

Appendix

Appendix A: SQUIRE Guidelines

Title and Abstract	
Title	Clinician's perspective on the implementation of a personalized end of life project in a community hospital intensive care unit: a mixed-method study
Abstract	<ul style="list-style-type: none"> Mixed-method study to examine the implementation of the 3WP in a community ICU from a clinicians point of view
Introduction	
	Why did you start?
Problem Description	<ul style="list-style-type: none"> ICU setting can obscure humanity in dying process for patients and impact the mental health of bereaved family members Clinicians also experience disengagement and moral distress during EOL care
Available Knowledge	<ul style="list-style-type: none"> The 3WP is a novel project that was created to personalize the EOL experience for patients, family members and clinicians Current evidence demonstrates positive outcomes from the project when implemented in academic ICUs
Rationale	<ul style="list-style-type: none"> The 3WP elicits and implements wishes made by patients, family members and/or clinicians to strengthen relationships crucial for empathic care
Specific Aims	<ul style="list-style-type: none"> To describe the clinician perspective of the implementation of the 3WP in a community ICU
Methods	
	What did you do?
Context	<ul style="list-style-type: none"> Implemented in a 20-bed ICU at a community teaching hospital of 509 beds in Southern Ontario Mortality rate of ICU unit is 14.5% 8 physicians rotated on 5 day, 2 night rotation 100 nurses rostered among nine lines
Intervention	<ul style="list-style-type: none"> 3 pronged strategy for implementation including communication and education, collection of wish resources and inter-disciplinary collaboration
Study of the Intervention(s)	<ul style="list-style-type: none"> Mixed-method approach Quantitative data extracted from patient records Qualitative description approach conducted for synthesis of qualitative data
Measures	<ul style="list-style-type: none"> Baseline patient data and wish characteristics Semi-structured interviews of clinicians involved in project implementation
Analysis	<ul style="list-style-type: none"> Quantitative data analyzed using descriptive statistics Qualitative data analyzed in duplicate using qualitative content analysis
Ethical Considerations	<ul style="list-style-type: none"> Study approved by HiREB [HiREB Project #4736]
Results	What did you find?
Results	<ul style="list-style-type: none"> Clinicians reported that the 3WP personalized patient and family experience at EOL Fostered collaboration and increased job satisfaction for clinicians Initial communication strategies generated immediate momentum but was insufficient for project growth Clinicians recommended strategies to improve communication within the unit Physical resources were in abundance but there was a shortage of human resources
Discussion	What does it mean?
Summary	<ul style="list-style-type: none"> Project spread was variable and human resources were strained resulting in a focus on wishes that relied on physical resources Strength includes exploration of project implementation in community ICU where research activity is lacking and collected results from the clinicians' perspective
Interpretation	<ul style="list-style-type: none"> Confirms the findings of past publications of the advantages of the 3WP for patients, families and clinicians Complex nature of the 3WP limited spread and thus requires multi-modal communication methods that take into account learning preferences of clinicians Contextual adaptation is important for spread which includes focusing on what is available in the community ICU setting
Limitations	<ul style="list-style-type: none"> Only view of clinicians were assessed, patient and family perspective not included

	<ul style="list-style-type: none"> • Only summative description of implementation process, run chart describing implementation outcomes overtime not included
Conclusions	<ul style="list-style-type: none"> • 3WP is a valuable EOL intervention in community ICUs and implementation requires careful consideration of the nature of the project and the contextual environment
Funding	<ul style="list-style-type: none"> • Funding received from PSI Foundation

Appendix B: Interview Guide

Thank you for coming in to talk with us today. We are interested in exploring end of life practice here at the SCS ICU. The purpose of this interview is to understand your experiences during the implementation of 3 Wishes. This interview will be recorded and then de-identified for analysis. Our conversation today should take approximately 30 minutes. This interview is voluntary – if there are any questions that you don't want to answer please let me know and we can skip over them. Do you have any questions? Do you consent to the interview? *Sign consent form*

1. How have you been involved in 3 Wishes?
2. What influenced you to be involved in the program?
 - a) Domains to consider: Characteristics of 3 Wishes, ICU practice/culture/climate/policies, previous experiences, other individuals /groups, patient needs, personal needs, implementation process (planning, engaging, execution, evaluation)
 - b) Probe: Motivators (consider intrinsic and extrinsic factors) for involvement
 - c) Probe: Different types of barriers. If they were addressed? And if so how?
3. What was your experience starting the program at St. Catharines?
 - a) Probe: What did you value in the experience?
 - b) Probe: Was there anything that could have made it better?
4. How do you see yourself being involved in the program moving forward?
 - a) Domains to consider: Personal vision for involvement with program, self-identified, personality traits, skills and interest that align with 3 Wishes, implementation and development, ideas for the program, priorities for you while, involved
 - b) Probe: How can you be supported to reach your goals?
5. Do you have any other comments/thoughts to share?

Appendix C

Wish Category	Wish Example
(1) Facilitating connections with family/ friends/ pets	<ul style="list-style-type: none"> • Spend time with family • Family to visit before withdrawal of life sustaining therapy • To have home caretaker bring in cellphone so patient can make calls
(2) Celebrations involving food/ beverages	<ul style="list-style-type: none"> • Toast • Beer • Tim Hortons
(3) Humanizing the ICU room	<ul style="list-style-type: none"> • Candles • Blanket • To have doors closed for privacy • Pictures of artwork
(4) Humanizing the patient	<ul style="list-style-type: none"> • For staff to recognize patient as person
(5) Music	<ul style="list-style-type: none"> • Country music
(6) Family Care	<ul style="list-style-type: none"> • Grief counsellor for son • For wife to share pain she felt over last several months with staff • Coffee for family • To have patient's course in hospital explained in detail • A room to spend the night for family • For more comfortable chairs for family
(7) Religious rituals & spiritual ceremonies	<ul style="list-style-type: none"> • To have spiritual care come and visit • Final blessing from priest • For patient to be baptized • Last rites • Sacrament of the sick
(8) Preparations and final arrangements	<ul style="list-style-type: none"> • Information about transportation of body back to Philippines • For mother not to have to make decision about withdrawal • For doctor to write withdrawal of life-sustaining therapy orders • For patient to pass as quickly as possible • For medical team to try invasive life support prior to EOL • To have patient die on ventilator • To make arrangements to transport body back to Italy • To keep patient in PCU • To pass away at home
(9) Keepsakes and post-mortem tributes	<ul style="list-style-type: none"> • Thumb print picture frame • Locks of hair • Mother to place seashell on memory tree • EKG vial • To thank nurse for compassionate care • To have videotape of how patient fell • Support from Italian government via Vice Counsellor and Embassy
(10) Organ & Tissue Donation	<ul style="list-style-type: none"> • Consider for organ and tissue donation