

Improving Caregivers' Perceptions Regarding Patient Goals of Care/End of life Issues for the Multidisciplinary Critical Care Team

Take Away Points

- At the end of life (EOL), many patients need critical care expertise and assistance, but have a desire to avoid invasive procedures. In addition, many patients prefer to die at home but research documents that 2 out of 3 end up dying in a hospital or nursing home.
- Better education and training around EOL and goals of care (GOC) for a multidisciplinary critical care team (MD, nurse, social worker, pharmacist, dietician, respiratory therapist (RT), physical therapist) will unify the staff in their approach to patient treatment goals and improve the experience of patients and their families.
- The study team created a novel unit-based multidisciplinary program for improved EOL/GOC approaches in the critical care setting. A similarly formatted program could be adopted by other ICUs.

The Issue

Critical care medicine use and expenditures are rising as our population ages. Almost one-third of Medicare patients who die receive medical care in an intensive care setting during their last six months of life. Despite this, critical care providers do not receive enough training to adequately communicate with families about end-of-life (EOL) and goals of care (GOC) issues. In addition, prior studies show that EOL communication with families of ICU patients is inadequate due to poor provider interactions, misunderstanding of medical trajectory of the patient, and lack of comprehension of medical jargon. Moreover, prior research shows that while 80% of people want a conversation with their physician regarding EOL issues, only 7% actually have this type of conversation. Importantly, better communication improves care and is cost effective by reducing the frequency of terminal ICU hospitalizations which are 4 days longer and have \$16,000 greater cost than non-terminal.

Source

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Study Methods and Design

The study sought to test the hypothesis that a multidisciplinary ICU team intervention regarding GOC/EOL communication will enhance the clinical abilities of all critical care providers around GOC/EOL issues with patients and their families, increase ICU staff comfort level, and improve transitions to a comfort care approach.

The study was conducted over a 2 year period at an academic, tertiary, 24-bed surgical burn trauma intensive care unit (SICU) that was expanded to a 36-bed SICU (due to planned remodel) with an average of 15 deaths and 214 admissions per month. An ICU-based focus group identified communication issues within the care team and poorly coordinated approach to GOC/EOL care as recurring issues. A multidisciplinary group of RNs, Clinical Nurse Specialists, physicians, social worker, chaplain, RT,

dietician, and pharmacist was formed and further identified 3 areas of focus: 1) comfort care order set development and implementation, 2) patient and family needs during GOC transitions and EOL, and 3) multidisciplinary education of best practices during communication and provision of EOL care. A modified version of the *Nurses' Perception of End-of-Life Care* survey was administered via email to critical care staff at baseline and one year after the implementation of the interventions. Responses were deidentified, so pre- and post- surveys could not be linked. Interventions, which included the creation of a multidisciplinary GOC/EOL team, communication tool for providers, patient-family pamphlets, standardized GOC and comfort care order sets in the electronic medical record, and formalized didactic sessions for the healthcare team were all implemented over a 1 year period. Baseline data and post-intervention data were compared using five core domains: 1) knowledge and ability, 2) work environment, 3) support for staff, 4) support for patients and families, 5) work stress, and four individual items: 1) space, 2) ethics consultation, 3) information, and 4) family meetings. The individual items assessed were selected by the team based on anticipated changes from the educational intervention and the redesigned ICU space.

Key Findings and Limitations

- The pre-intervention survey was sent to 242 providers, with 122 respondents (50.4% response rate). The post-intervention survey was sent to 280 (overlapping) providers with 101 respondents (36.1% response rate).
- Overall, the analysis showed pre-post improvements in three domains: work stress, space allotment and EOL information. Specifically, improvements in staff work stress likely resulted from the multidisciplinary ICU team use of tools and strategies to approach GOC/EOL discussions (e.g., didactic sessions, mock discussion templates, role-playing, and directed feedback). Also the formalized EOL education pamphlet for patients/families proved to be a useful tool for nursing staff. Similarly, the ICU remodel allowed for additional areas in which staff could hold private EOL/GOC discussions with families, leading to pre-post improvements in the space allotment domain. Study findings suggest that future unit designs should take these considerations into account but underscore remodeling as an unrealistic goal for many ICUs.
- In analysis of subgroups, the support for patients/families domain, and the information domain for the resident/physicians significantly improved. Interestingly, while the support for staff domain in the nursing subgroup significantly improved, the knowledge and ability domain significantly worsened.
- This study is limited by its completion at a single center, and that “junior-level” trainees were not surveyed to assess impact of the interventions from their perspective.

“Feelings of guilt or responsibility may permeate the thoughts of the family members and bedside providers. End-of-life discussions have been shown to reduce both the incidence of aggressive intervention and the subsequent psychological stress among surviving family members.”

Final Thoughts

- To better address issues in GOC/EOL considerations in critical care patients, providers need access to more robust training in these areas. In addition, patient-centered materials, both written and visual, should be provided and reviewed with patients in support of conversations.
- Though this investigation did not explore the impact of improved GOC/EOL care in the ICU on the length of stay, future investigations should assess the potential to impact unnecessary healthcare spending for lengthy critical care stays.