

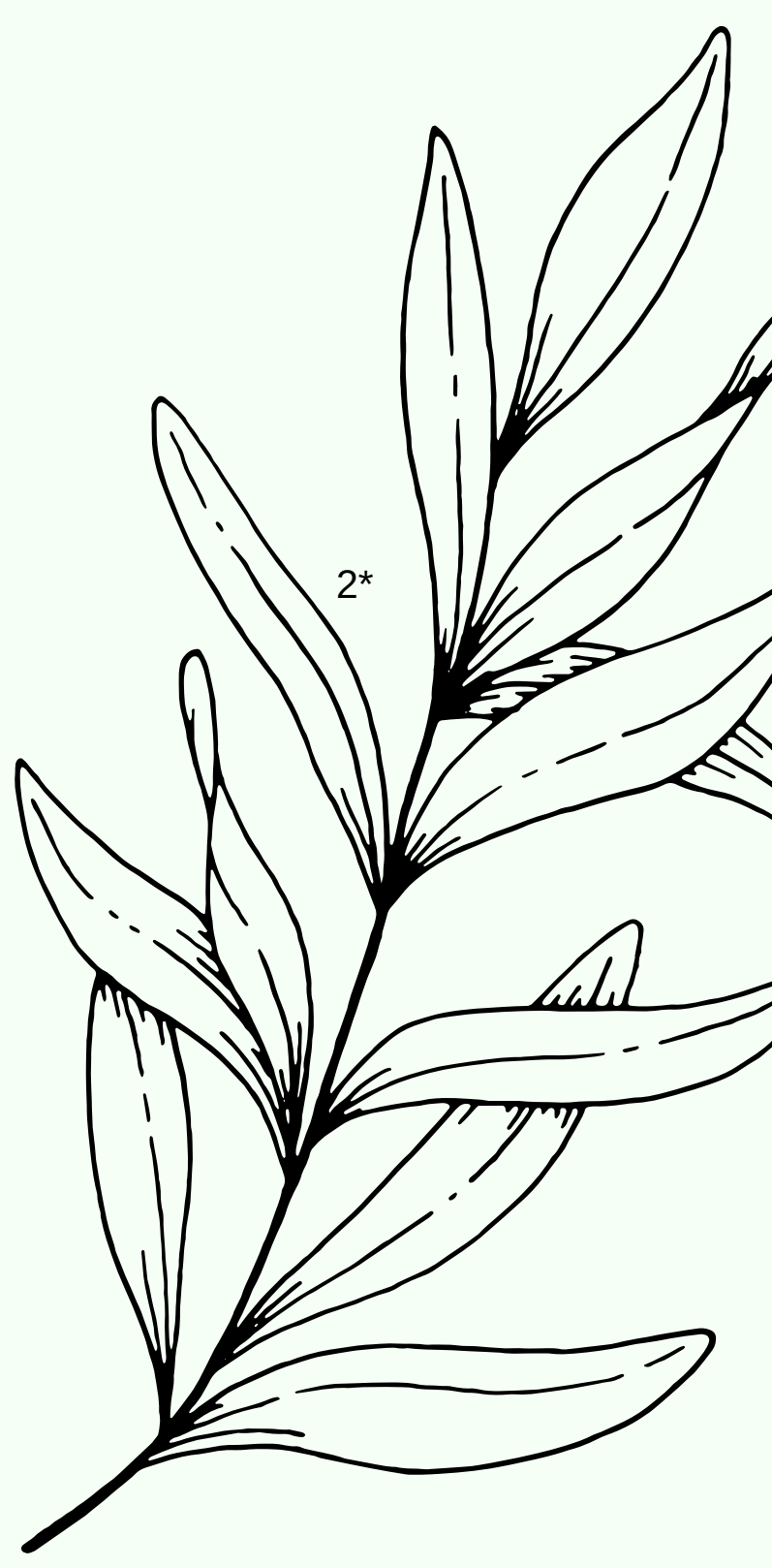
Feasibility of AMBER Care Bundle in Identifying Palliative Care Needs in ICU Patients: A preliminary study

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Poster Number: 360



Background and objective

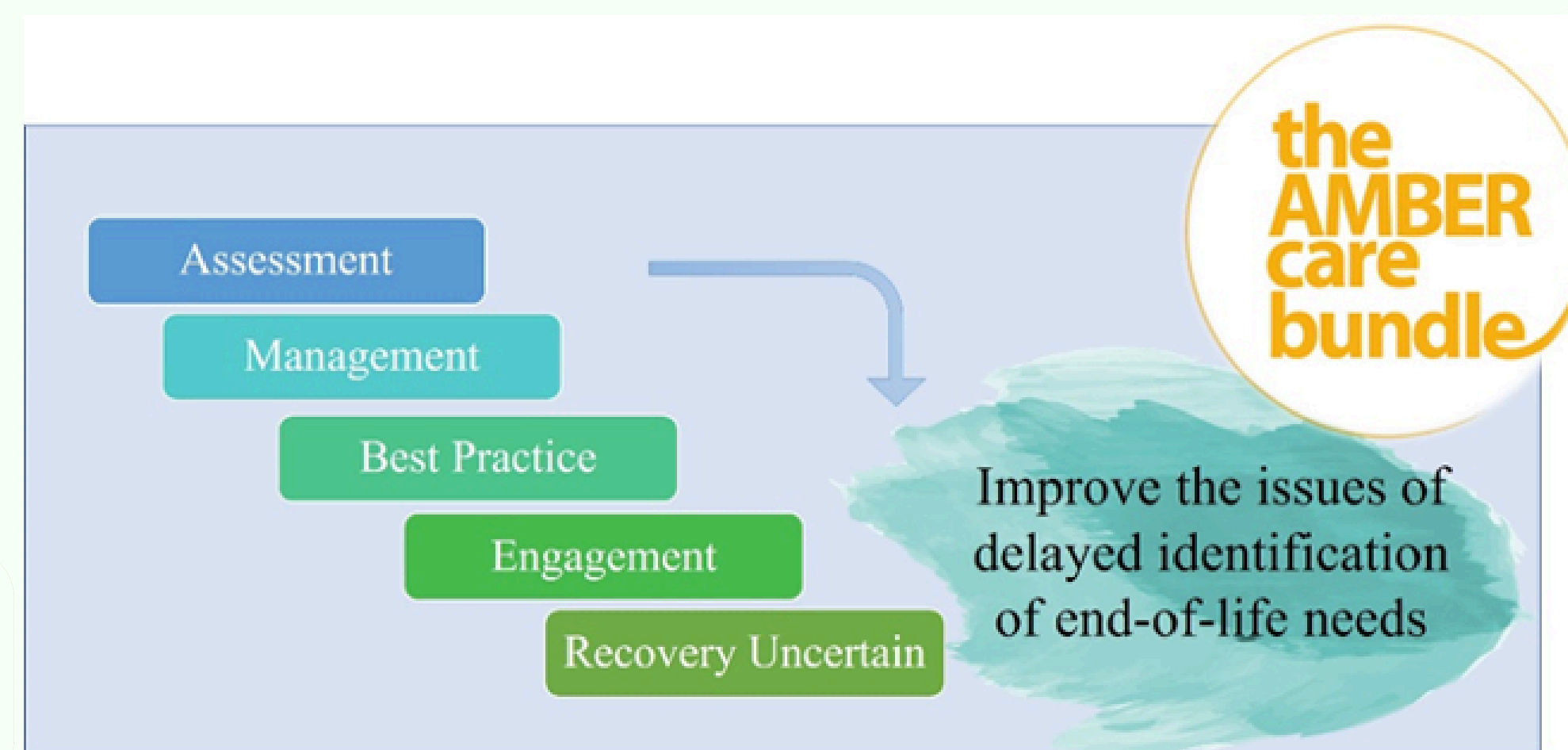
The AMBER care bundle (Assessment, Management, Best Practice, Engagement, Recovery Uncertain) offers a systematic approach to addressing complex needs and uncertain recovery. This study evaluates the feasibility of using the AMBER care bundle to identify palliative care needs among ICU patients with uncertain recovery.

Conclusion / lessons learned

The AMBER care bundle positively impacts care quality and symptom management in uncertain illness situations, emphasizing the need for continued utilization.



Methods / Intervention



A mixed-methods feasibility trial was conducted in two ICUs. One ICU implemented the AMBER care bundle based on systematic review, while the other served as a control. Data included recruitment, patient characteristics, and outcomes measured by Australia-modified Karnofsky Performance Status (AKPS), howRwe questionnaire, and Symptom Assessment Scale (SAS). Qualitative feedback was collected and analyzed using content analysis. Descriptive statistics, independent, and paired t-tests were employed to analyze group differences in outcomes.

Relevance to HPH

Enhances end-of-life care and patient experience, aligning with HPH goals.

Relation to conference main theme

Highlights the significance of implementing systematic approaches to enhance patient care.

Relation to HPH Task Forces

Relevant to Task Force on Palliative Care, emphasizing the need for early identification and management of palliative care needs.

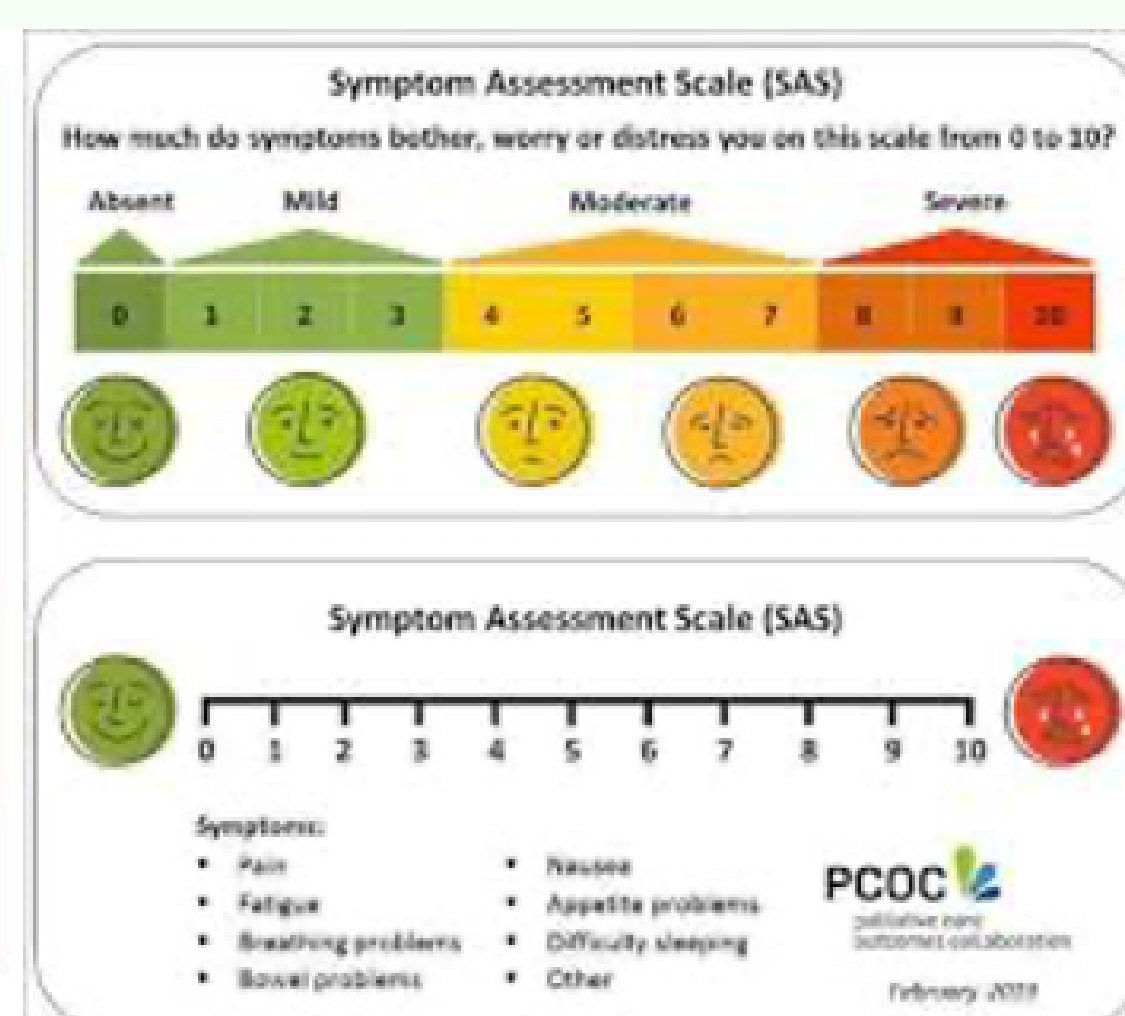
Relevance to HPH

AMBER care bundle; palliative care; clinical uncertainty; Intensive Care Unit (ICU); feasibility study

How are we doing?	excellent	good	fair	poor
See you promptly				
Listen and explain				
Care and respect				
Meet expectations				

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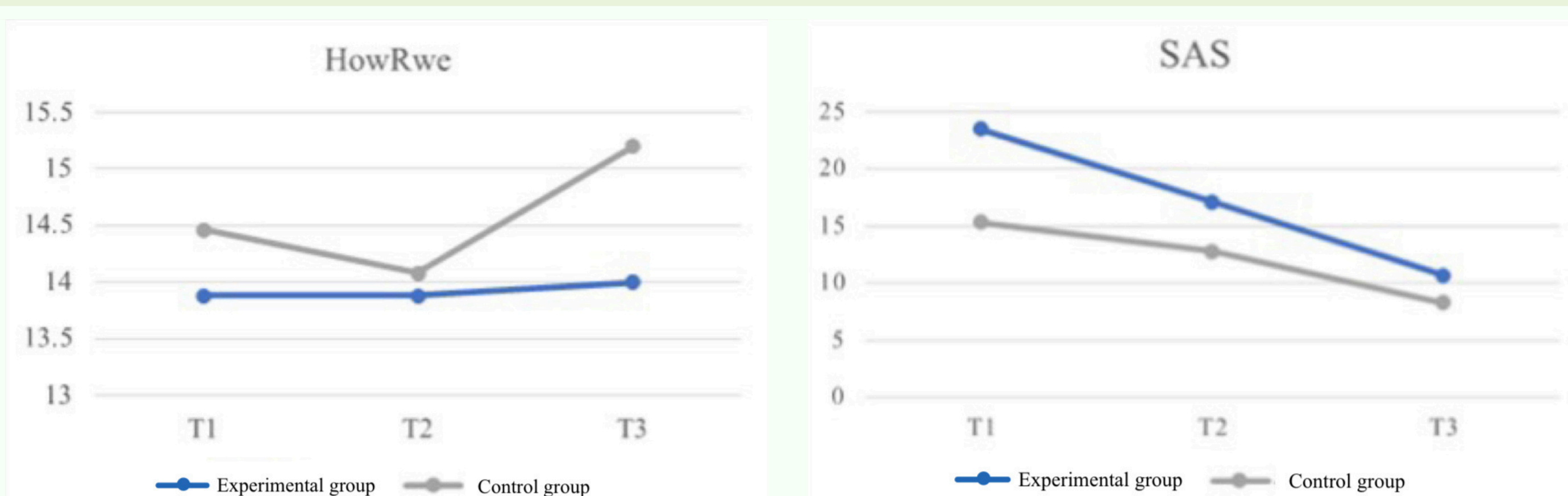
HowRwe Questionnaire



Symptom Assessment Scale

Result

A total of 39 participants (26 in the experimental arm and 13 in the control arm) were recruited, with an attrition rate of 17.95%. Despite the homogeneity of patient demographics, the experimental arm exhibited improvement in symptom control, though not statistically significant. Palliative care rates were higher in the experimental arm. Focus groups emphasized the importance of assessment consistency and staff education.



Trend Chart of the Effectiveness Indicators

Table 1: Follow-up of Participants' Subsequent Medical Care

	Experimental Group		Control Group	
	N	%	N	%
After Patient Transfer from ICU				
Transferred to General Ward	19	73.08%	10	76.92%
Transferred to Hospice Care	1	3.84%	1	7.69%
Death	5	19.23%	1	7.69%
Others	1	3.84%	1	7.69%
Palliative Care Consultation	4	15.38%	1	7.69%
Family Meeting	2	7.69%	1	7.69%
30-day Post-discharge Survival Rate	13	65.00%	10	83.33%
30-day Post-discharge Readmission Rate	2	15.38%	2	20.00%
30-day Post-discharge ICU Readmission Rate	0	0.00%	0	0.00%

