# WLSM system audit

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| DATE  YYYY / MM / DD | HOSPITAL NAME | UNIT |

The purpose of this audit is to enhance the quality of the process of withdrawal of life-sustaining measures (WLSM) in special care units where life support measures are used. Intensive care units (general or specialized), cardiac care units, high acuity units, step-down units, etc. Please note that this applies to the **clinical** process of WLSM, and NOT the decision-making process.

As a unit, your task is to document whether you have the following best practices in place in advance of WLSM from a patient. A comment section is available for your use. **Please comment on any "No" answers**. These are based on the Canadian Critical Care Society’s Guidelines on Withdrawal of Life-Sustaining Measures.

*To be completed by Physician and Administration lead for the unit, in consultation with front line staff.*

**Policy and procedure background work**

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| **Policy and Procedure** | **Yes** | **No** | **Comments** |
| Does the organization have a specific policy on WLSM? |  |  |  |
| Does the policy reference the CCCS Guidelines on WLSM? |  |  |  |
| Does the organization have an organ and tissue donation committee? |  |  |  |
| Has the donation committee reviewed the CCCS guidelines for WLSM and local policy, if present? |  |  |  |
| Does the organization routinely evaluate or audit cases of WLSM?  If yes, is there a case audit tool? |  |  |  |
| Is there a process in place to assess and communicate audit results at defined intervals?   * someone responsible to conduct audits * person responsible to analyze and provide feedback * person responsible to act on results |  |  |  |
| Is there a process to develop an inter-professional care plan for WLSM for each patient?  (e.g. mandatory huddle to discuss roles and responsibilities) |  |  |  |
| Are there regular education sessions on staff roles in WLSM for:   * physicians * nurses * RTs   *Please check yes/no for each and comment on frequency.* |  | |  |
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| **Notes:** *(any missing item should be addressed in the action plan below)* | | | |

**Preparing for WLSM**

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| **Preparing for WLSM** | **Yes** | **No** | **Comments** |
| Can the unit provide a private room for patients at end-of-life?  *If yes, please comment on frequency (e.g. always, usually, sometimes).* |  |  |  |
| Is there a separate family room for family to gather, particularly if their loved one is at end-of-life?  *If yes, please comment on frequency (e.g. always, usually, sometimes).* |  |  |  |
| Are there environmental aids (e.g. signs) identifying, in an unobtrusive way, the process of WLSM has started (facilitates liberal visiting, etc.)? |  |  |  |
| Is acute grief support available for families?  *If so, please specify who provides this.* |  |  |  |
| Are families welcome to be present for WLSM and participate in the patient care before, during and after? |  |  |  |
| For challenging or complicated cases, practitioners are encouraged to seek advice and support from colleagues. |  |  |  |
| **Notes:** *(any missing item should be addressed in the action plan below)* | | | |

**Assessment of distress during WLSM**

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| **Assessment of distress during WLSM** | **Yes** | **No** | **Comments** |
| Is there a specific documentation tool for documenting symptoms and treatment of symptoms in WLSM? |  |  |  |
| Are standardized scoring systems or some objective measure of assessment embedded in this documentation for:   * pain * respiratory distress * agitation * delirium   *Please check yes/no for each.* |  |  |  |
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| Is there education for staff to ensure families can also contribute to the assessment of symptoms at end-of-life? |  |  |  |
| **Notes:** *(any missing item should be addressed in the action plan below)* | | | |

**Discontinuation of treatment and monitoring**

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| **Does the unit have the following materials available?** | **Yes** | **No** | **Comments** |
| Guideline and/or clinical protocol for WLSM process  (step-by-step procedure) |  |  |  |
| Checklist to support the WLSM process in real time with each patient |  |  |  |
| Pre-printed standardized orders for WLSM |  |  |  |
| Educational material for staff for WLSM process |  |  |  |
| Educational material for family for WLSM process |  |  |  |
| Documentation tools for WLSM process |  |  |  |
| **Notes:** *(any missing item should be addressed in the action plan below)* | | | |

**Following WLSM and patient death**

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| **Are the following in place?** | **Yes** | **No** | **Comments** |
| Bereavement material available for family |  |  |  |
| Family satisfaction with WLSM survey.  *If yes,*   * *how frequently is it done?* * *who sends out surveys?* * *who analyzes results of surveys?* |  |  |  |
| Process for staff debriefing after WLSM  *If yes,*   * *is it formalized?* * *who decides on need for debrief?* * *who conducts debrief?* |  |  |  |
| **Notes:** *(any missing item should be addressed in the action plan below)* | | | |

**System audit follow up action items and accountability**

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| **ACTION ITEM** | **ACCOUNTABILITY** |
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| PERFORMED BY | DATE  YYYY / MM / DD | TIME  : |

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System audit tool helped facilitate discussion: ⬜ Yes ⬜ No

Tool requires revision: ⬜ No ⬜ Yes – Feedback provided to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A repeat system audit will be completed for this unit in \_\_\_\_\_ months (suggest: 12)