

Improvement plan for Integrity of Intensive Care Unit Patients Withdrawn from Life-Sustaining Medical Care

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Abstract : The Hospice and Palliative Care Act has undergone three revisions, making it less challenging for terminal patients to withdraw life support systems. However, the adequacy of care before withdraw is a crucial factor in end-of-life medical treatment. The author observed that intensive care unit (ICU) nursing staff often rely on simple flowcharts or word of mouth, leading to inadequate preparation and failure to meet patient needs before withdraw. This results in confusion or hesitation among those executing the process. Therefore, there is a motivation to improve the withdraw of patient care processes, establish standardized procedures, ensure the accuracy of removal execution, enhance end-of-life care self-efficacy for nursing staff, and improve the overall quality of care. The investigation identified key issues: the lack of applicable guidelines for ICU care for withdraw from life-sustaining, insufficient education and training on withdraw and end-of-life care, scattered locations of withdraw-related tools, and inadequate self-efficacy in withdraw from life-sustaining care. Solutions proposed include revising withdraw care processes and guidelines, integrating tools and locations, conducting educational courses, and forming support groups. After the project implementation, the accuracy of removal cognition improved from 78% to 96.5%, self-efficacy in end-of-life care after removal increased from 54.7% to 93.1%, and the correctness of care behavior progressed from 27.7% to 97.8%. It is recommended to regularly conduct courses on removing life support system care and grief consolation to enhance the quality of end-of-life care.

Keywords : the intensive care unit (ICU) patients, nursing staff, withdraw life support systems, self-efficacy

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