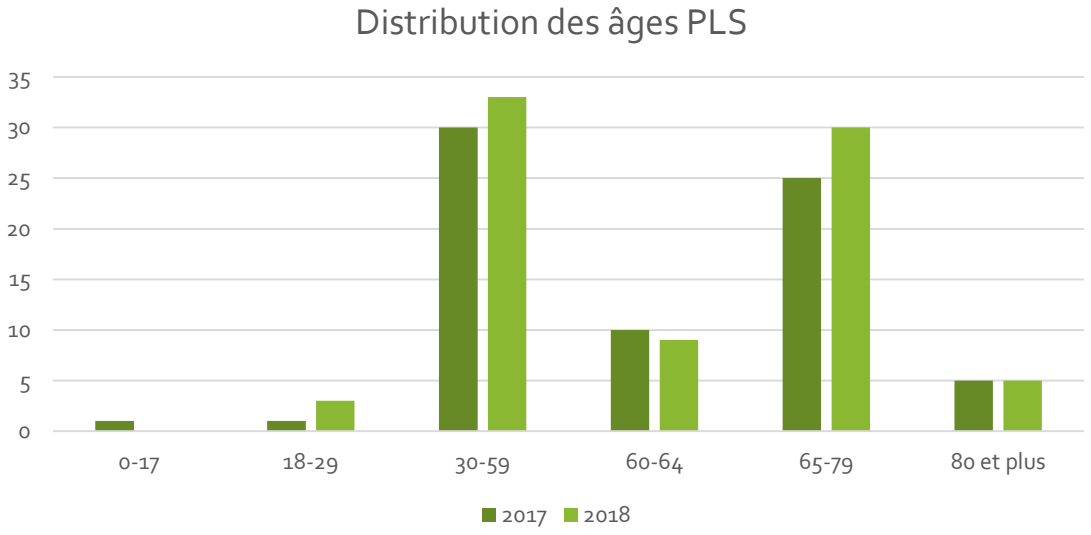
45

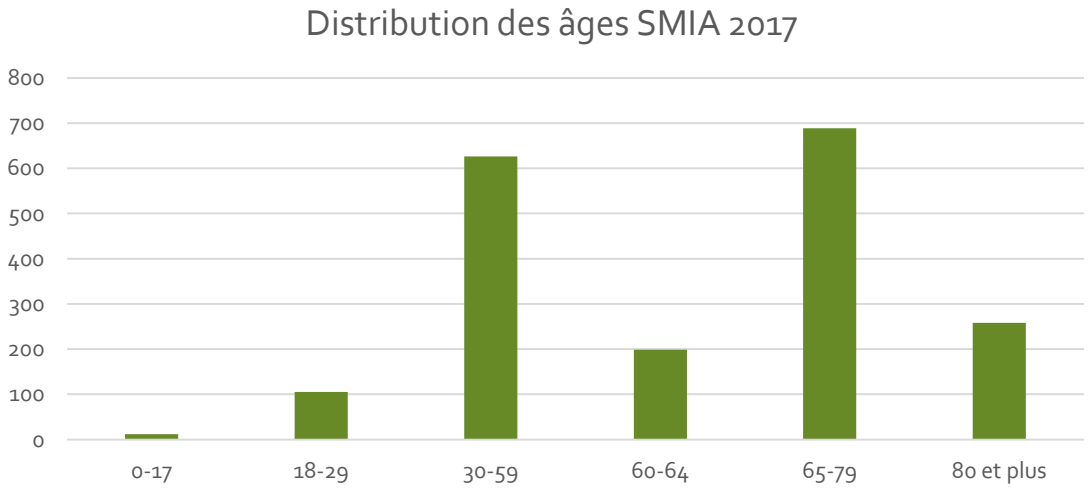
DMS **5.51 J**
SAPS moyen **40.5**
Mortalité **14.2 %**

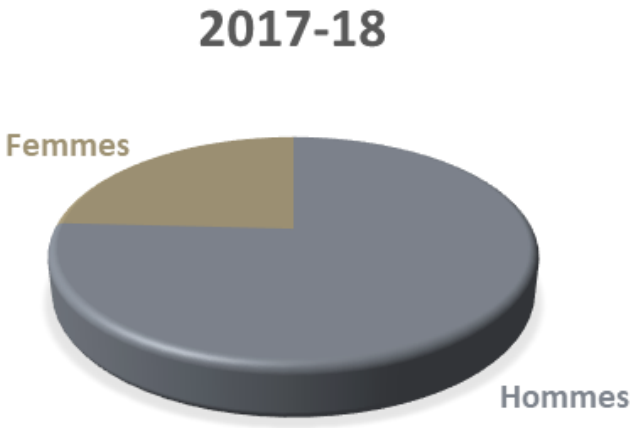
Les PLS

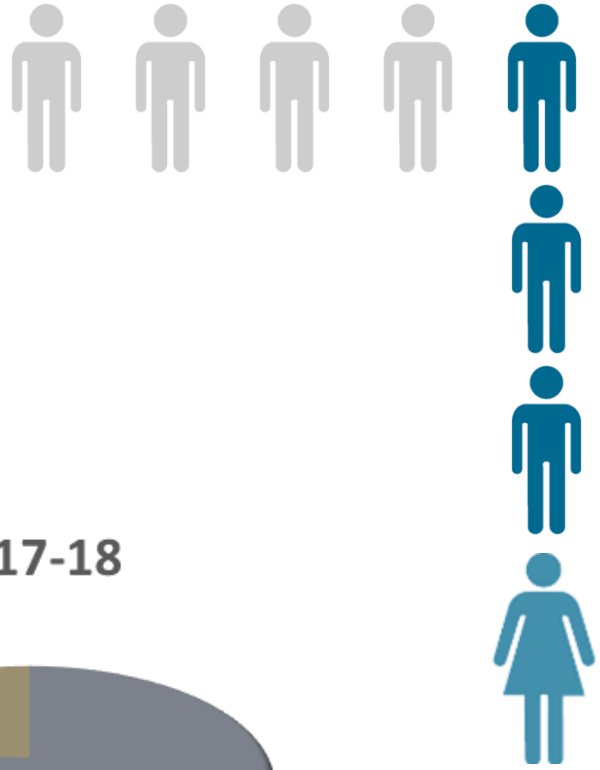

Nombre de patients long séjours selon durée de séjour sur nombre de patients admis au SMIA
454
201
447
189
424
199
412
161
1802
2015
1900
2016
1918
2017
2018
2018
Patients DS >7j
Patients DS >14j

Descriptif des PLS: âge

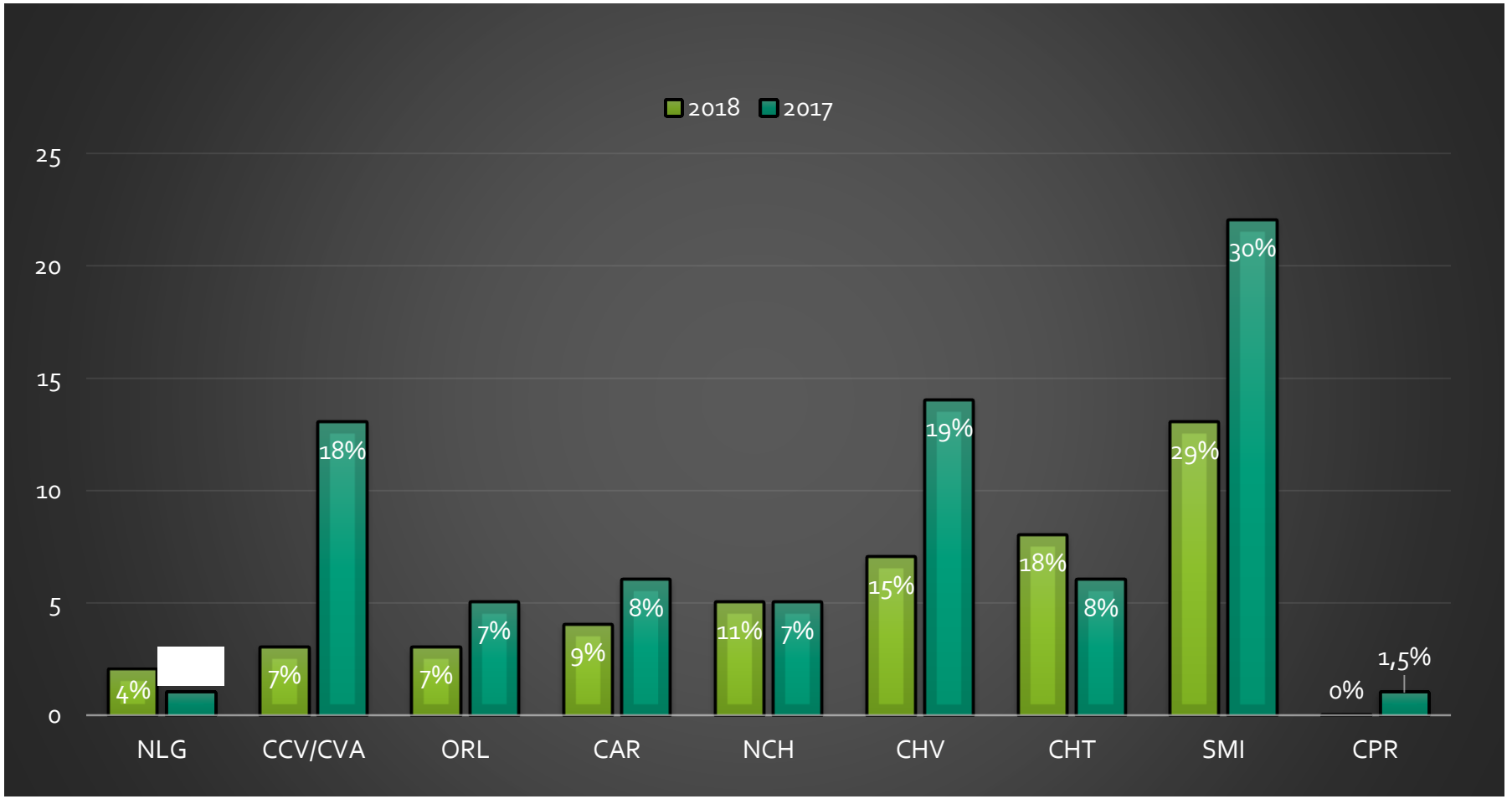




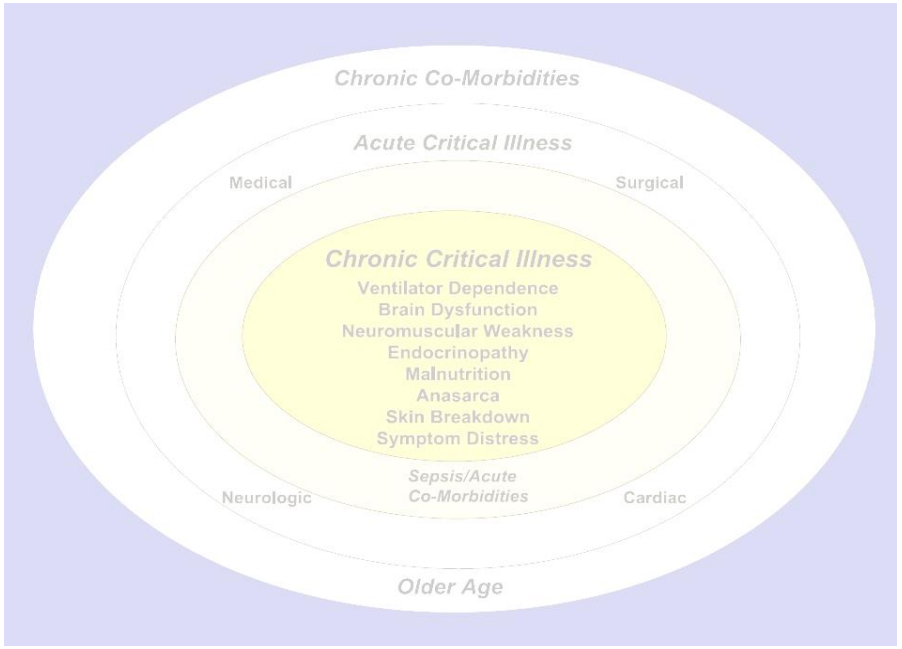




Descriptif des PLS : filières de soins



CONSTRUIRE UN DISPOSITIF ADAPTÉ AUX PLS



A "mobile" team

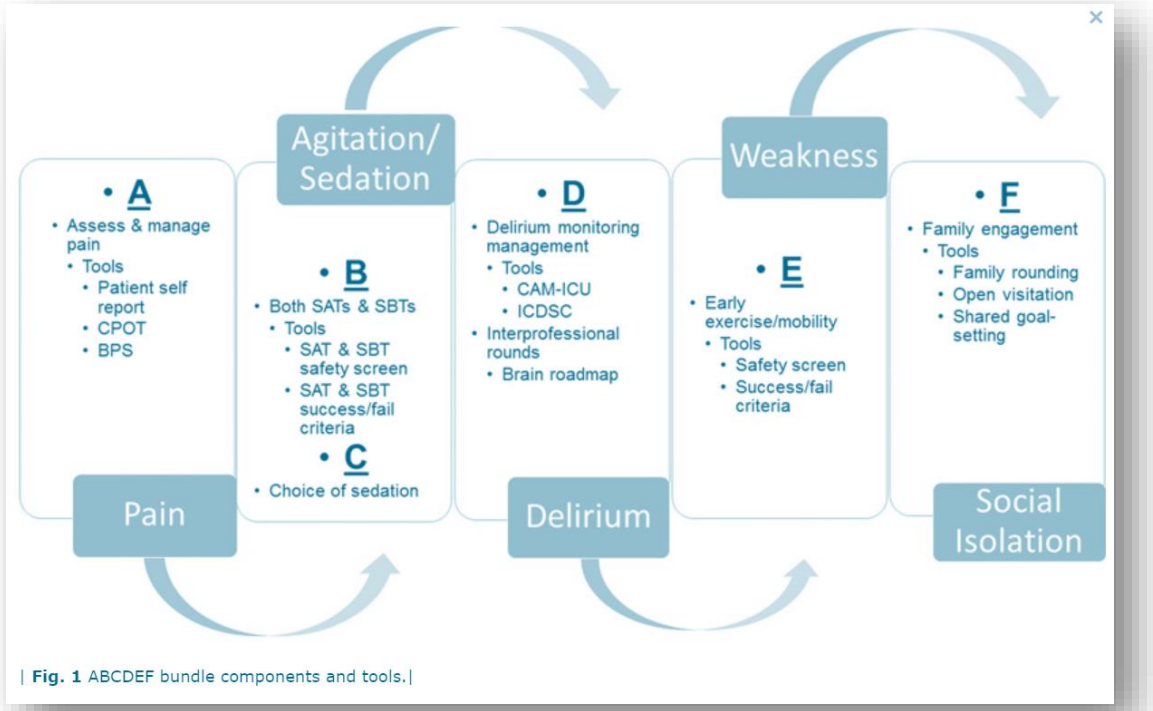
led by advanced practice nurses

using a **protocol-based** approach

improved outcomes and reduced costs for ICU patients requiring mechanical ventilation for more than 3 days

Nelson J E, Cox C, Hope A, and Carson S; Chronic Critical Illness, *American Journal of Respiratory and Critical Care Medicine 2010*

Les approches à considérer



| **Fig. 1** ABCDEF bundle components and tools.|

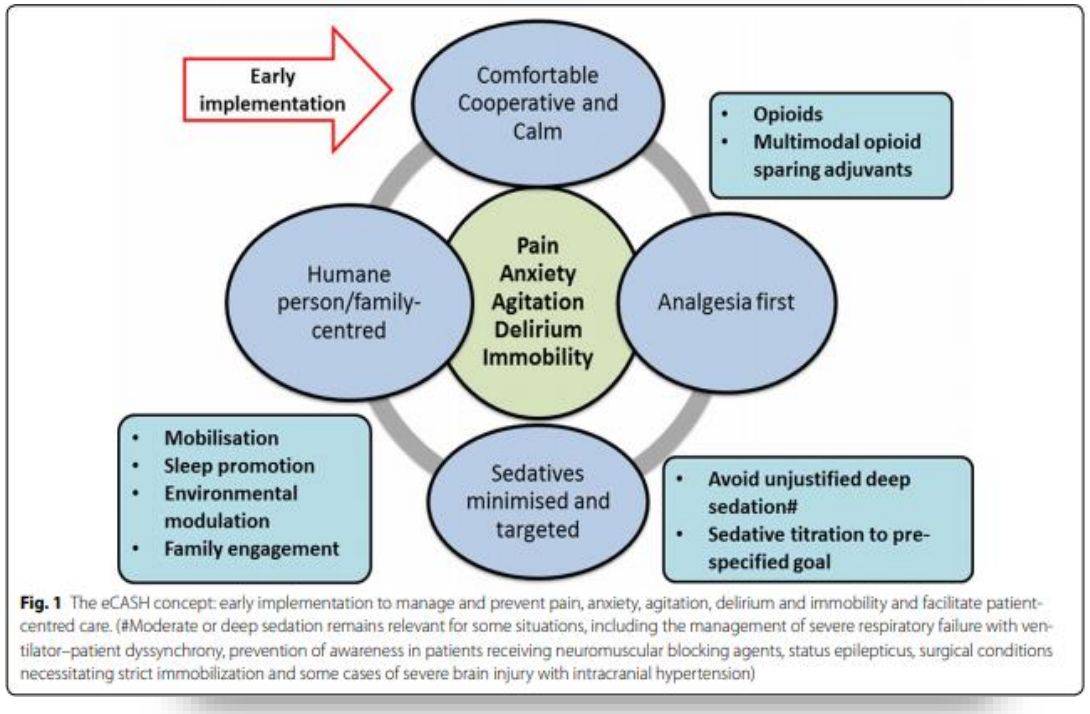


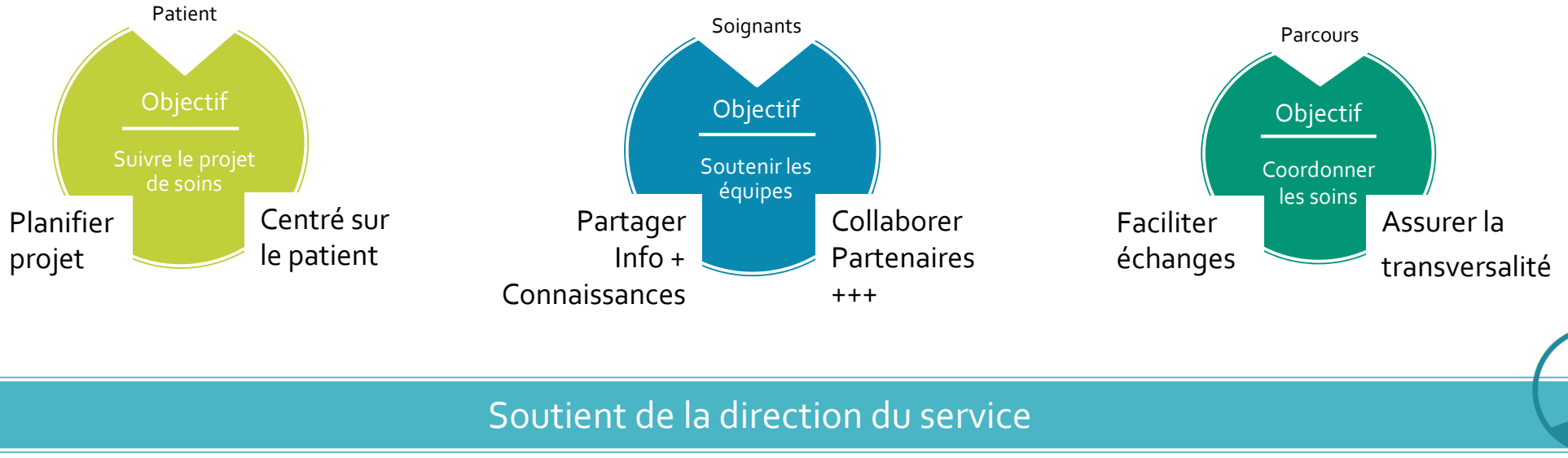
Fig. 1 The eCASH concept: early implementation to manage and prevent pain, anxiety, agitation, delirium and immobility and facilitate patient-centred care. (#Moderate or deep sedation remains relevant for some situations, including the management of severe respiratory failure with ventilator–patient dyssynchrony, prevention of awareness in patients receiving neuromuscular blocking agents, status epilepticus, surgical conditions necessitating strict immobilization and some cases of severe brain injury with intracranial hypertension)

Adapting the ABCDEF Bundle to Meet the Needs of Patients Requiring Prolonged Mechanical Ventilation in the Long-Term Acute Care Hospital Setting: Historical Perspectives and Practical Implications. Balas & al. *Respir Crit Care Med* 2016; 37(01): 119-135

Comfort and patient-centred care without excessive sedation: the eCASH concept Vincent & al. *Intensive Care Medicine* Vol 42, Issue 6 / June 2016 Pages 962 - 971

Objectifs du dispositif PLS

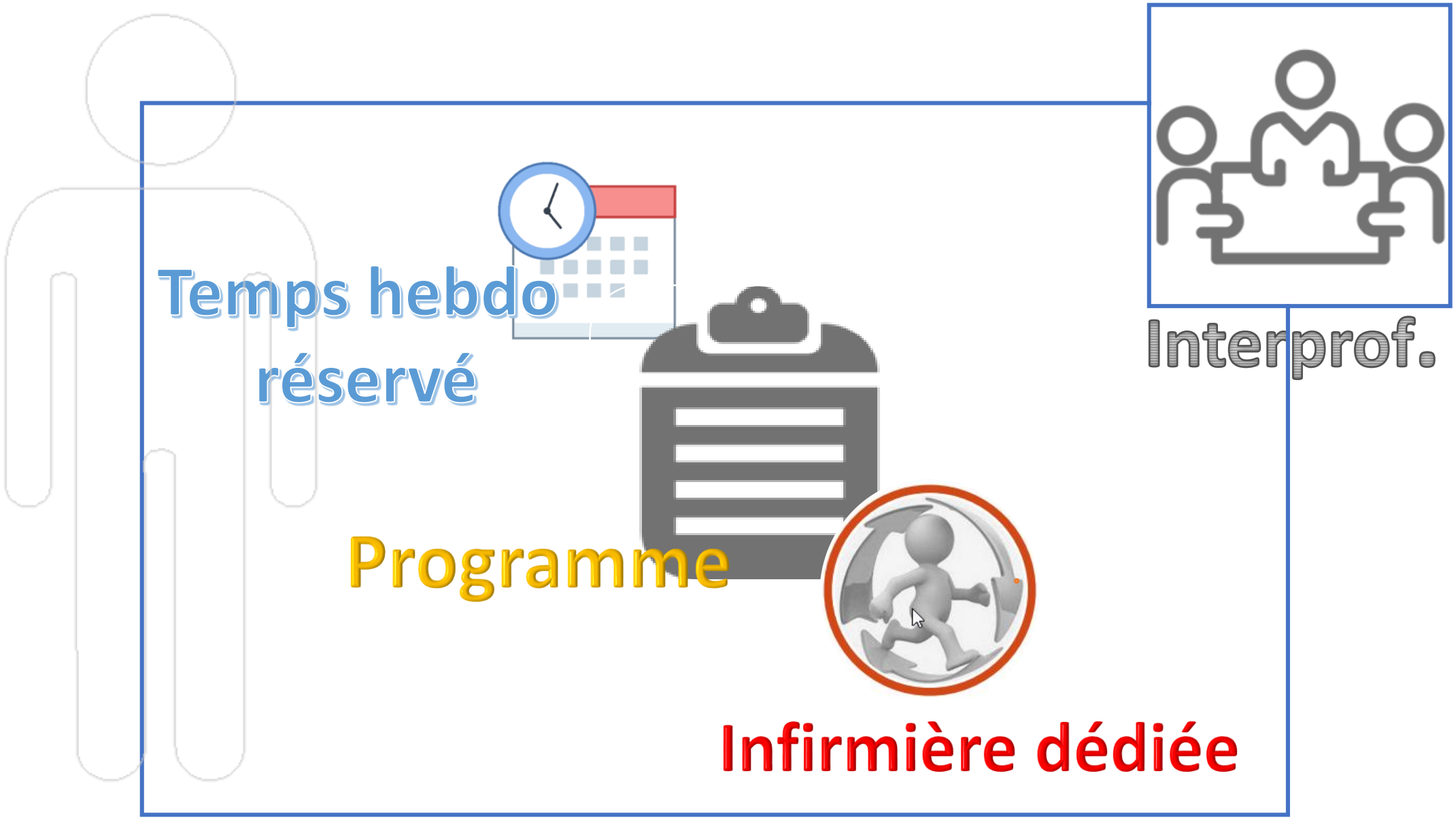
Construction de compétences spécifiques



Soutient de la direction du service

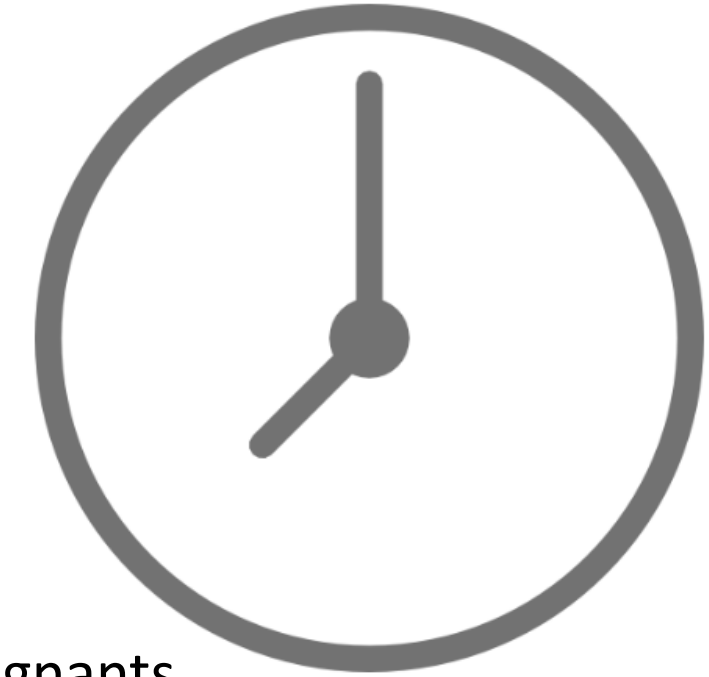
Staff satisfaction between 2 models of care for the chronically critically ill. Roulin MJ, Boulch MF, Merlani P *Journal of Critical Care* 2012 Aug;27(4):426.e1-8.

Dispositif centré sur le patient

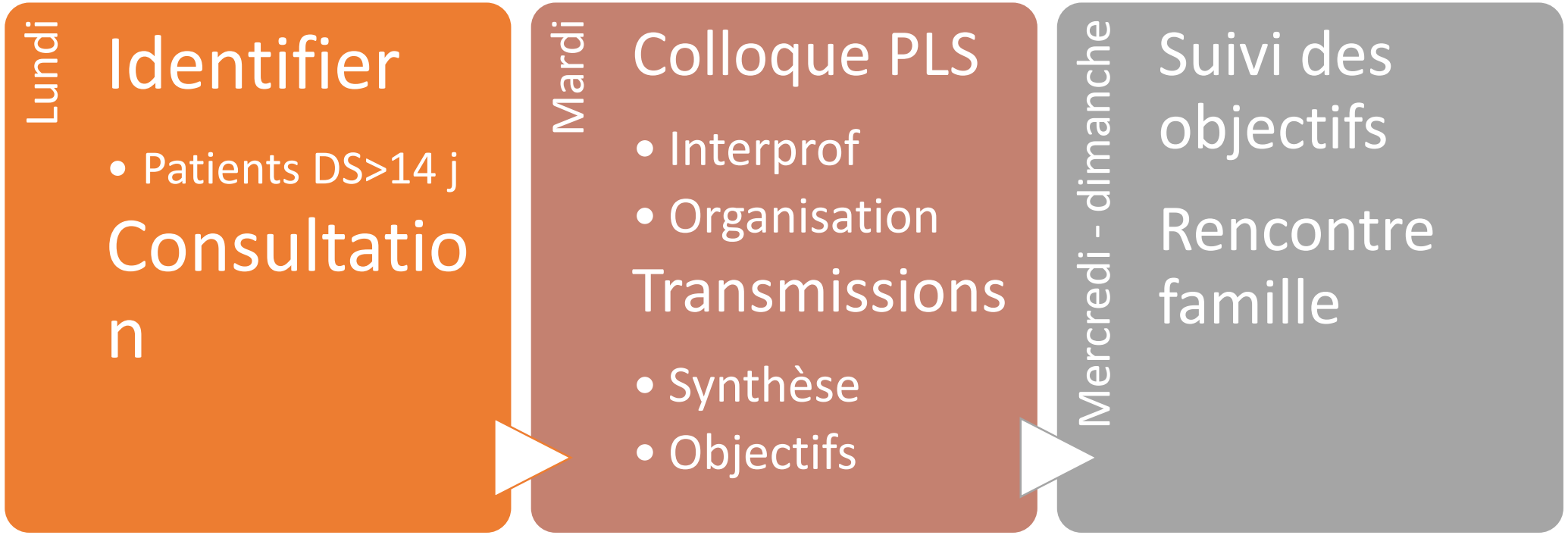


Dispositif au service des équipes

- Octroyer du temps
- Donner la parole
- Organiser les échanges
- Structurer et transmettre les objectifs
- Soutenir les équipes et améliorer la satisfaction des soignants



En pratique


Lundi
Identifier
• Patients DS>14 j
Consultation
Mardi
Colloque PLS
• Interprof
• Organisation
Transmissions
• Synthèse
• Objectifs
Mercredi - dimanche
Suivi des objectifs
Rencontre famille

Pratiquement l'infirmière clinicienne spécialisée :

effectue une consultation

collabore activement avec les soignants

organise & anime le colloque PLS

transmet les objectifs à équipe

Résultats et perspectives

Résultats du dispositif PLS

01.02.2017 au 31.12.2018

Variable	Résultats	
	2017	2018
Patients inclus dans le programme (PLS en cours non inclus)	75	80
Inclusion moyenne	J17	J14
Age moyen / ans	59.88	61.26
Sexe	Homme 73%	Homme 78%
Nombre consultations ICLS	229 → 3 en moyenne/pt	239 → 3 en moyenne/pt
Nombre de colloques PLS	211 → 2,8 en moyenne/pt	216 →2,7 en moyenne/pt
Temps moyen lié à la consultation par patient	2h45	
Temps moyen lié au colloque PLS par patient	0h45	
Durée moyenne de séjour	34j	27j

Phasage

Phase 1 : Faciliter le suivi du patient

- Consultation infirmière chaque **lundi**
- Colloque interdisciplinaire hebdomadaire chaque **mardi**
  - ↳ Objectifs de soins
  - ↳ Plan de soins
- Outils : Synthèse PLS / **Check-list**

Phase 1 opérationnelle dans les unités de soins

Bonne satisfaction générale des équipes

Implication positive de chacun

Phase 2 : Accompagner le patient et ses proches

Phase 2 à poursuivre

- Colloque hebdomadaire avec les proches
- Personnalisation de l'environnement

Actuellement en cours, à travailler

- Recherche scientifique sur les besoins des proches

Récolte des données par infirmiers Master Sciences Infirmières terminée fin janvier

Résultats présentés courant de l'été

Bientôt la phase 3 : continuum dans le suivi des patients

- Transmission des informations lors des transferts
- Continuité du suivi dans les étages

Auriez-vous des questions ?