Improving staff confidence in providing palliative care in the ICU environment

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Introduction

It is widely understood that Intensive Care admission is associated with a high burden of morbidity and mortality. 15-20% of ICU patients will die during their hospital admission (1). One in five patients who survive their hospital admission will go on to die in the year following their ICU admission (1). Despite these facts hospital Specialist Palliative Care Teams (SPCT) have traditionally had limited involvement and integration in the ICU environment and ICU staff can lack confidence in providing holistic palliative care.

This project sought to identify the aspects of holistic palliative care in ICU that both critical care staff and SPCT staff found most challenging. A programme of education and joint working was implemented to address these challenging areas and improve the confidence of both ICU and SPCT in providing end of life care to ICU patients.
We aimed to improve staff confidence in providing holistic palliative care in ICU by identifying areas for development and instigating a programme of joint working, shadowing and formal teaching.

Methodology

A baseline evaluation of staff confidence was carried out by asking all ICU and SPCT staff to self-rate their confidence in providing palliative care across 30 domains of end of life care identified from national guidance (1). Staff were asked to rate their confidence from not at all confident to extremely confident.

Trends in particular areas staff felt less confident in were identified and the following interventions put in place:

-Team specific teaching: MDT teaching for SPCT regarding the elements of palliative care specific to ICU (e.g. organ support and it's withdrawal) and teaching for ICU junior medical staff regarding the management of end of life care in critical care.

-Shadowing: A program of shadowing for SPCT in ICU and ICU staff with SPCT was established. Staff from a medical and nursing background spent time shadowing their complementary team and understanding the similarities and differences between the two teams.

-Joint review: Where possible ICU patients referred to the SPCT seen with a palliative care CNS and ICM registrar with an interest in palliative medicine. This allowed reciprocal teaching and training as well as a holistic review of patients involved.

-Joint teaching: A joint teaching session between ICU and SPCT addressing withdrawal of life sustaining treatment (the most commonly identified challenging area) was carried out. This was video recorded and distributed to all ICU and SPCT staff to enable staff working shift patterns to attend virtually.

Following these interventions the baseline survey was repeated and their effect evaluated.

Pre-intervention percentage of staff rating extremely or very confident in SPCT and ICU staff (Figure 1)

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Results

The initial survey was responded to by 34 staff (22 ICU and 12 SPCT) and 13 staff (7 ICU and 6 SPCT) responded to the follow up survey. "Confidence" was defined as self rating as "very confident" or "extremely confident" in a particular area.

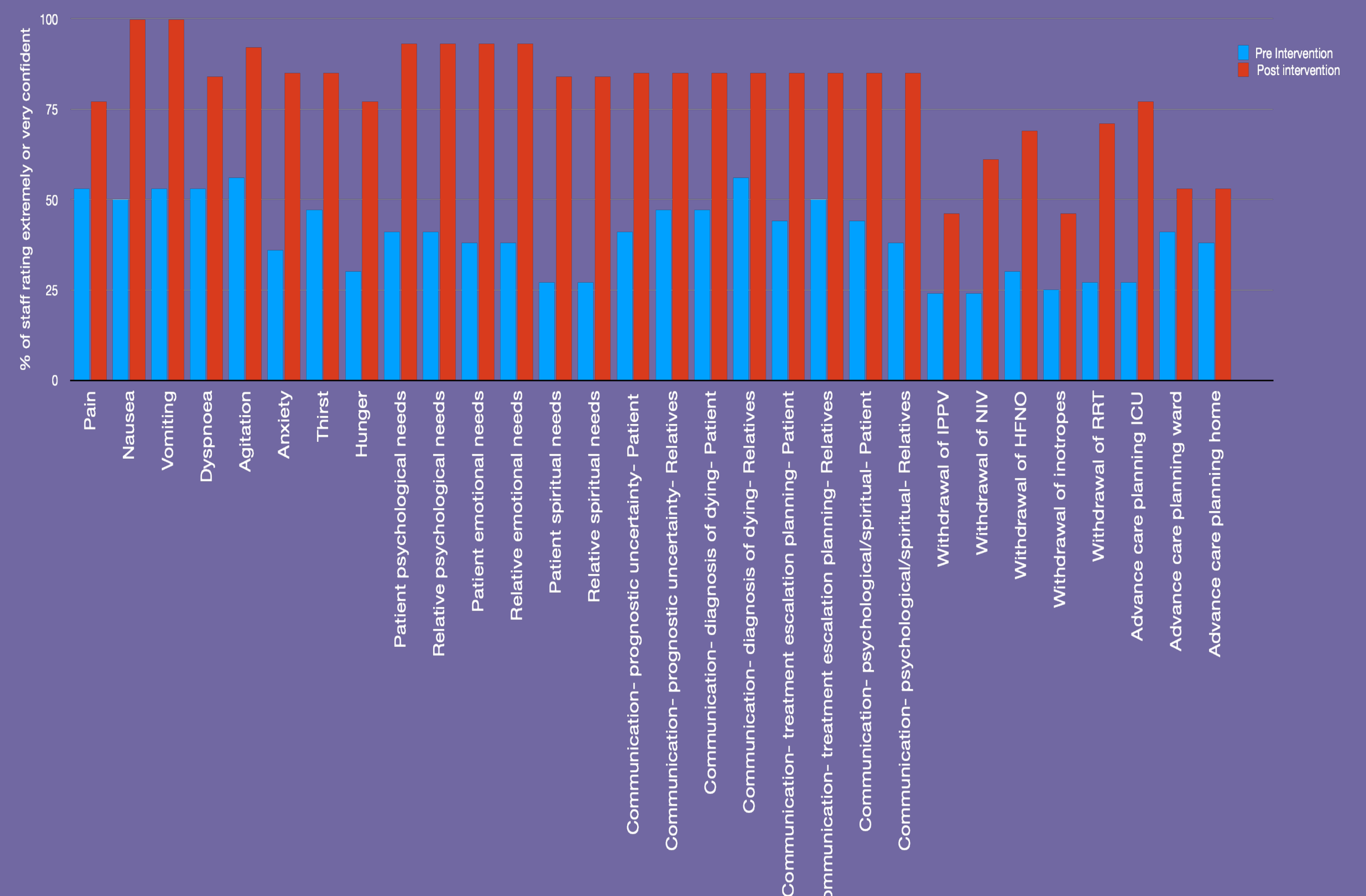
The initial survey revealed noticeable differences in confidence providing palliative care between SPCT staff and ICU staff. SPCT staff were more confident in addressing physical symptoms commonly encountered at the end of life with 83% confident in managing pain as opposed to 37% of ICU staff. This difference was even more pronounced in spiritual care with 75% of SPCT staff confident in providing spiritual care as opposed to 0% of ICU staff.

In contrast to this ICU staff were more comfortable in management of withdrawal of life sustaining treatments with 36% of staff being confident in withdrawal of invasive ventilation compared to 0% of SPCT staff.

Noticeable differences in confidence were seen between teams in every aspect of care surveyed (Figure 1)

Following the series of interventions described above improved overall confidence was seen in every aspect of palliative care surveyed (Figure 2). Marked improvements in confidence in providing aspects of holistic care was seen in ICU staff with 71% of ICU staff confident in managing spiritual care vs 0% pre-intervention. Improvements were also seen amongst SPCT staff in the management of withdrawal of life sustaining treatment however these were perhaps less marked.

Percentage of staff (both teams) rating confidence "extremely confident" or "very confident" pre and post intervention (Figure 2)



Discussion

Our initial survey demonstrated the differences in skill sets between ICU and palliative care staff. There were very clear differences in areas of confidence regarding providing palliative care in the ICU. It is important to note however that these differences complemented each other between the two teams. This clearly complementary skill set provides a good argument for integration of SPCT into the ICU environment. Good end of life care requires skills in a variety of disciplines and it is important to recognize that there are rich resources outside of the immediate ICU team that we can draw upon to provide palliative care to ICU patients.

Simple interventions noticeably improved the confidence of staff managing patients approaching the end of life in the ICU and fostered improved joint working.

ICU patients approaching the end of their life require intensive holistic assessment and care. Staff from both ICU and SPCT are integral in providing this care. We were able to demonstrate improved confidence in providing end of life care across both teams through a simple program of joint working, shadowing and teaching. Locally these techniques will need to be continued in order to encourage both teams to work collaboratively to provide excellent palliative care to ICU patients.
This QIP shows that hospital SPCTs have a vast array of skills and knowledge to bring to an ICU and as specialties we should seek to integrate our services and share each other's skills.

Acknowledgements

1. Faculty of Intensive Care Medicine. CARE AT THE END OF LIFE: A guide to best practice, discussion and decision-making in and around critical care; 2019 [cited 2021; Available from: https://www.ficm.ac.uk/sites/ficm/files/documents/2021-10/ficm-critical-condition_0.pdf.