

Implantable Cardioverting Defibrillator (ICD) De-activation at End of Life Policy

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Replacing/Superseded policy or documents	New Policy
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Target audience/applicable to	Staff caring for patients at end of life
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Acknowledgements	
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Expiry date	31 January 2013
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1.0 EXECUTIVE SUMMARY

- 1.1 In order to ensure a peaceful death for a patient with an Implantable Cardioverting Defibrillator (ICD) who is reaching the end of their natural life the health professionals caring for the patient should consider de-activating the ICD. Where the patient has capacity, de-activation should only be done after discussion and with the patient's agreement.
- 1.2 De-activation of the defibrillator mode of an ICD does not de-activate the pacing mode and in itself does not end a patient's life but will allow for a natural death without the risk of defibrillation.
- 1.3 **Scope and purpose of Policy**
- 1.3.1 This policy describes best practice for considering ICD de-activation in a timely manner to ensure that patients and their carers can make informed choices regarding end of life care.
- 1.3.2 A patient requesting de-activation of their ICD will have this undertaken at the earliest opportunity in the most appropriate place and with the support of health professionals.
- 1.3.3 This policy aims to reduce the number of urgent requests to de-activate ICDs in the community and ensure patients do not receive defibrillation within the last hours of life.
- 1.4 Risks addressed:
- safe de-activation of ICD;
 - comfortable, appropriate care at end of life pathway.

1.5 Governance Arrangements

Directorate or Function Governance Group responsible for developing document	Adult Nursing Governance Group
Circulation group	Policy leads, intranet
Authorised/Ratified by Governance or Function Group	Adult Nursing Governance Group
Authorised/Ratified On	23 February 2010
Review Date	31 August 2012
Review criteria	This document will be reviewed prior to review date if a legislative change or other event dictates.

1.6 Key References

ICD Consent at Fitting and De-activation at the End of Life	Kent Cardiac Network March 2008
Implantable Cardioverting Defibrillators for Arrhythmias Technology appraisal 95 (NICE January 2005)	

1.7 Related Policies/Procedures

Consent to examination and treatment	CQS001
Reporting of incidents policy	CQS016
Mental capacity act policy and Clinical Protocols	2010
Do Not Attempt Resuscitation Policy	ANG001
Privacy and Dignity Policy	CQS015
Last Offices Clinical Protocol	ANG-CP010P

1.8 Document Tracking Sheet

Policy & Procedure Drafting and Consultation Arrangements				
Version	Status	Date	Issued to/approved by	Comments / summary of changes
0.1	Draft	13 Nov 09	Cardiac team	1 st draft for comments
0.2	Draft	9 Nov 09	Cardiac team	2 nd draft following comments
0.3	Draft	9 Feb 10	ANGG	Draft for Approval
1.0	Approved	13 may 2010	Published	Version control following approval at ANGG on 23 Feb 2010

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2.0 INTRODUCTION

- 2.1 The Department of Health continues to expand the group of patients who meet the eligibility criteria for the fitting of an Implantable Cardioverting Defibrillator (ICD).
- 2.2 Although originally fitted to prevent sudden cardiac death, the presence of an ICD at the time of natural death can present problems with patients receiving defibrillation within the last minutes of life (Goldstein et al 2004).
- 2.3 Discussion regarding de-activation is difficult at the time of implantation when it is seen as 'out of context' to both clinicians and patients. However de-activation needs to be discussed with patients before de-activation becomes a necessary consideration.
- 2.4 Patients identified as receiving or requiring palliative care and who have an active ICD must receive information regarding options for the de-activation of the device.
- 2.5 **Ethnicity and Diversity**
- 2.5.1 Communication and the provision of information are essential tools of good quality care. All patients, carers and staff should be given full assistance to ensure understanding. This assistance will take many forms and media.
- 2.5.2 NHS Eastern and Coastal Kent Community Services is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use children under the age of 16 to interpret for family members who do not speak English. There is an interpreter service available and staff must be aware of how to access this service.
- 2.5.3 The privacy and dignity rights of patients must be observed whilst enforcing any care standards (Refer to Privacy and Dignity Policy).
- 2.5.4 All forms of communication (sign language, visual aids, Braille or other means) which ensures the patient understands should be considered. Different languages or format regarding publications can be produced through the Communications Engagement Team.
- 2.5.5 Religious beliefs and specifics in regards to end of life care can be found in the Last Offices Protocol.

3.0 ROLES AND RESPONSIBILITIES

- 3.1 **Management Board / Heads of Service** – The Management Board shall ensure that:
- a. the informal agreement with East Kent University Hospital Foundation Trust (EKHUFT) for 72 hour response to de-activation requests made by Community Cardiac Service, remains supported and monitored in a timely manner until a formal agreement has been reached;
 - b. patients in Swale area can access de-activation at Medway Maritime Hospital but there is no Community de-activation option available at present.
- 3.2 **Staff and Managers**
- 3.2.1 Staff caring for patients with an ICD fitted and on the end of life pathway must:
- a. be aware of the psychological problems associated with ICD use and be able to provide support and have enough knowledge to identify when more specialist input is required;
 - b. take opportunities to ascertain the patient's understanding of the device and whether they have considered end of life issues;
 - c. document discussions or patient requests, ensuring all staff involved in the patients care are aware;
 - d. discuss de-activation with all patients on the palliative care register who have an active ICD before end of life becomes a significant possibility;
 - e. ascertain from the hospital cardiologist (if they are under their care) or the GP where the device checks are undertaken as de-activation may be required. Staff can access specialist advice for individual patients with Community Cardiac Nurse Specialists. (Appendix 1);
 - f. ensure where possible that de-activation occurs in the hospital as a planned procedure. Transport can be made available if needed through local ambulance trust volunteers;
 - g. contact the Community Cardiac Service for advice and subsequent de-activation (Appendix 1);
 - h. the person undertaking deactivation must obtain consent and record the decision to withdraw Implantable Cardioverter Defibrillator (ICD) therapy within the patient notes (Appendix 2 Recording form).
- 3.2.2 If de-activation occurs in the community, the member of staff who is caring for the patient will be expected to collect the cardiac technician from the hospital, attend the de-activation and return the technician to the hospital.
- 3.2.3 Staff caring for patients with an ICD should be present when de-activation occurs in the patient's home or nursing home if under the care of NHS Eastern and Coastal Kent Community Services to ensure continuity of care and patient support.
- 3.3 **Committees and Committee Heads**
- 3.3.1 The Adult Nursing Governance Group will be responsible for:
- a. approving the policy and assisting with implementation;
 - b. reviewing the policy when clinical practice changes or at review date.
- 3.4 **Specialist Role (If any)**
Community Cardiac Nurse Specialists (CCNS) will:
- a. provide advice as required;
 - b. arrange with EKHUFT for de-activation to take place in the community if necessary;
 - c. supply and attach a magnet in an urgent situation where an EKHUFT technician is unavailable. This should not be considered a routine practice;
 - d. provide training and awareness on ICD devices for staff as required.

4.0 TRAINING

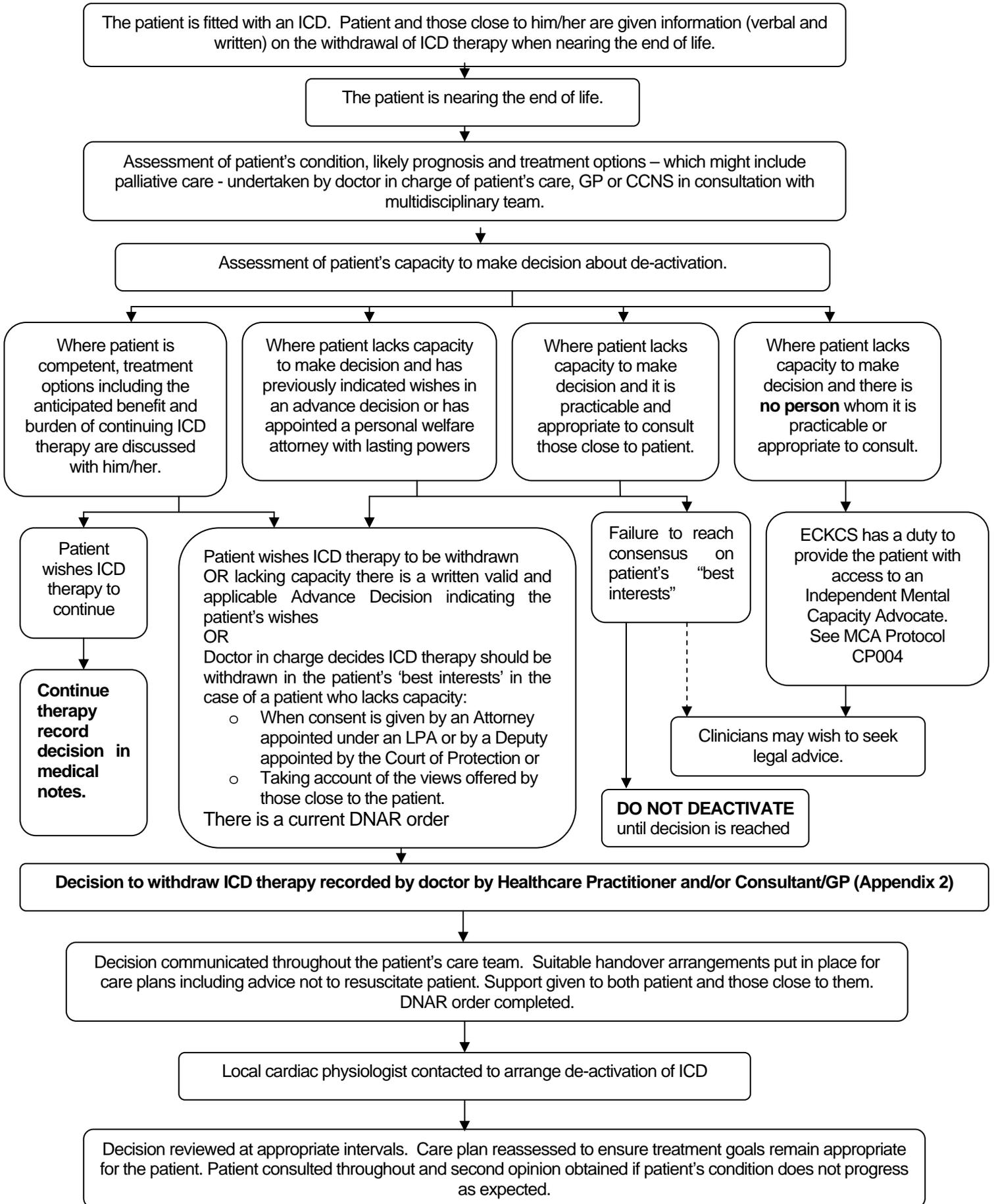
- 4.1 As a professional, nurses are personally accountable for actions and omissions in their practice and must always be able to justify their decisions. Staff must recognise and work within the limits of their competency (NMC 2008).
- 4.2 An advanced communication skill or similar course would be advantageous to improve the discussion with the patient at appropriate time.

5.0 CONSENT AND CAPACITY

- 5.1 Consent for de-activation should be obtained at a time when a patient has capacity and may make an informed decision.
- 5.2 Where a patient lacks capacity at time of decision but has previously indicated their wishes in an advance decision, these wishes should be repeated.
- 5.3 Where a patient lacks capacity, any decision to de-activate must be in agreement with ALL parties, and in the patients best interest. (Refer to Mental Capacity Act SOP). An Independent Mental Capacity Advocate may need to be appointed..
- 5.4 The clinician providing the treatment or investigation is responsible for ensuring that the patient has given valid consent before treatment begins.
- 5.5 The General Medical Council guidance states that the task of seeking consent may be delegated to another health professional, as long as that professional is suitably trained and qualified. In particular, they must have sufficient knowledge of the proposed investigation or treatment, and understand the risks involved, in order to be able to provide any information the patient may require. Inappropriate delegation (for example where the clinician seeking consent has inadequate knowledge of the procedure) may mean that the "consent" obtained is not valid. Clinicians are responsible for knowing the limits of their own competence and should seek the advice of appropriate colleagues when necessary (DoH 2009)
- 5.6 Refer to flow chart in section 6.0 for decision process in regards to the decision to withdraw ICD therapy in an adult on end of life pathway.

6.0 DECISION TO WITHDRAW

6.1 The Decision to Withdraw ICD Therapy in an Adult Patient at End of Life



- 6.2 Following a decision to de-activate the ICD, the flowchart (Appendix 1) must be followed.
- 6.3 The decision for those patients who are reviewed in the community and do not attend the hospital Cardiac Department must be made in discussion with a hospital consultant and/or GP.

7.0 MONITORING COMPLIANCE

- 7.1 Monitoring matrix:

<u>What will be monitored?</u>	<u>How will it be monitored?</u>	<u>Who will monitor?</u>	<u>Frequency</u>
Audit of impact and compliance	Kent Cardiovascular network number of de-activations across ECKCS	Kent Cardiac Network	After 6 months following introduction
Staff awareness of the documents and associated requirements	By a post-implementation audit of a policy to confirm that staff training/awareness has been implemented	Cardiac Team	Within six months of implementation

8.0 REPORTING ISSUES

- 8.1 De-activation should be planned and occur in adequate time prior to death to avoid patient discomfort. Where this has not been achieved it should be reported through ECKCS incident reporting policy.
- 8.2 Where issues arise with the informal agreement regarding ICD Management with EKHUFT and Medway, these should be highlighted in the first instance to the Community Cardiac Nursing Specialist. If contractual issues arise, advice should be sought from the Business Management Team.

9.0 EQUALITY IMPACT ASSESSMENT DEFINITION

- 9.1 ECKCS aims to ensure that its policies meet the needs of all staff and service users, and that they do not disadvantage any groups or individuals.
- 9.2 Equality Impact Assessments (EIA) provide a systematic way to ensure legal obligations are met and are a practical way of examining new and existing policies and practices to determine what effect they may have on equality for those affected by the outcomes.
- 9.3 The duty to undertake EIAs is a legal requirement of Race, Gender and Disability equality legislation. In order to ensure all groups receive equitable attention, EIAs should also be carried out in respect of Age, Sexual Orientation, Religion and Belief and Human Rights, cross-referenced to socio-economic and geographical (deprivation) factors.
- 9.4 The purpose of EIAs is to identify and address real or potential inequalities resulting from policy and practice development. Through this process an organisation gains a greater understanding of its functions and is more able to be an equitable employer and service provider. (Equality Impact Assessment appendix 3)

10.0 EXCEPTIONS

NONE

11.0 GLOSSARY AND ABBREVIATIONS

Abbreviation	Meaning
ICD	Implantable Cardioverting Defibrillator
CCNS	Community Cardiac Nurse Specialist
ECKCS	NHS Eastern and Coastal Kent Community Services

12.0 REFERENCES

Nursing and Midwifery Council (2008). The Code: Standards of Conduct, Performance and Ethics for nurses and midwives.

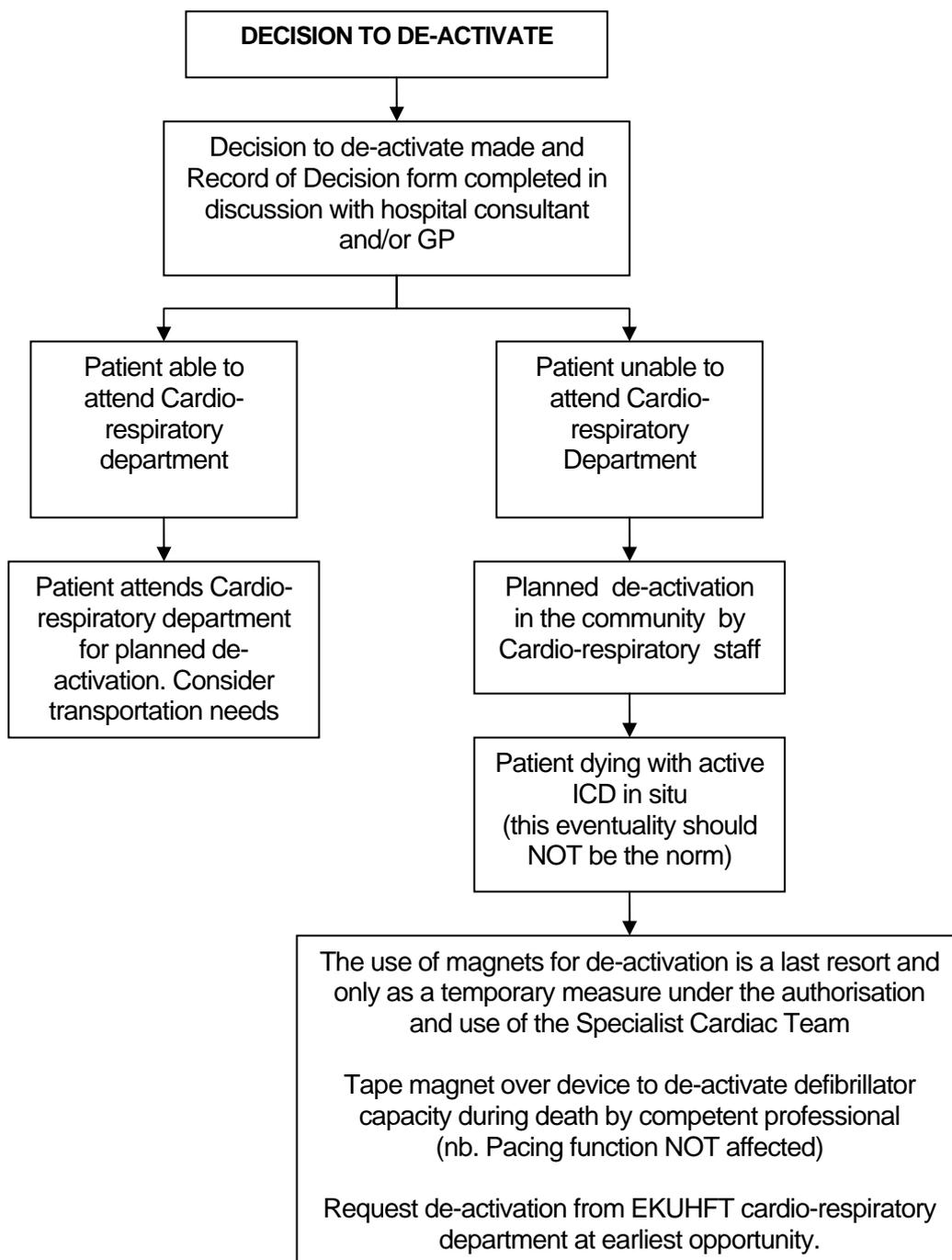
Reference Guide to Consent for Examination or Treatment (2009). Department of Health

13.0 APPENDICES

- Appendix 1 De-activation for patients in the community
- Appendix 2 Record of decision and consent
- Appendix 3 Equality Impact Assessment Summary

Appendix 1

De-activation for patients in the community



APPENDIX 3 EQUALITY IMPACT ASSESSMENT REPORT OUTLINE

Equality Impact Assessment Report Outline

NHS Eastern and Coastal Kent Community Services aims to ensure that its policies and practice development meet the needs of all staff and service users, and that they do not disadvantage any groups or individuals.

Equality Impact Assessments (EIA) provide a systematic way to ensure legal obligations are met and are a practical way of examining new and existing policies and practices to determine what effect they may have on equality for those affected by the outcomes.

The duty to undertake EIAs is a legal requirement of Race, Gender and Disability equality legislation. In order to ensure all groups receive equitable attention, the EIA also covers Age, Sexual Orientation, Religion and Belief and Human Rights, cross-referenced to socio-economic and geographical (deprivation) factors.

The purpose of the EIA is therefore used to identify and address real or potential inequalities resulting from policy and practice development. Through this process NHS Eastern and Coastal Kent Community Services gains a greater understanding of its functions and is more able to be an equitable employer and service provider.

1. Name of Policy or Service

Implantable Cardioverting Defibrillating (ICD) de-activation at end of life.

2. Responsible Manager

Jane Thackwray

3. Date EIA Completed

14 January 2010

4. Description and Aims of Policy/Service (including relevance to equalities)

Discussion regarding de-activation is difficult at the time of implantation when it is seen as 'out of context' to both clinicians and patients. However de-activation needs to be discussed with patients before de-activation becomes a necessary consideration.

Patients identified as receiving or requiring palliative care and who have an active ICD must receive information regarding options for the de-activation of the device.

5. Brief Summary of Research and Relevant Data

Nursing and Midwifery Council (2008). The Code: Standards of Conduct, Performance and Ethics for nurses and midwives.

Reference Guide to Consent for Examination or Treatment (2009). Department of Health
SLA Discussion with EKHUFT

6. References:

ICD Consent at Fitting and De-activation at the End of Life Kent Cardiac Network March 2008
Implantable Cardioverter Defibrillators for Arrhythmias Technology appraisal 95 (NICE January 2005)

7. Stakeholders and their involvement

Those involved in or affected by the EIA and what their areas of responsibility / involvement are e.g. healthcare professionals, HR, Communication & Engagement, patients etc.

Stakeholders	Involvement (tick as many as apply)				
	Drafting	Data Source	Review Draft	Full EIA	Other
Kent Cardiac Network			✓	X	X
EKHUFT Safeguarding Vulnerable Adults Team			✓	X	X
Cardiac Specialist Team	✓	✓	✓	X	X

8. Results of Initial Screening or Full Equality Impact Assessment:
(The full screening can be provided upon request)

Equality Group	Assessment of Impact
Gender	Positive
Race	Neutral
Disability	Neutral
Age	Neutral
Sexual Orientation	Positive
Religion or Belief	Positive
Socio-economic	Positive
Dignity and Human Rights	Positive
Carers	Positive

9. Decisions and/or Recommendations (including supporting rationale)

Outcome	Description	Outcome achieved
No major change required	EIA screening demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.	<input type="checkbox"/>
Policy adjusted	EIA screening identified potential problems or missed opportunities. The policy has been amended to remove barriers or better promote equality.	<input checked="" type="checkbox"/>
Continue the policy with negative impact components	EIA screening identifies the potential for adverse impact or missed opportunities to promote equality. Justification has been included in the EIA evidence. Full EIA impact assessment required and action plan to be developed	<input type="checkbox"/>
Stop and remove the policy	The policy shows actual or potential unlawful discrimination. The policy has been stopped and removed whilst further actions are taken to address issues identified. Full EIA impact assessment required and action plan to be developed	<input type="checkbox"/>

10. Equality Action Plan (if required)

Not required

EIA completed and Approved	
Signature (Relevant Director):	
Name (print):	Phil Edbrooke
Job Title:	Associate Director Quality, Performance and Corporate Development
Date:	23 February 2010

The full screening can be made available on request from the Communications and Engagement Team by email CS.CommsTeam@eastcoastkent.nhs.uk or phone 01233 667809