

Palliative Care in the PICU: A Needs Assessment

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Statement of the Problem

- Pediatric palliative care (PPC) offers specialized, interdisciplinary care for children facing serious illness.
- PPC services in the Pediatric Intensive Care Unit (PICU) are limited at Sutter Medical Center, Sacramento (SMCS), while robust and fully developed PC systems exist and are regularly offered to adult patients.
- A needs assessment can facilitate the development of a clear plan for implementation/inclusion of PC in the PICU.

Hospital Setting

- Sutter Medical Center Sacramento (SMCS)**
 - Community based, not for profit hospital
 - 20 beds in PICU and 500+ in hospital.
- 8 Intensivists with all major specialties providing consultative services including CV surgery with ability to provide ECMO and CRRT.
- PICU Interdisciplinary Team includes the following: social workers (1.5 FTE), spiritual care, case management, Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy, Cardiac Educator, Nutrition, Feeding Therapy, Lactation, and Child Life.

2019
Inpatient PC Consults:
1543 total,
Only
64 children

Background

- Children and families with complex conditions benefit from and need PC services to increase quality of life.
- Providers may be comfortable with assessing and managing pain and other symptoms yet have a decreased comfort having uncomfortable conversations and with knowing and accessing community PC resources.
- Tailored PC educational curriculum for healthcare professionals must be a key element of PPC.
- Additional findings that prevent PPC delivery: Uncertain prognosis, family not ready to acknowledge incurable condition, language barriers, and time constraints.

Purpose/Objectives

This needs assessment's purpose is to determine PICU HCP awareness, knowledge, learning needs, barriers, and satisfiers regarding PPC.

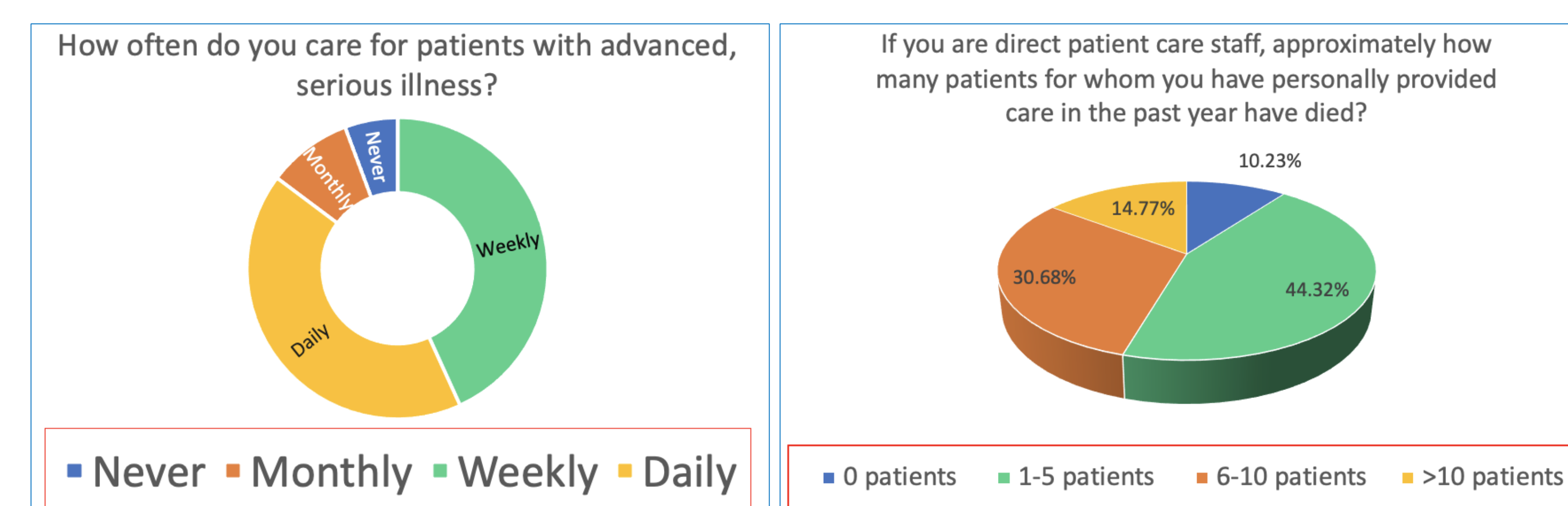
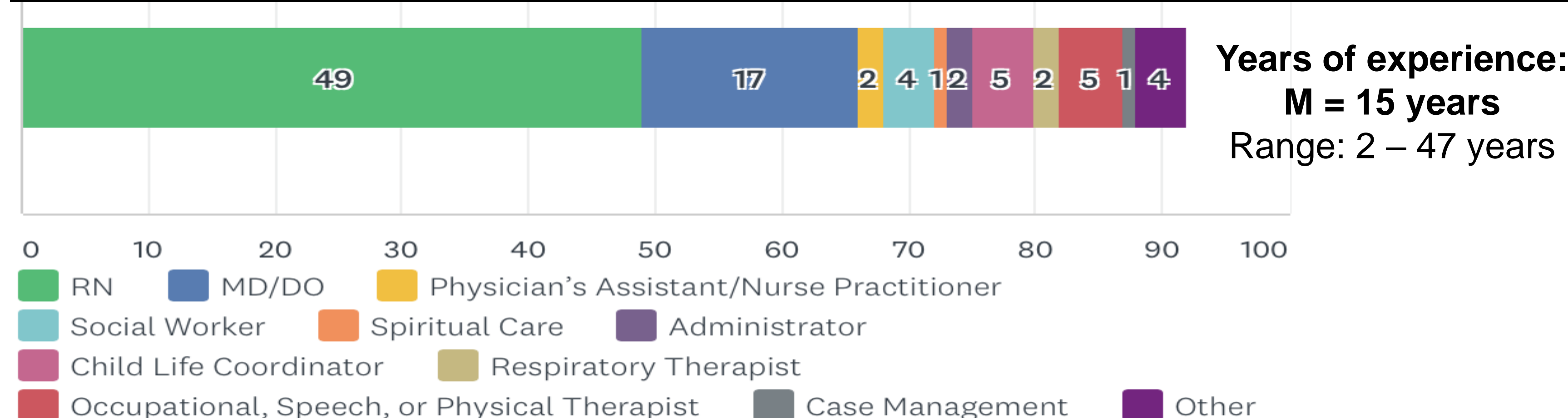
Additional objectives include:

- To list patient populations most likely to benefit from PC services in the PICU
- To identify stakeholder goals related to the PPC delivery in the PICU

Methods

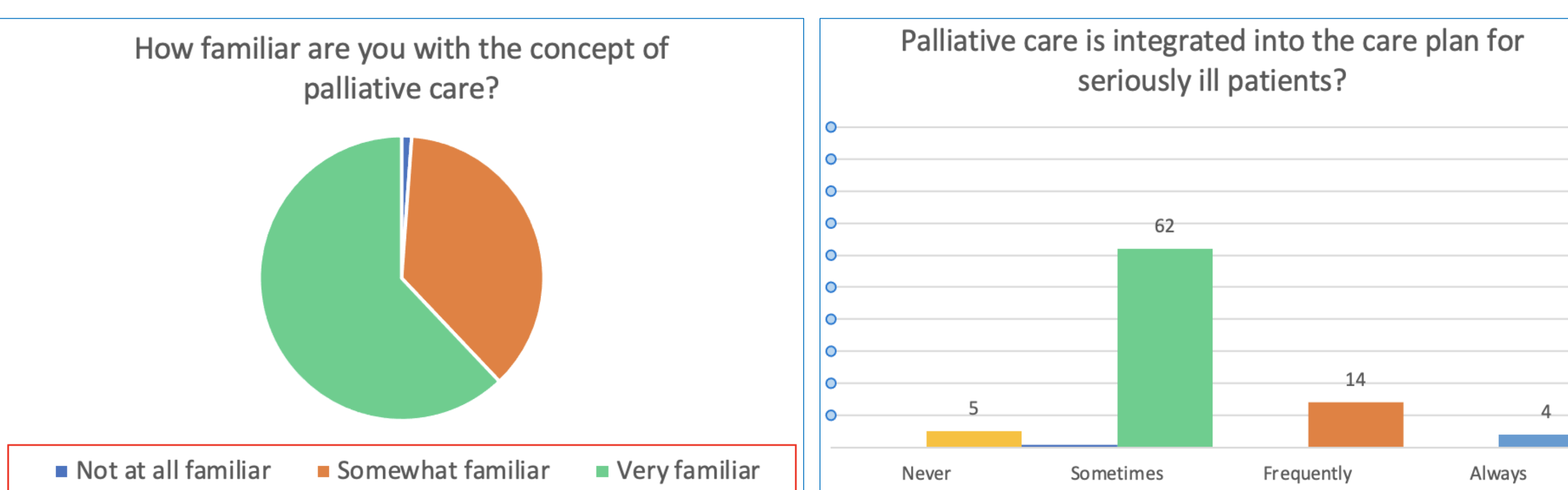
- A validated needs assessment consisting of quantitative and open-ended questions was distributed via Survey Monkey
- 182 email invitations were sent (Fall 2020) to a convenience sample of interdisciplinary HCPs working in the SMCS PICU; 88 total responses with 89% completion rate
- Data analysis:
 - Quantitative survey items and demographics were summarized with descriptive statistics, tests of difference (ANOVA), and association, using SPSS version 27.
 - Missing data were omitted from each calculation.
 - Significance was tested at $\alpha = .05$.
 - Content analysis of qualitative questions

Findings



Currently utilized palliative care services at SMCS

- Palliative care team or consult service 82%
- Discharge planning for patients with serious illness 48%



Current areas of satisfaction in the PICU

(Top selections listed)

- Religious or spiritual care provided
- Family support
- Symptom management

Physicians rather than nurses were significantly more likely to agree with the following:

- Comfort talking about limited prognosis
- Once a patient is identified as likely to die, the PICU team is comfortable with how to care for the patient and family
- Satisfaction with goals of care discussions
- Satisfaction that patients and families are informed of all care options that are in line with their goals of care
- Patient and family understanding of the information they are told about their condition and treatment approaches

97% of respondents wish to learn more about palliative care

Top Education Needs Include:

- Communication skills
- EOL ethical issues
- EOL care

Preferred methods for learning more about palliative care

- Inservice education
- Attending a professional meeting or workshop where PC is the topic
- Informal education through PC consult at bedside

Barriers to providing optimal PC in PICU

(Top selections listed)

- Differences among HCPs about prognosis/treatment and whether to include PPC
- Inconsistency among providers on plan of care
- Lack of PPC training

HCPs were most willing to offer or include the following for a patient at end of life:

- Do not attempt resuscitation
- Compassionate extubation
- No escalation of treatment

Top priorities for HCPs when providing care to children with serious illness include:

- Comfort of child
- Wishes of the family
- Dignity of child

Patient populations identified as likely to benefit from PC support

(Top selections listed)

Diagnoses

- Cancer
- Congenital anomalies
- Neurological disorders

Situations

- End of life conversations
- Facilitate family meetings

Social Issues

- Family conflict
- Low literacy

Conclusions

- PC is not currently always included in the care plan of seriously ill and dying children in the PICU. PPC is desired.
- PPC education is needed, recognizing practice and opinion differences between MDs and RNs when developing programs.
- Furthermore, free text comments reiterate the following:
 - Positive experiences working with SMCS PC team
 - Excitement, need and desire to include more PC in PICU
 - A plan for processes that support PC inclusion
 - Gratitude for time spent on program and education development
- Results will inform a multifaceted plan for PPC education, implementation, and inclusion in SMCS' PICU.

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Reference: Silbermann, M. et al. (2015). Evaluating palliative care needs in Middle Eastern countries. *Journal of Palliative Medicine*, 18(1), 18-25.