

To Boldly Go: The Marriage Of Palliative Care And Critical Care



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End-of-Life Care: The Final Frontier

End-of-life care has received more emphasis in recent years throughout the healthcare system. Recognition of dying continues to be acknowledged as a challenge facing all healthcare professionals and it can be difficult to predict when death will occur ¹. The issue of dying is even more complex in critical care environments because patients’ physical, psychological and clinical signs of dying are suppressed by sedation, ventilation and other interventions. Many patients with advanced illnesses spend some time in the critical care unit (ICU) during their final hospital admission. Ayr hospital has approximately 1000 deaths per year, of which 8% occur in the ICU. The literature suggests that 70% - 95% of deaths occur in ICU after withdrawal of treatment ^{2,3}. Further deaths will occur after withholding futile treatment therefore these can be predicted ⁴. The literature also suggests that collaboration between palliative care and critical care can lead to the provision of optimal end-of-life care in the ICU ^{5,6}. This led to the adaptation of the Liverpool end-of-life care pathway (LCP) currently being used throughout the hospital to accommodate the needs of patients dying within the ICU.

The Liverpool End-of Life Care Pathway (LCP)

The LCP was first developed by the Royal Liverpool & Broadgreen University Hospitals NHS Trust hospital palliative care team and the Marie Curie Hospice in Liverpool to ensure that all dying patients and their relatives receive a high standard of care in the last hours and days of their life. It includes 3 sections:

- Initial assessment
- Ongoing assessment
- Care after death

It has been recognised nationally as a model of best practice in end-of-life care, most recently in the 2008 “Living and Dying Well” document⁷. While originally developed for the benefit of cancer patients in an acute hospital setting, the LCP has since been adapted for use in other locations and for those with non-malignant disease.

Palliative Care and Critical Care: but not as we know it!

It may at first appear that intensive care and palliative care have conflicting priorities and little to offer each other. However there is much common ground. Both specialities regularly care for the sickest patients in the healthcare system, are familiar with death and recognise the importance of quality of life ⁸.

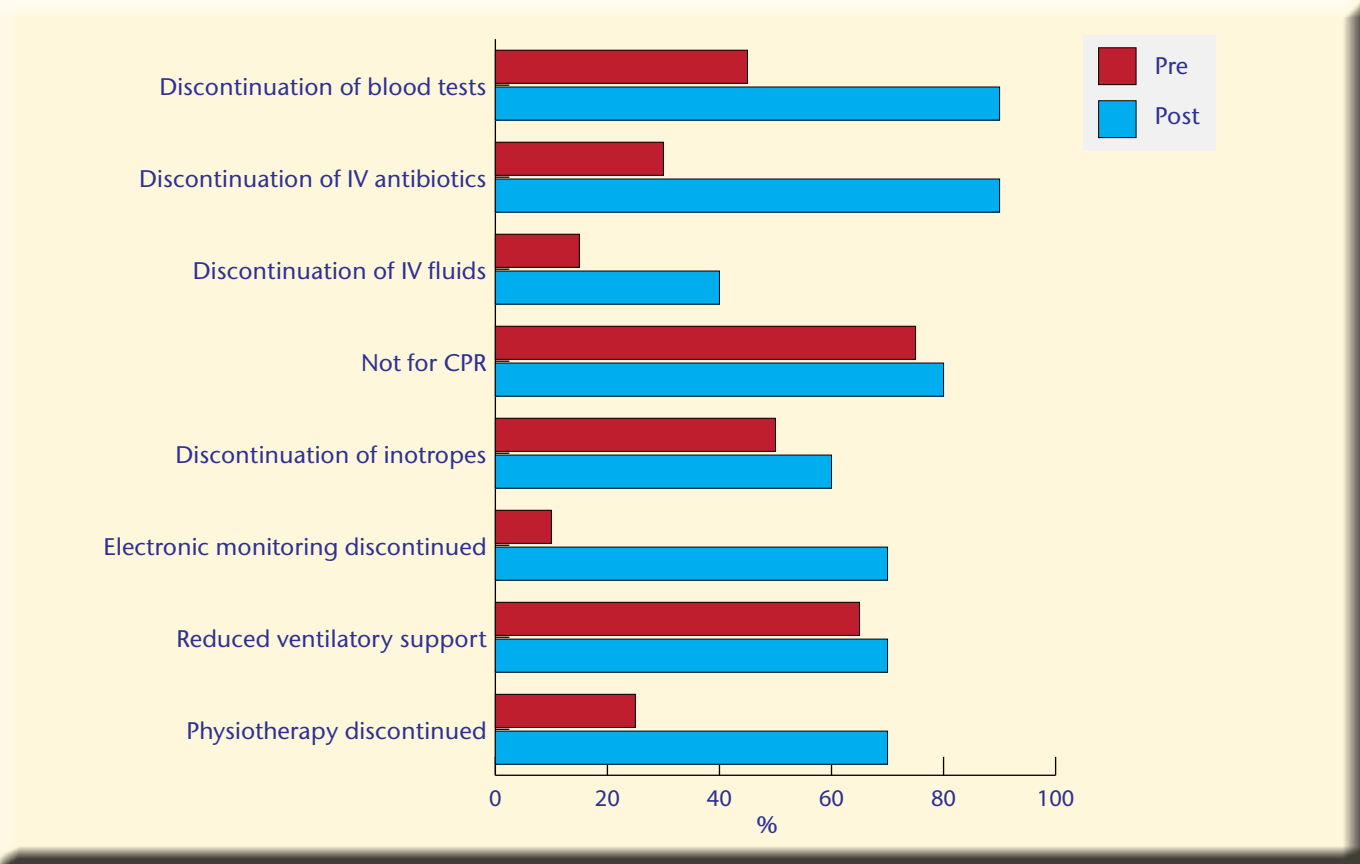
The primary aim of this collaborative project was to implement the LCP within the ICU and to audit its effectiveness in improving documented practice.

Methodology

- baseline review of current documentation of care was undertaken,
- introduction of the adapted LCP, supported by education from palliative care nurse specialist
- evaluation of the effectiveness of the LCP within ICU

Outcomes and results

Some of the cultural and organisational barriers were addressed through the implementation process. Following an initial education programme for the ICU staff, 20 sets of case records were audited pre-implementation and, so far, 10 have been audited post-implementation.



Ninety percent of patients have had inappropriate antibiotics and blood tests discontinued post implementation compared to 30% and 45% respectively before introduction of the LCP. Only 10% of patients had electronic monitoring discontinued before compared to 70% after implementation. The reduction of ventilatory support showed little difference with 65% pre compared to 70% post. Discontinuation of IV fluids is a controversial one however fluids were discontinued in 40% of cases post introduction of LCP compared to 15% pre LCP practice. The LCP has not been used for all patients who died in the ICU as often death occurs very quickly following withdrawal of treatment. Data from completed documents were regularly fed back to the ICU clinical staff.

To boldly go: the next steps

The evidence suggests that end-of-life care in ICU’s is variable ⁹. The use of the LCP within ICU has provided a structure to maintain and evaluate care with measurable goals. However a shorter version may need to be developed as many patients die within 4 hours following withdrawal of treatment. ^{3,10}. This experience has shown that, in the ICU more than in any other care setting, the LCP plays a vital role in challenging the death-denying culture and raising the profile of end-of-life care. The next step will be to repeat the process within the ICU in the other hospital in Ayrshire. This project found a genuine enthusiasm within the speciality of critical care for improving end-of-life care. Challenges still exist in improving care around the time of death and implementing the LCP. Overcoming these requires collaboration between critical care and palliative care teams and a willingness to learn from one another.

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Criteria for the use of the LCP

All possible reversible causes for current condition have been considered

The multiprofessional ICU team has agreed that the patient is dying

The referring team has agreed that the patient is dying

Diagnosis and demographics

Psychological/ insight

Goal 1: Ability to communicate in English assessed as adequate

a. patient

Yes

No

Comatose

b. family / other

Yes

No

Goal 2: Insight into condition assessed

Aware of diagnosis

a. patient

Yes

No

Comatose

b. family / other

Yes

No

Recognition of dying

a. patient

Yes

No

Comatose

b. family / other

Yes

No

Goal 3: Plan of care explained and discussed with:

a. patient

Yes

No

Comatose

b. family / other

Yes

No

Goal 4: Family/other express understanding of planned care

Yes

No

Family/other aware that the planned care is now focused on care of the dying and their concerns are identified and documented. LCP document may be discussed as appropriate.

Discussion with patient/family

Date

Persons present

Time.....

Outcome

Familydisagree/request delay in withdrawal of life sustaining treatments, review in 24 hours

Date / Time

Family agree, continue LCP

Date / Time

Place of care

ICU

Other hospital ward

Home

Hospice

Doctor’s name.....Doctors signature.....