ICU Liberation Implementation Framework
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Implementing ICU Liberation: A General Framework
Objective

• Provide an overview of how to implement ICU Liberation in your critical care unit

Why?

• ICU Liberation is a complex intervention that depends on multiple steps, interprofessional collaboration, and team communication.
• Creating a culture of ICU Liberation requires the buy-in of multiple stakeholders, including administrators, clinicians, patients, and caregivers.

How?

• Start with an implementation framework.
  • Numerous implementation frameworks have been successfully applied in the ICU setting.
  • Tailor your selection to your individual setting.
What Is ICU Liberation?

ICU Liberation is a bundle of evidence-based practices that aims to liberate patients from the harmful effects of pain, agitation/sedation, delirium, immobility, and sleep disruption (PADIS) in critically ill patients.

Key bundle elements in the ICU Liberation Bundle are:

- **A**: Assessment, prevention, and management of pain
- **B**: Both spontaneous awakening trials and spontaneous breathing trials
- **C**: Choice of sedation and analgesia
- **D**: Delirium assessment, prevention, and management
- **E**: Early mobility and exercise
- **F**: Family engagement and empowerment
The ICU Liberation Bundle is applicable not only to adults, but also to the pediatric population.

- Fear of adverse events and risk of harm are often elevated for the following patients, but these are the patients for whom the bundle may be the most beneficial:
  - Vulnerable patients who are severely ill
  - Neurologically or cognitively impaired patients
  - Infants and children
  - Patients who require mechanical ventilation
  - Patients who are obese
  - Patients who have open abdomens
  - Patients who are experiencing severe pain, anxiety, or fear

- A robust body of literature has demonstrated the safety of the ICU Liberation Bundle in thousands of patients.
- Providing education, sharing success stories, and gaining hands-on experience by starting interventions with the more stable patients can help to overcome the challenge of perceived harm.
1. Apply a Framework

Apply an Implementation Framework Applicable to Your Setting

- Example: John P. Kotter's 8 Stage Process for Change:

1. Create Urgency
2. Create Guiding Coalition
3. Develop Vision and Strategy
4. Communicate the Vision
5. Empower Action
6. Generate Short-Term Wins
7. Build on the Change
8. Incorporate Changes Into Culture

3. Understand Your Setting and Resources

- **Build the Case**
  - Figure out what goals and objectives matter, and for whom you are building the case.
  - Align with other stakeholders and leverage existing resources in your proposal.
  - Remember: "Perfection is the enemy of good" as even partial compliance can improve outcomes.

- **Identify Challenges**
  - Identify challenges with your team.
  - Assess impact on current workforce: intensivists, nursing, pharmacy, respiratory therapy, physical/occupational therapy.
  - Evaluate current unit practice, perceptions, unit-specific barriers, and educational needs.

- **Synchronize Workflow**
  - Unify definitions of daily care plans and information flow.
  - Determine how ICU Liberation can be incorporated into routine daily care of every patient.
  - Determine current documentation standards and mechanisms for required documentation.
  - Test the process with your team.