

Family Involvement in the Early Phase after Cardiac Arrest and TBI

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During the morning session of this workshop we have three main objectives

1

- Provide an Overview of the field

2

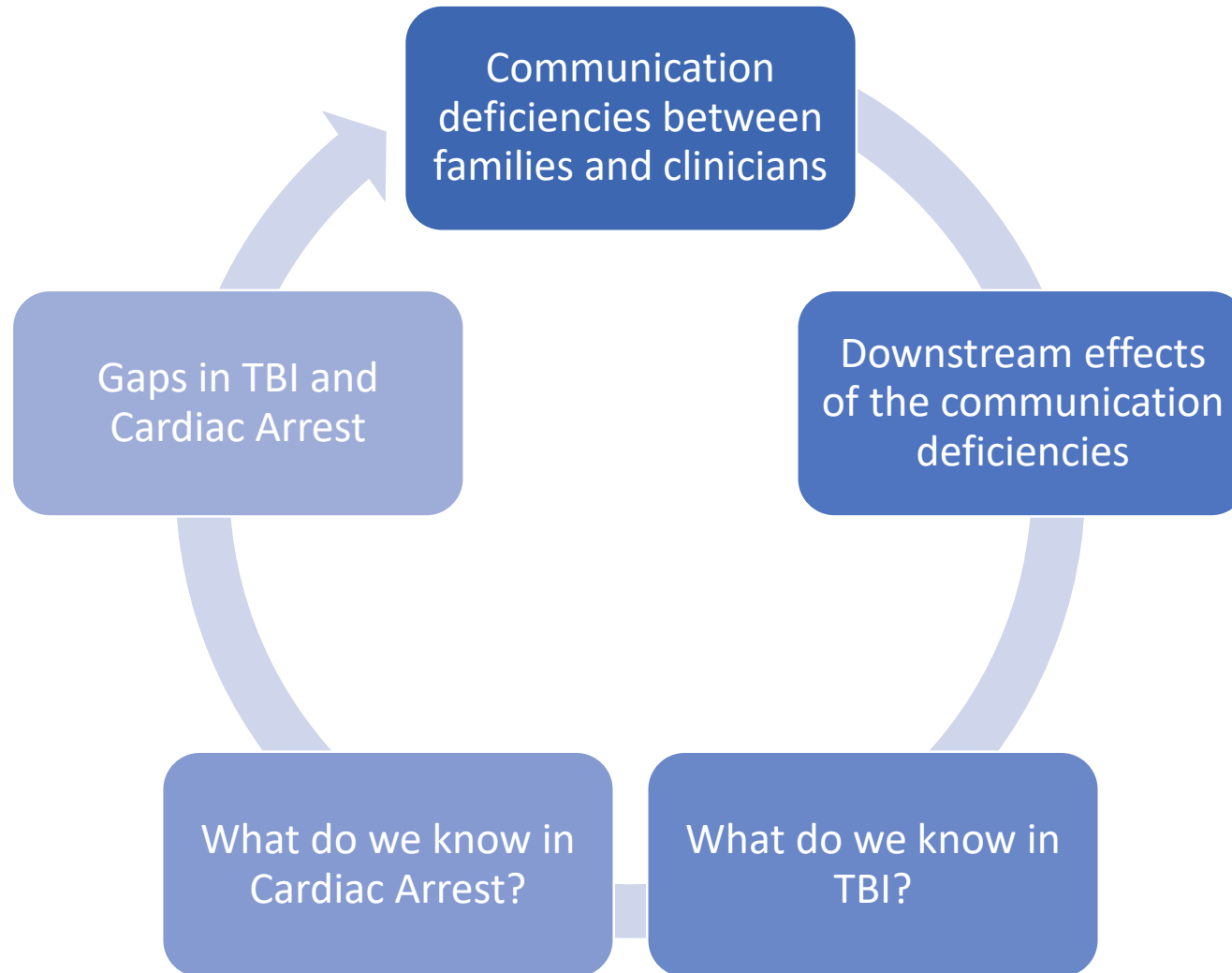
- Present the Case study interview findings

3

- Facilitate a discussion: Family member and Professional reflections on 1 & 2

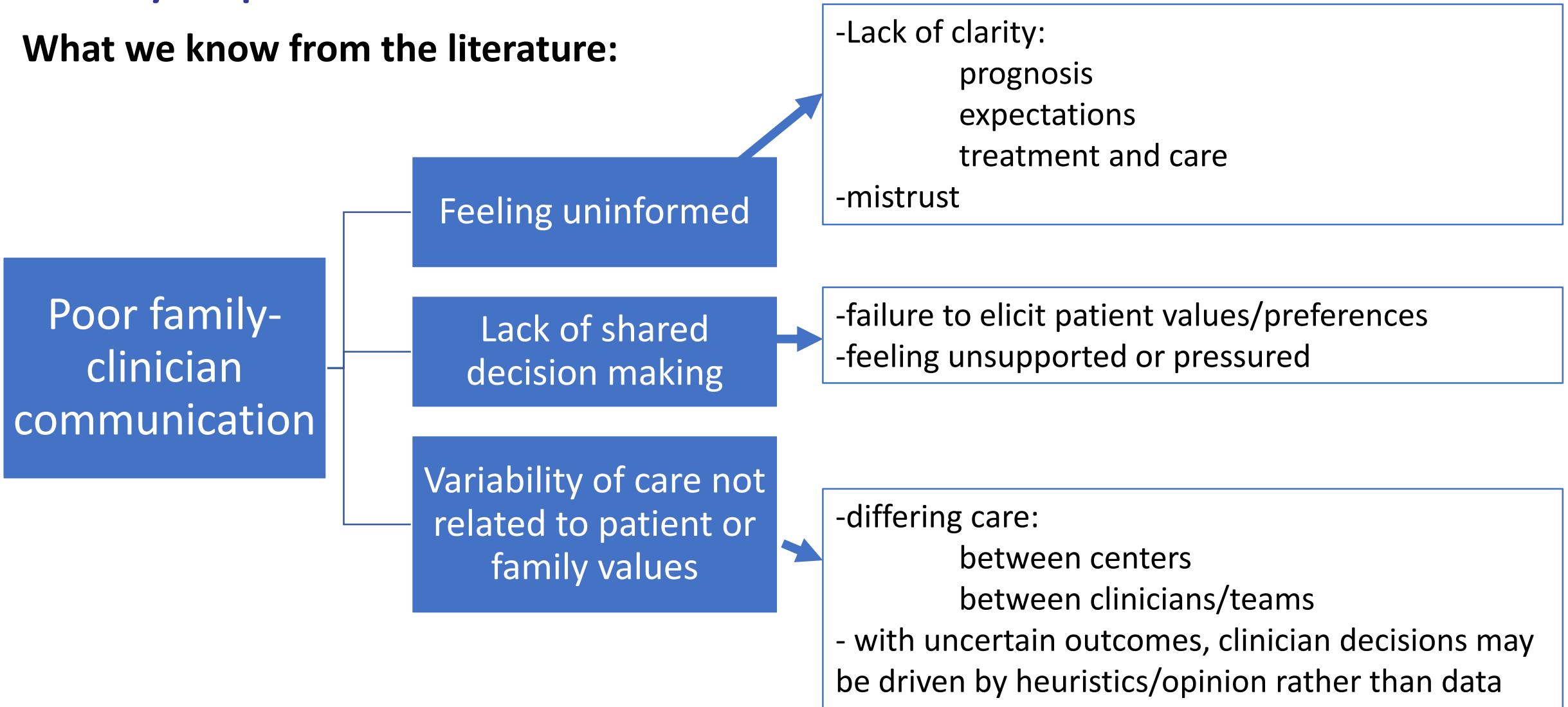
Overview of the Field (Part 1)

This is the roadmap for the overview of the field (Part 1)

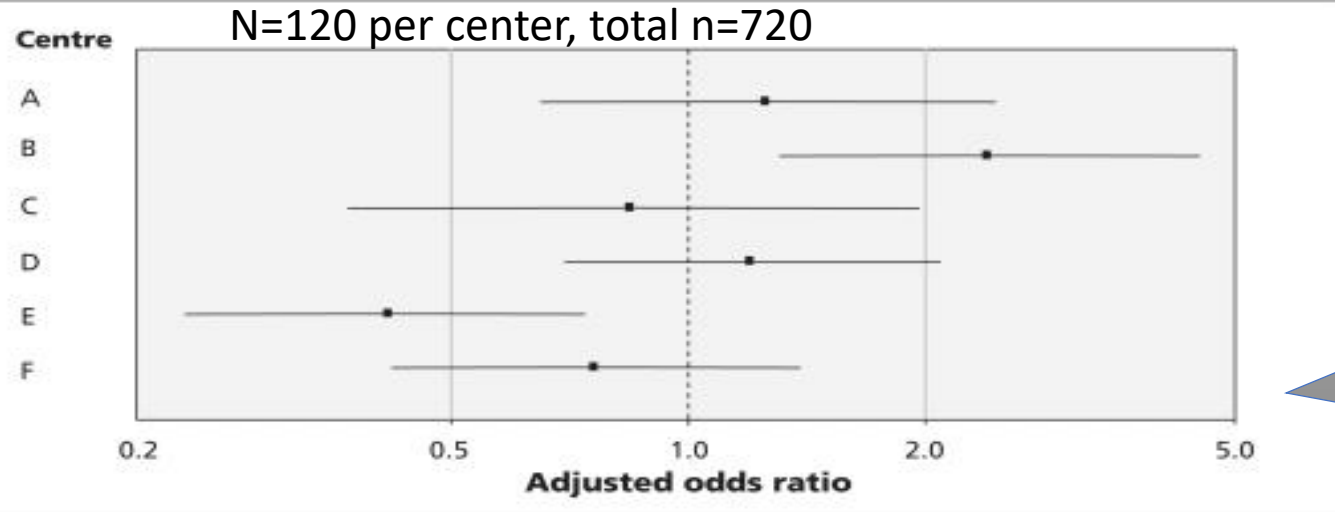


Communication between families and clinicians is deficient in critically ill patients

What we know from the literature:



What do we know in TBI? - Withdrawal of life sustaining treatments is highly variable between centers



TBI:

- After brain trauma, withdrawal of life sustaining treatment is most often done within the first 3 days
- But this varies between trauma centers

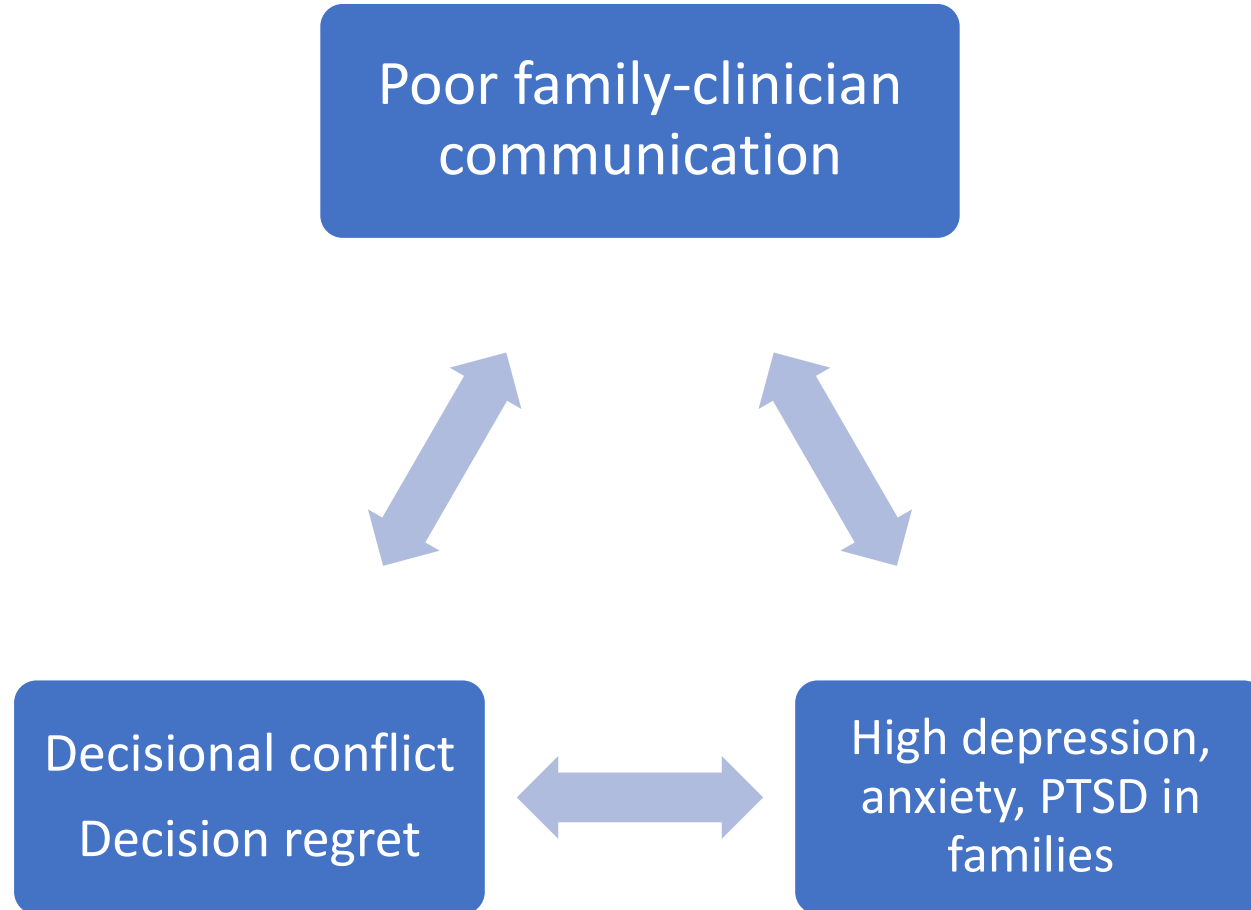
Why? Not clear.

- family factors?
- patient factors?
- how doctors prognosticate? communicate?

TBI:

- Race, region and payment status of the patient/family may influence

As a result, there is negative impact on families

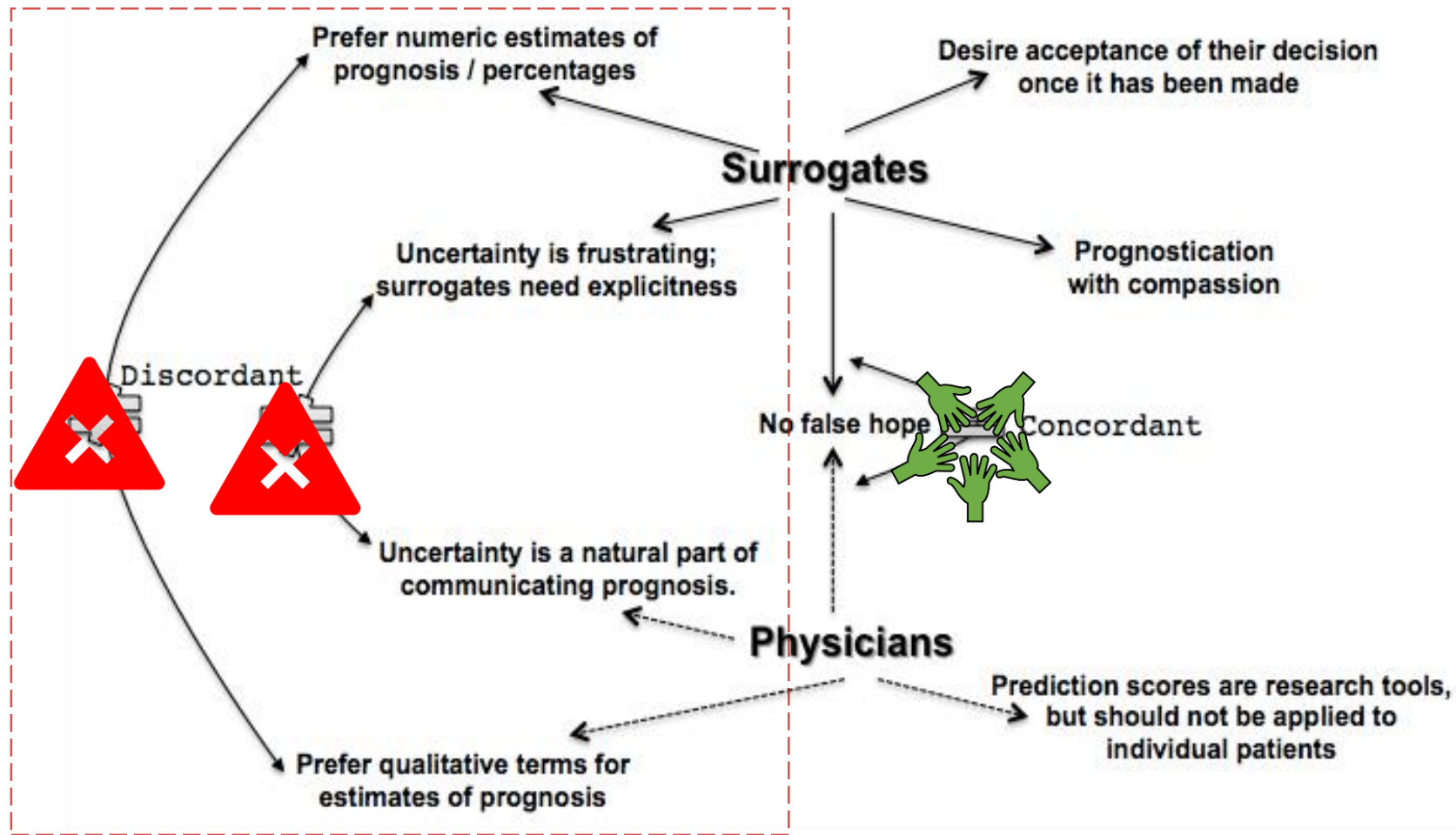


What do we know in TBI? - Many physicians feel that prediction models should not be applied to individual patients

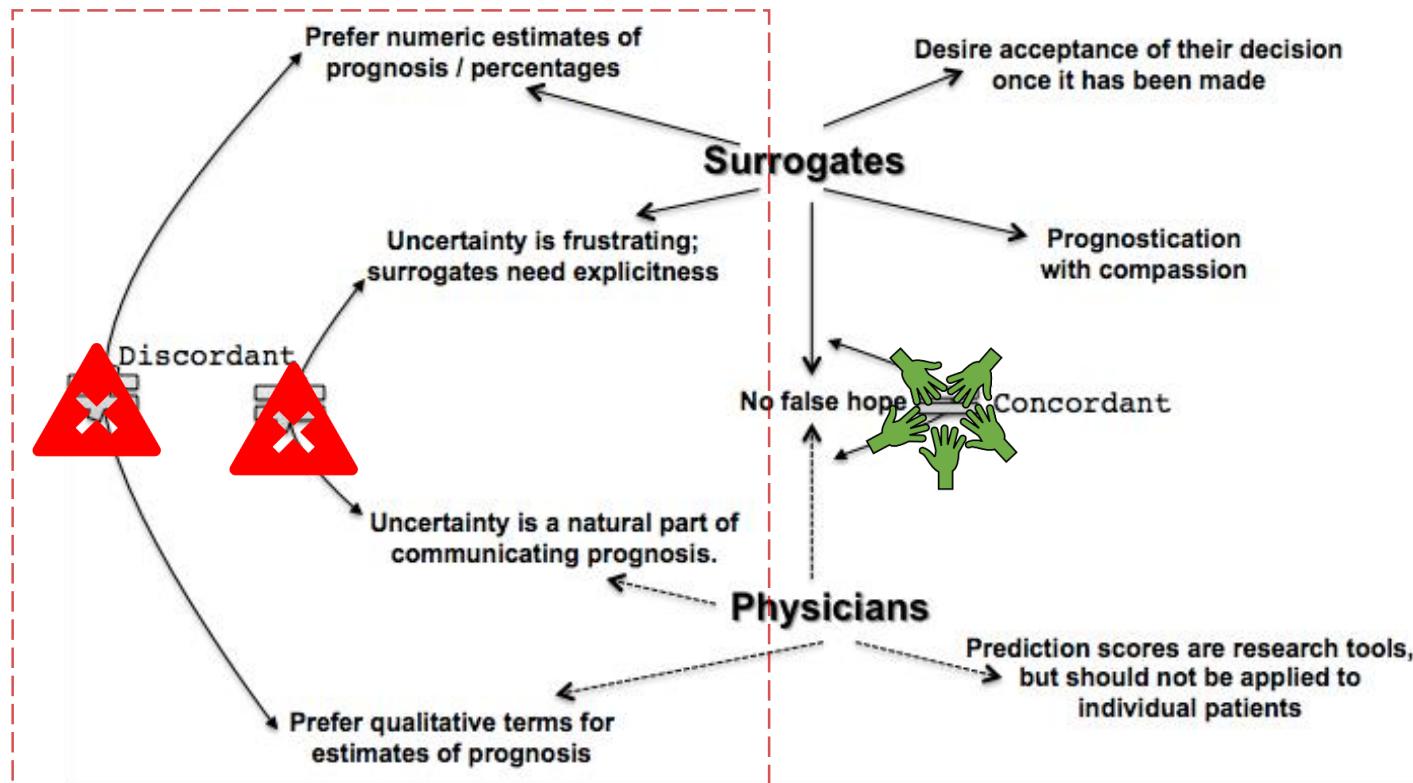


Researchers have developed scores that predict outcomes using admission information after brain injury. These scores are intended mostly for research, and **many doctors aren't comfortable with using them for patients** because they don't include a lot of information about the individual.

What do we know in TBI?- How clinicians communicate prognosis often differs fundamentally from families' needs

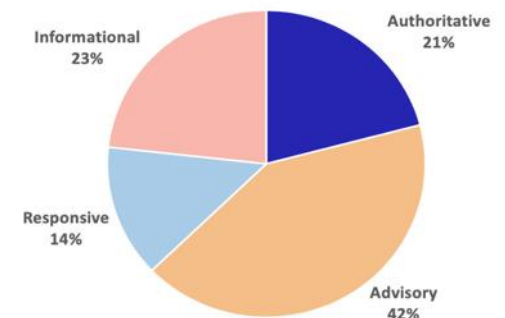


What do we know in TBI?- How clinicians communicate prognosis often differs fundamentally from families' needs

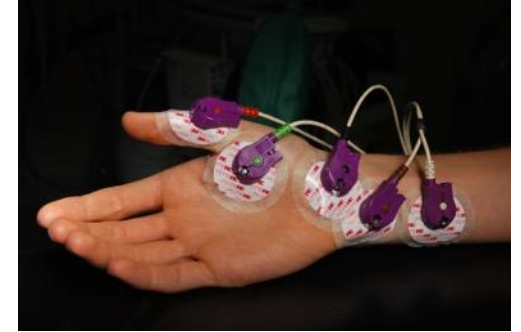
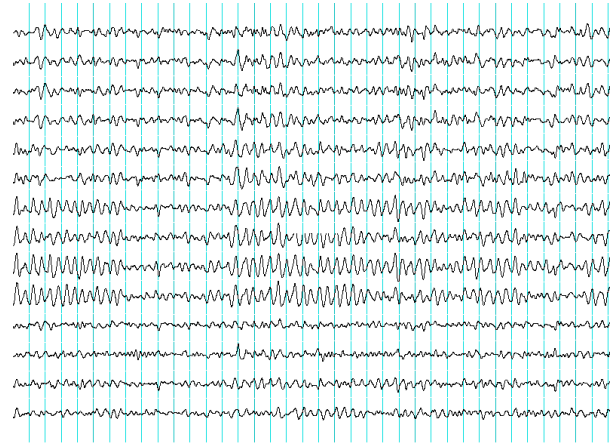


- Prognostication and Communication approaches vary greatly
 - > How? Why? What is best?
- Families may misunderstand prognosis
 - > How? Why?

Despite its importance, Family-clinician communication in TBI is completely understudied

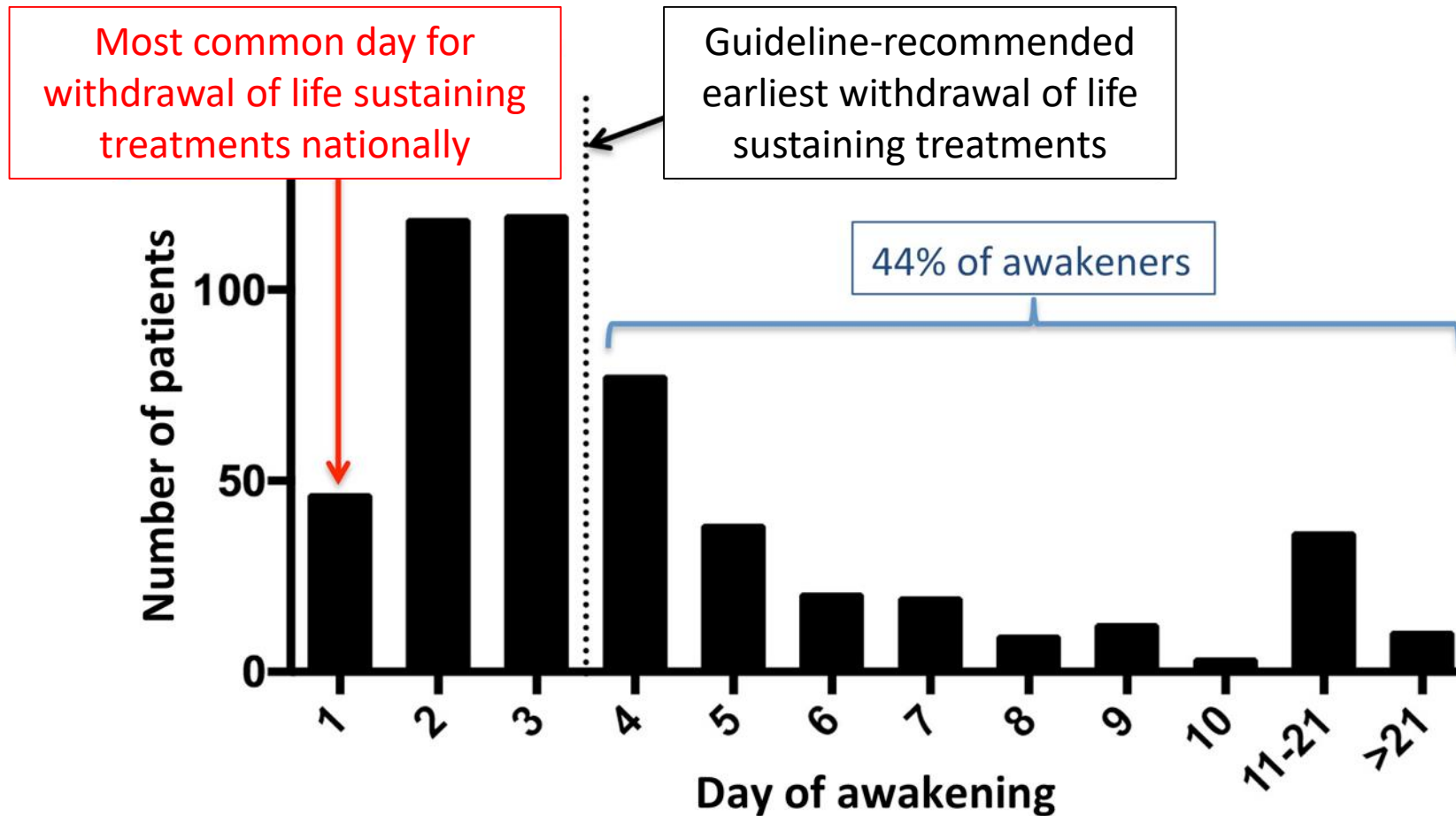


What do we know about Cardiac Arrest? Early withdrawal of life sustaining treatment results in poor outcomes after cardiac arrest



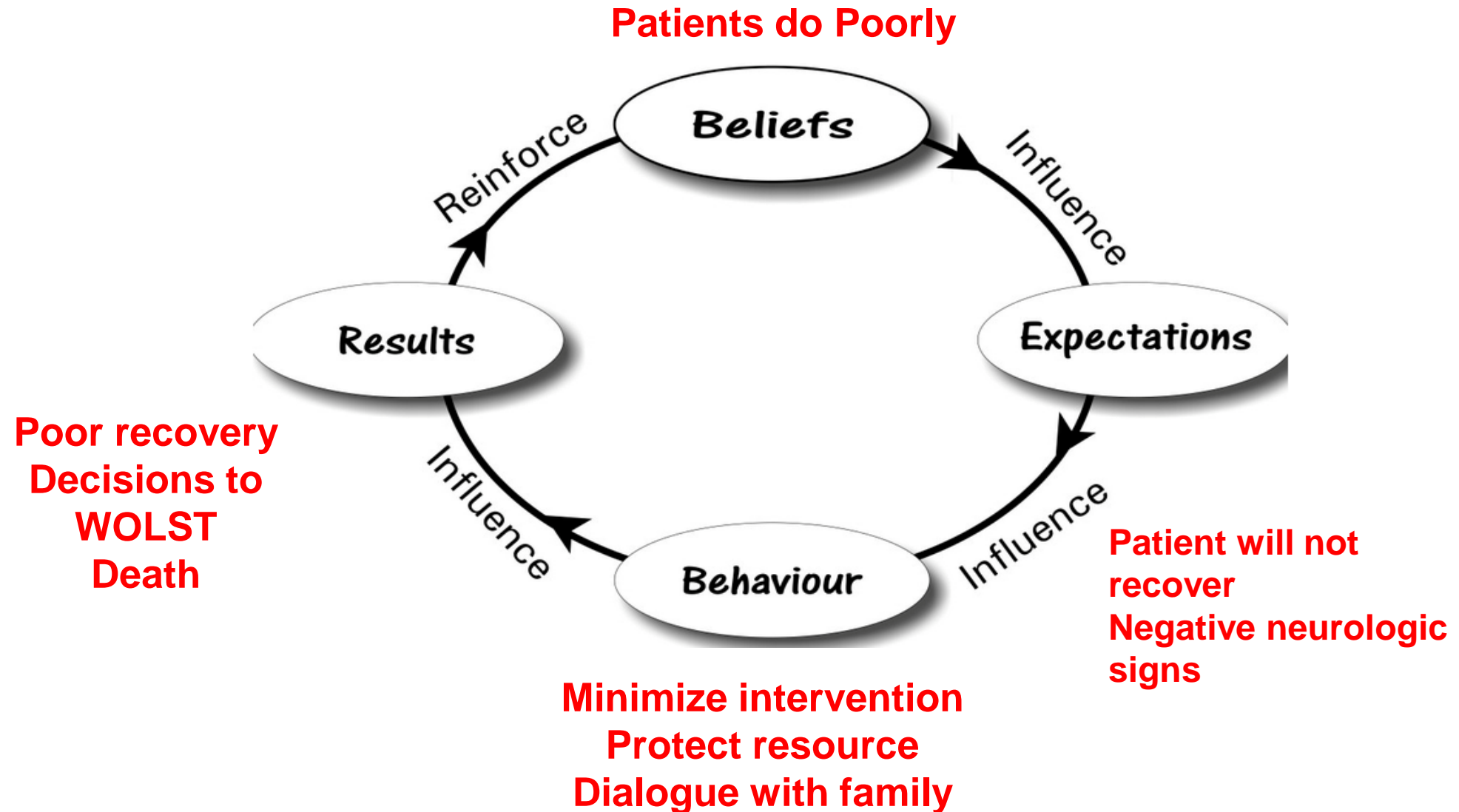
Before 72h after cardiac arrest, no combination of clinical information and test results reliably predict awakening or recovery, yet life support is most often withdrawn on the first hospital day

What do we know about Cardiac Arrest? Almost half of those who awoken after cardiac arrest do so after day 3

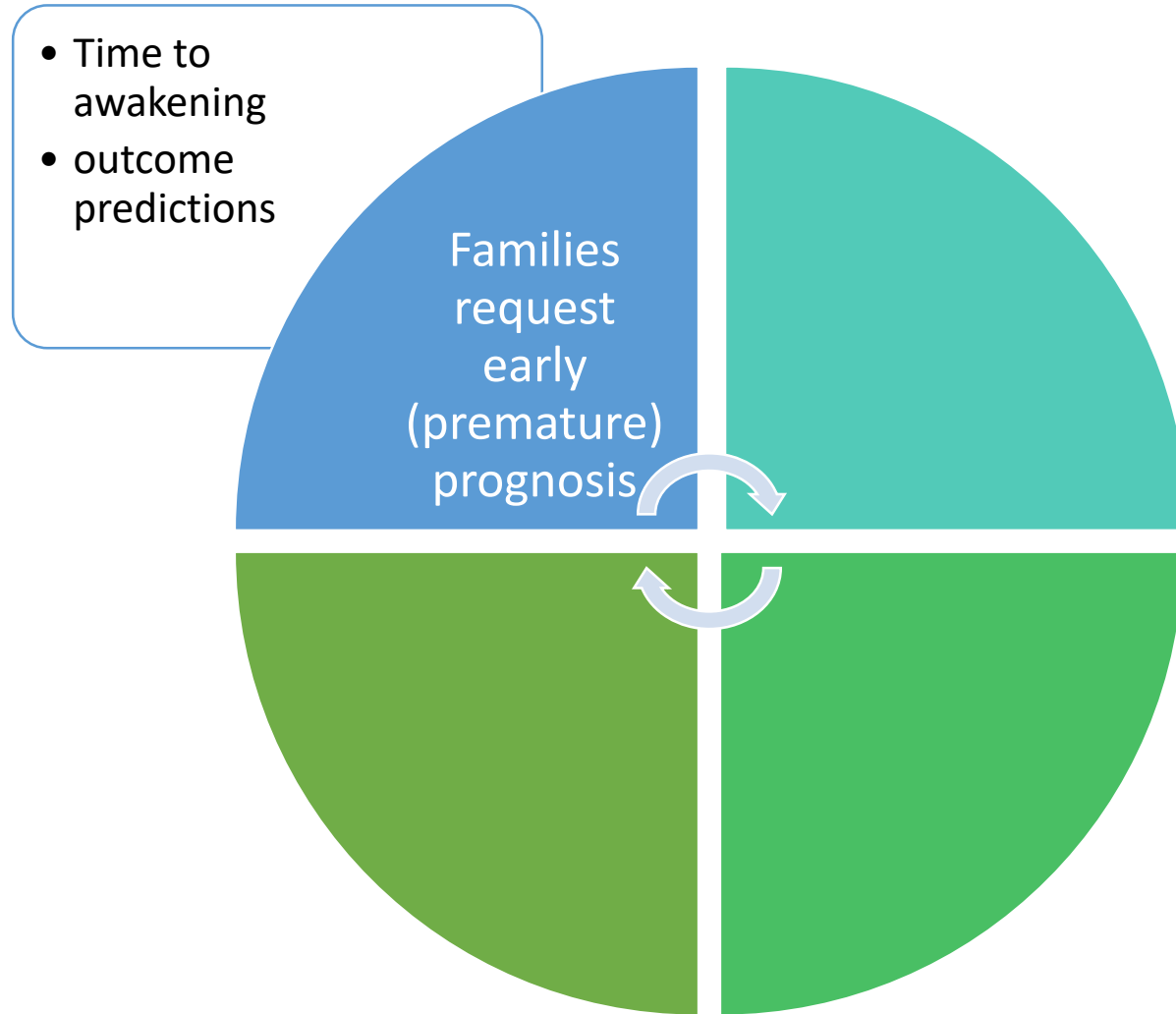


N = 1,000 comatose patients who awakened from coma and survived

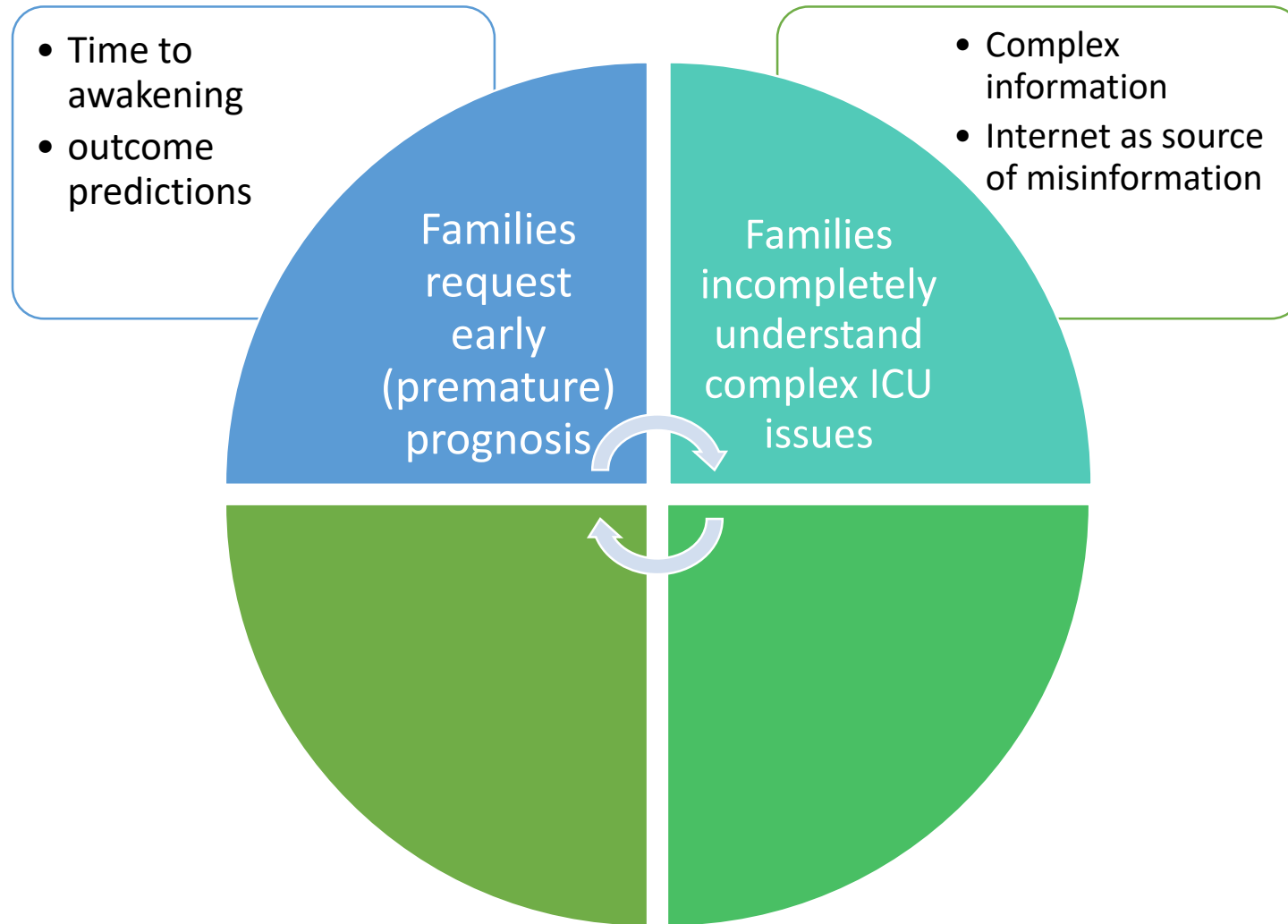
What is the “Self-fulfilling Prophecy” in TBI and Cardiac Arrest?



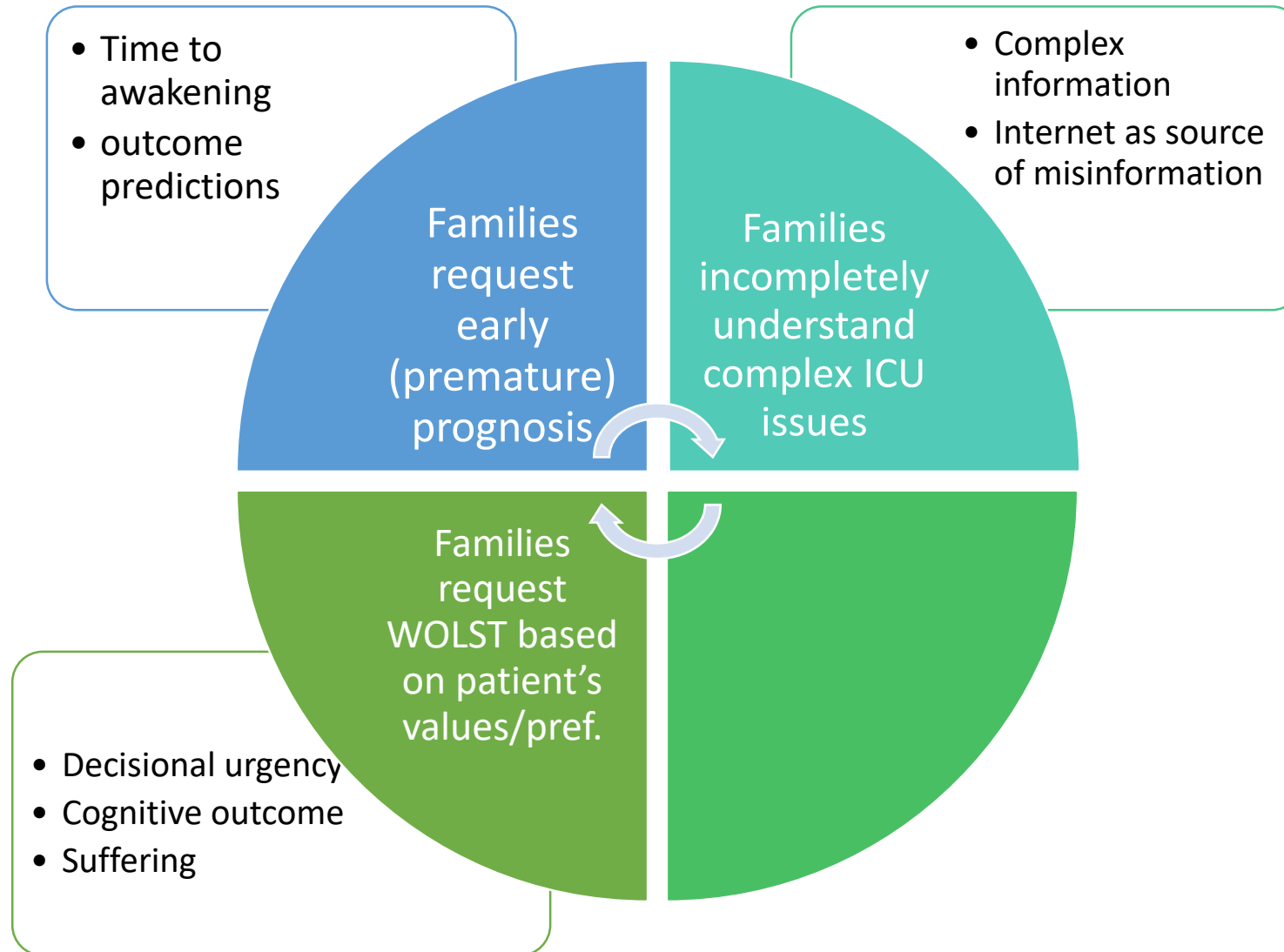
There are many sources of communication strain in the early post-cardiac arrest and brain injury period



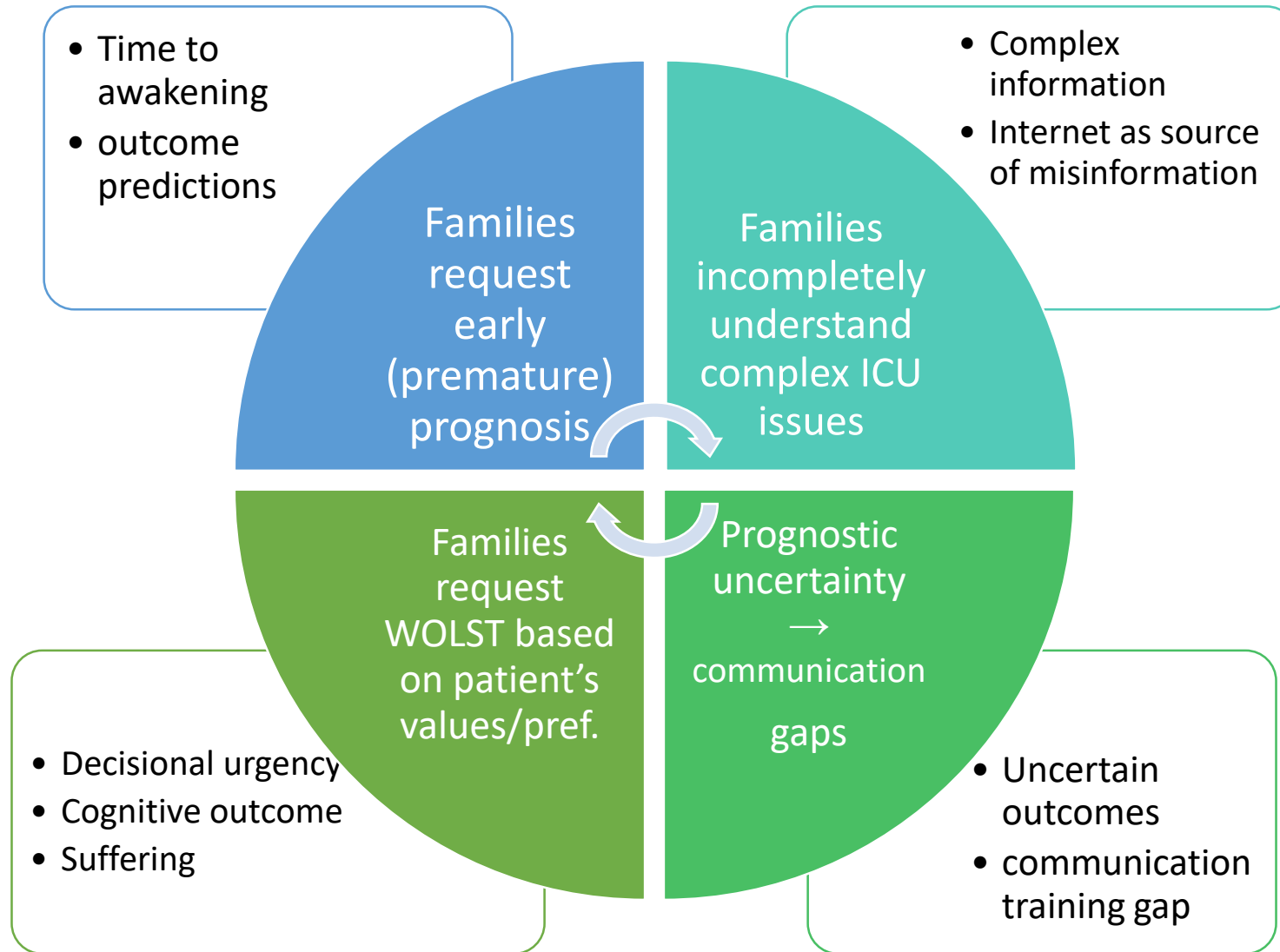
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There are many sources of communication strain in the early post-cardiac arrest and brain injury period



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Just released: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care



- Addition of 6th link in the chain of survival – “Recovery”

*“Recovery link highlights the enormous **recovery and survivorship** journey, from the end of acute treatment for critical illness through multimodal rehabilitation (both short- and long-term), for **both survivors and families** after cardiac arrest”*

In summary: We have identified the following gaps

What are the information/communications needs of family members?

- How have they been met/not met?
- How do FM understand and cope with the unknown?
- How do professionals help/not help?
- What are levels of shared decision making, especially in the face of uncertainty?

What are the emotional needs of family members?

- How have they been met/not met?

What are the physical needs of family members?

- How have they been met/not met?

What are family members' perspectives of emergency research participation following a loved one's CA/TBI?

- What experiences did families make regarding possible enrollment into a clinical trial?

References

Family communication in ICU

Azoulay Crit Care Med 2000; Cox et al. Crit Care Med 2009;
Teno J Am Geriatr Soc 2000; You et al. JAMA Int Med 2015; White et al. JAMA 2016

Lack of Shared Decision Making in ICU

White et al. Arch Int Med 2007; White et al. Crit Care Med 2010;
Quinn et al Neurocrit Care 2017

Variability of Care between and within centers

Turgeon CMAJ 2011; Turgeon et al. Crit Care Med 2013;
Izzy et al. Neurocrit Care 2013; Haliko MDM 2017

Decisional Conflict/Decision Regret

Azoulay et al. Am J Resp Crit Care Med 2009
Cox et al. Annals Int Med 2019
White et al. NEJM 2018

Variability of WOLST after TBI by center

Turgeon et al. CMAJ 2011
Nakase-Richardson et al. J Neurotrauma 2012
Williamson et al. JAMA Surg 2020

Early WOLST with perceived mortality in Cardiac Arrest

Elmer et al. Resuscitation, 2016
Perman et al. Crit Care Med 2012

What families need and physicians deliver (TBI)

Quinn et al Neurocrit Care 2017

Psychological Distress in Families in ICU

Azoulay et al. Crit Care Med 2000
Azoulay et al. Am J Resp Crit Care Med 2005
Pochard et al. J Crit Care 2005
Lautrette et al. NEJM 2007