

Use of induced hypothermia

Acceptance and implementation issues

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Hypothermia

- **New "standard" tool in treatment**
 - Post resuscitation
 - High ICP
- **Induction**
 - Soon / quick
 - No "overshoot"
 - Hard work for nurse & physician



Implementation induced hypothermia

- ICU director to his team:
 - Read this & implement NOW!



Intensive Care Med (2004) 30:556–575
DOI 10.1007/s00134-003-2152-x

REVIEW

Kees H. Polderman

**Application of therapeutic hypothermia
in the ICU: opportunities and pitfalls
of a promising treatment modality.
Part 1: Indications and evidence**

**Application of therapeutic hypothermia
in the intensive care unit**

**Opportunities and pitfalls of a promising
treatment modality—Part 2: Practical aspects
and side effects**



GIRBES



Do I make myself clear ?!

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Implementation induced hypothermia

- Will this policy work??
 - Cf. "love me or I'll shoot"



Implementation induced hypothermia

- **Introduction of new treatment / new indications**
 - general rules
 - needs plan
 - education
 - motivation
 - support
 - *ownership*



Implementation induced hypothermia

Critical look

- at doctors / scientists / heads of department
- Doctors are good at:
 - rational reasoning
- Doctors are not good at:
 - change (their own) old behaviour
 - value non-rational factors (of e.g. nurses)
 - having patience



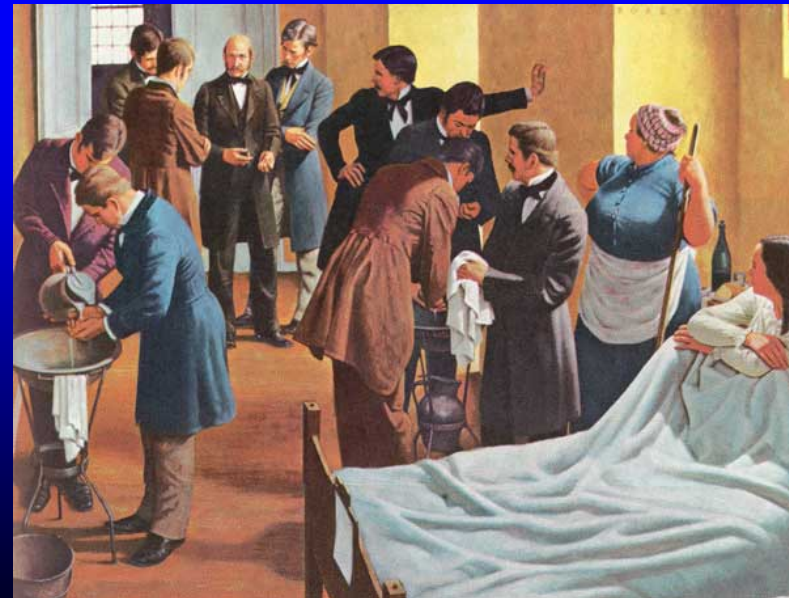
Implementation induced hypothermia

- **Alter well established patterns**
 - environment not conducive to change
 - difficult
 - even if evidence is strong



Implementation induced hypothermia

- **The example of handwashing**
 - Hospital acquired infections
 - in 9% of patients with 13% mortality
 - increased LOS by factor 2.5
 - handwashing
 - poor compliance
 - especially doctors!



Difficulties following guidelines

| Change at level of | Focus of factors | Difficulties, obstacles to change | Number (%) of people seeing this obstacle as a problem |
|---------------------------|---------------------------------|--------------------------------------|--------------------------------------------------------|
| Individual professional | Cognitions | I seldom see any complications | 73 (61%) |
| | | Lack of hard evidence | 52 (43%) |
| | Attitudes and motivation | Gives irritation of hands | 97 (81%) |
| | | Costs too much time | 60 (50%) |
| | Routines | I forget it during rush hours | 78 (65%) |
| Team or unit | Social influence and leadership | I fall back in old routines | 59 (49%) |
| | | Nobody controls | 60 (50%) |
| | | Management is not interested | 54 (45%) |
| Hospital or health centre | Organisational | It is not feasible in normal work | 73 (61%) |
| | | No guidelines in hospital on hygiene | 59 (49%) |
| | Resources | Absence of facilities | 50 (42%) |

Lancet 2003; 362: 1225-30



Barriers to Implementation

General

Example of barriers to implementation of evidence

Practice environment (organisational context)

- Financial disincentives—eg, lack of reimbursement
- Organisational constraints—eg, lack of time
- Perception of liability—eg, risk of formal complaint
- Patient's expectations—eg, expressed wishes related to prescription

Prevailing opinion (social context)

- Standards of practice—eg, usual routines
- Opinion leaders—eg, key persons not agreeing with evidence
- Medical training—eg, obsolete knowledge
- Advocacy—eg, by pharmaceutical companies

Knowledge and attitudes (professional context)

- Clinical uncertainty—eg, unnecessary test for vague symptoms
- Sense of competence—eg, self confidence in skills
- Compulsion to act—eg, need to do something
- Information overload—eg, inability to appraise evidence



Implementation induced hypothermia

- Strategies for implementation
 - Educational materials
 - Conferences
 - Interactive small group meetings
 - Educational outreach visits
 - Use of opinion leaders
 - **Feedback on performance**
 - **Reminders**
 - **Computerised decision support (e.g. PDMS in ICU)**
 - Substitution of tasks
 - **Mass media campaigns**
 - **Financial interventions**
 - **Combined interventions**



Implementation induced hypothermia

- **Missing in medical literature**
 - Use of "Ownership"



Implementation induced hypothermia

- **Creating ownership**
 - involve others / nurses in "project hypothermia"
 - involve "key-persons" in "project hypothermia"
 - give them / the leaders the ownership
 - give clear responsibilities
 - positive feedback from leadership
 - look for support from the team
 - let others discover "the truth"
 - let the others have the honour

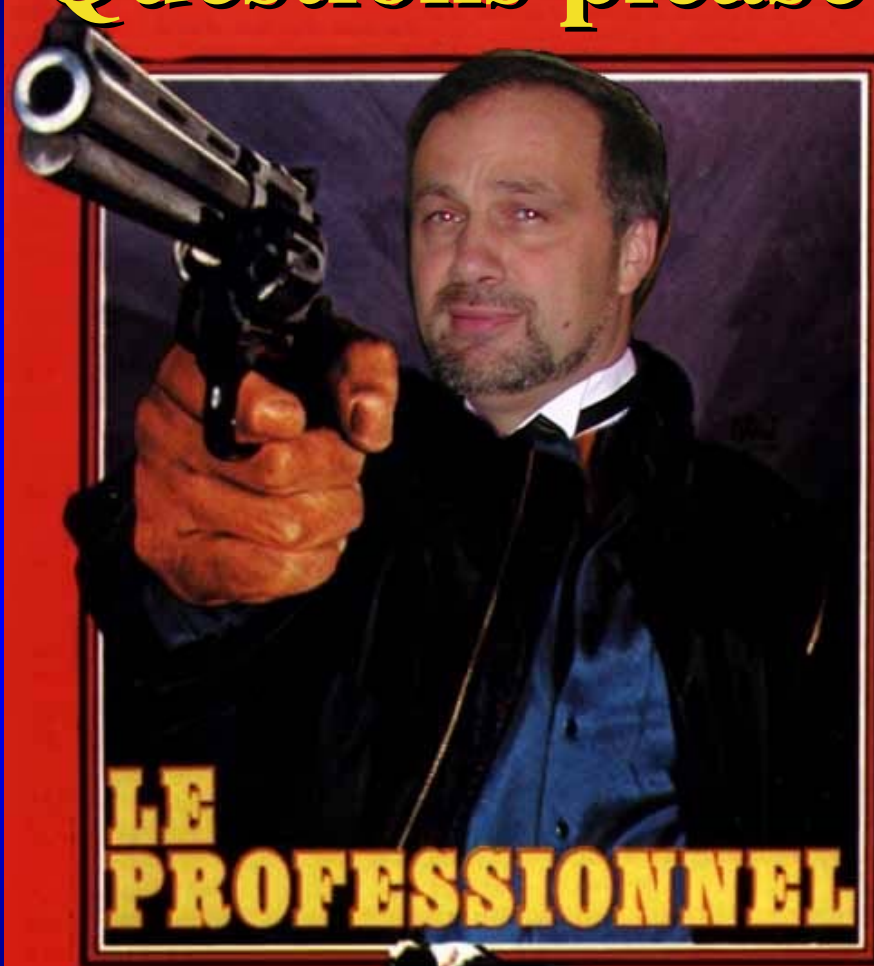


Implementation induced hypothermia

- **Conclusions**
 - implementation is more than explaining & supplying evidence
 - use different strategies for introduction
 - create ownership in team of ICU



Questions please!



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