Building Alliance Through Early Palliative Care Psychococial Support in the ICU

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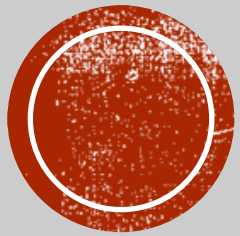
Learning Objectives

- Define Palliative Care
- Identify strategies for aligning with family, overcome obstacles in communication, increase understanding of patient/family values.
- Discuss strategies for integrating palliative care into the ICU setting.
- Identify automatic triggers for early psychosocial intervention in the ICU.



Palliative Care

What the heck is it?

What is Palliative Care?

"Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the ***symptoms and stress of the illness***. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment."

- https://www.capc.org/about/palliative-care/

- Relief from symptoms and stress (trauma)
- Multidisciplinary
- Appropriate at any stage of illness
- Can be provided along with curative treatment

Palliative Care

Palliative Care can be scary for people to hear. Presence, partnership, familiarity, and transparency are all helpful in normalizing Palliative Care support in the ICU.

http://www.youtube.com/watch?v=BbNi_-wYXJE

The Case for ICU Palliative Care Integration

From the Center to Advance Palliative Care and National Institutes of Health

https://www.capc.org/documents/download/295/

Why is Palliative Care Essential in the ICU?

- Despite aggressive treatment, many ICU patients die or remain critically ill
  - 20% of Americans (500,000 people per year) die in or after ICU care
  - 100,000 ICU "survivors" continue with critical illness on a chronic basis
- For some critically ill patients, ICU treatment is more burdensome than beneficial and/or inconsistent with their values, goals, and preferences

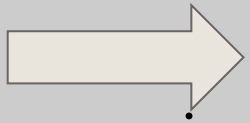
Angus DC et al. *Crit Care Med* 2004; 32:638-43

Nelson JE et al. *Am J Resp Crit Care* 2010 (Epub ⅝ 10)

Taken from:
https://www.capc.org/documents/download/295/

Failure to align ICU treatment with individual preferences and achievable care goals is:

- Distressing for patients, families, and clinicians
- Wasteful of scarce and expensive resources



Integration of palliative care in the ICU can help address these issues and other important needs

Taken from:
https://www.capc.org/documents/download/295/

Why should Palliative Care be integrated with Critical Care from the time of admission to the ICU?

- Patients and families want both disease-modifying treatment and palliative care
- Clinicians cannot reliably predict who will survive ICU and who will die or stay chronically critically ill
- Neither clinicians nor patients/families can make an abrupt shift from one set of care goals to another
- Palliative Care and Critical Care are mutually enhancing, not mutually exclusive

Taken from:
https://www.capc.org/documents/download/295/

Communication is Inadequate

- Families fail to comprehend even basic information about the illness, treatment and prognosis.
- Patients and families lack understanding of the goals of the ICU/s plan of care
- Family meetings miss the mark:
  - Physicians spend disproportionate time talking instead of listening
  - Opportunities to provide information and support are often missed
  - For many patients, no family meeting is ever held, even over a prolonged ICU stay

Taken from:
https://www.capc.org/documents/download/295/

Equity - Leveling the Playing Field

Early Psychosocial Support to build relationship and assist with communication

Equity - Leveling the Playing Field

- Acting as guides for those who do not have experience with serious illness or ICU level care.
- A bridge between the busy medical team and the family - Lived experience of family.
- Advocacy for those that do not have power.
- Attention to social determinants of health.

Why Early Palliative Care *Psychosocial* Intervention?

Our palliative care psychosocial team members are best equipped to meet families and develop alliance with them early on in their ICU course.

Social Determinants of Health

- Non medical health related social needs impact health outcomes.
  - Housing instability
  - Food security
  - Transportation difficulty
  - Interpersonal safety
  - Utility assistance needs
- "Growing evidence indicates that addressing these and other needs can help reverse their damaging health effects"

- Billioux et al, 2017

Attention to Family Needs and Experience

- Hear/Understand Family Perception
- ICU interventions as a bridge
- Getting off the Minutiae Roller Coaster
- Assisting Medical Team with Pacing
- Demonstrating that we are "doing everything we can."
- Constantly asking, "How can we help family to walk away as whole as possible?"

Framing the Experience

Attention to the development of prognostic awareness is an important part of our psychosocial work in the ICU - Understanding the family's process and strategizing with the medical team about messaging.

Always be Assessing…

- Does patient/family need more information/clarification about current medical situation?
- Are patient goals clear?
- Does patient/family need decision support and/or expectation setting?

Assessing the Need for a Family Meeting

Our IPC psychosocial team members are well equipped to understand the need, purpose, and timing for a family meeting.

Benefits of palliative care in the ICU

1. Proactive pall care in the ICU decreases hospital and ICU length of stay
2. Pall care interventions impacted quality and quantity of communication
3. Decreased symptoms of distress and anxiety in family members
4. Decreased time between admission and comfort only/withdrawal/DNR

(Aslakson et al., 2014) (Kyeremanteng et al., 2016) (Zalenski et al., 2016) (Martins et al., 2017)

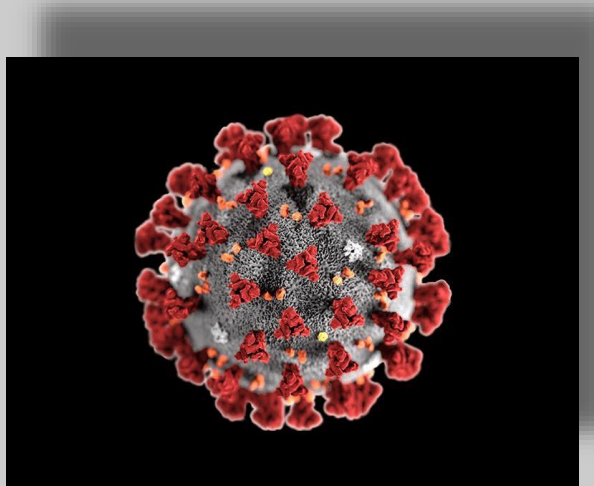
5. ** SW screening in the ICU demonstrated deliberate decision making **

** Significantly increased probability of deciding to forgo resuscitation, provide comfort care only and deciding to treat pt aggressively **

(Burns et al., 2003)

Identifying Appropriate Patients

- Diagnoses w/ Automatic Referral
  - Late Stage Cancer
  - ESRD
  - End Stage Heart Failure
  - ILD w/ intubation
  - ?
- Attending Rounds to Assess for
  - Acute Family Distress
  - Need for information sharing/expectation setting
- All New COVID Patients in the ICU



ICU Palliative Care Pyschosocial Early Intervention Model

Align – Understand – Shape – Explore – Cope

EARLY INTERVENTION IN THE ICU

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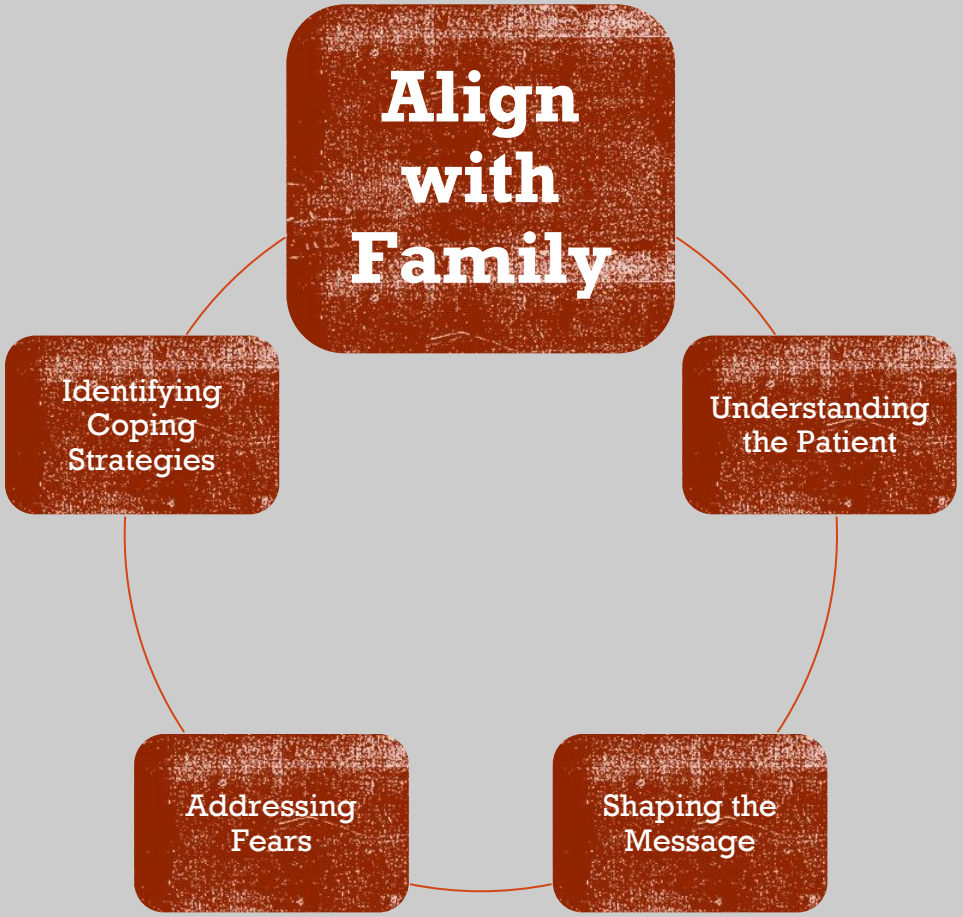
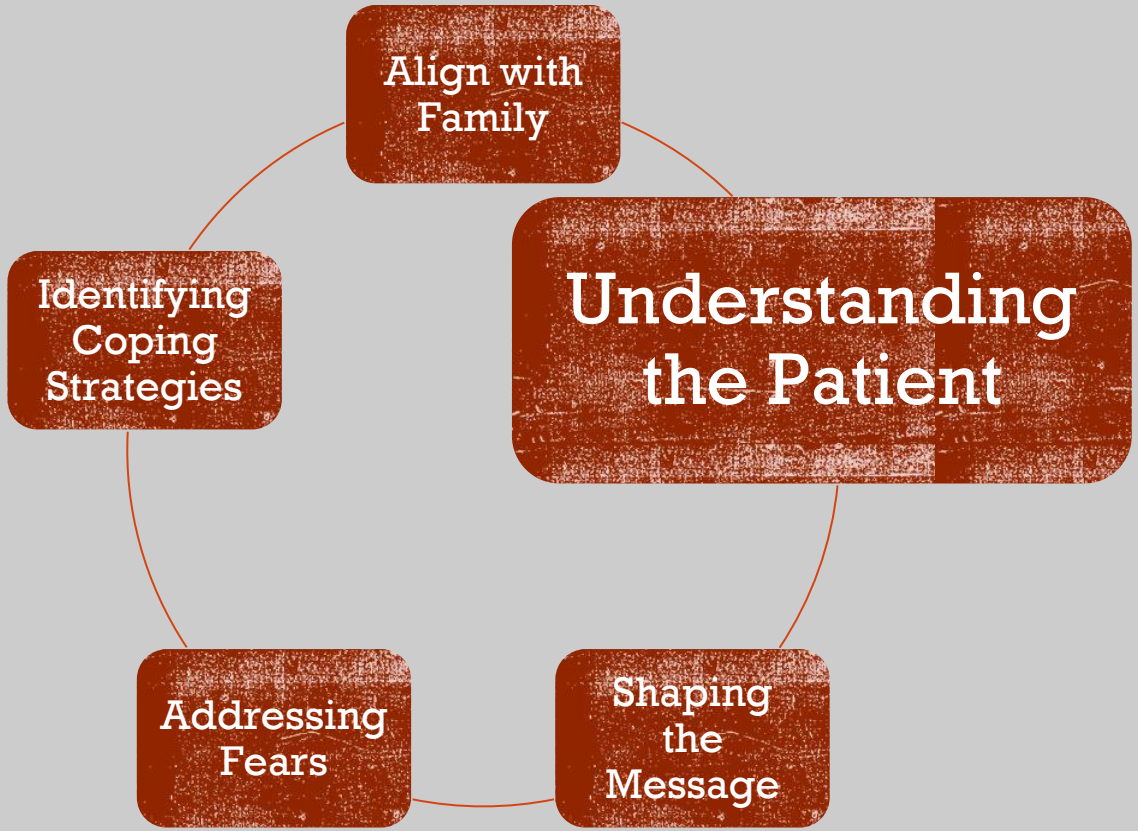


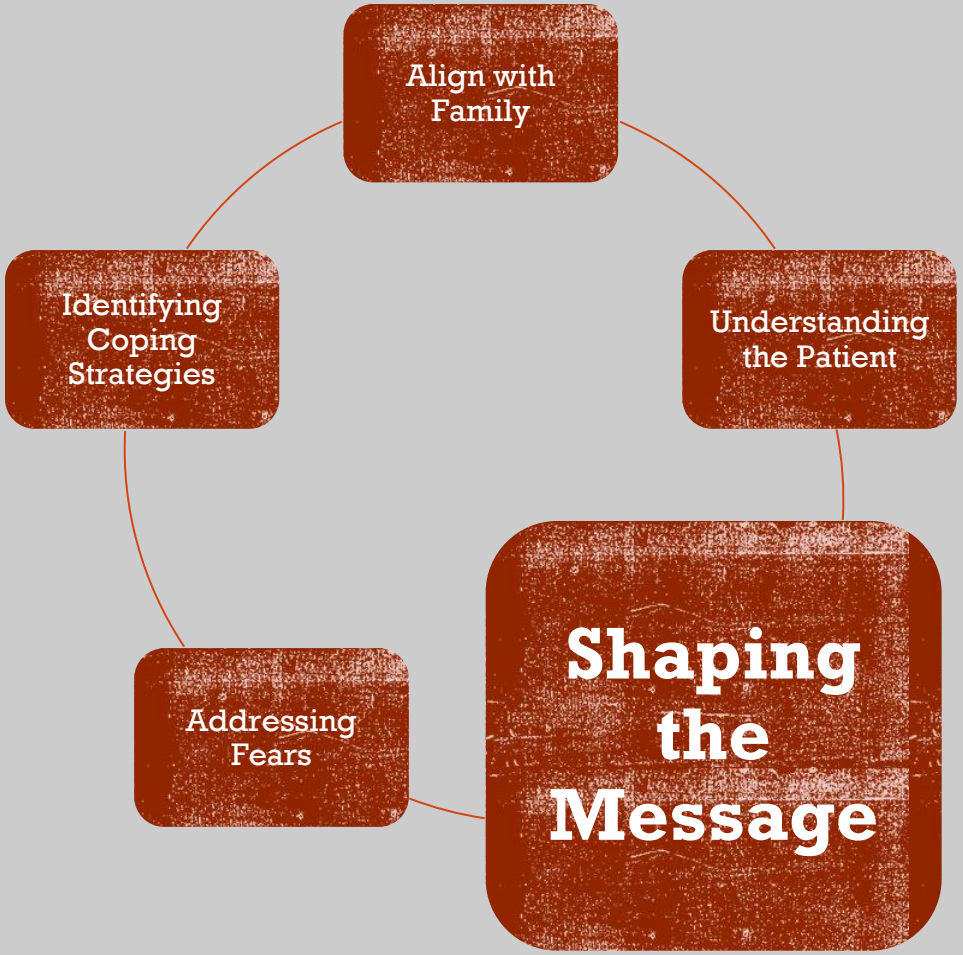
- Identify Decision Maker
  - What are the family dynamics?
  - MDPOA vs Proxy?
  - Other Advance Directives?
- Align with Family Hopes
  - What does the family understand about the medical situation?
  - Based on that understanding, what are the family hoping for?

EARLY INTERVENTION IN THE ICU



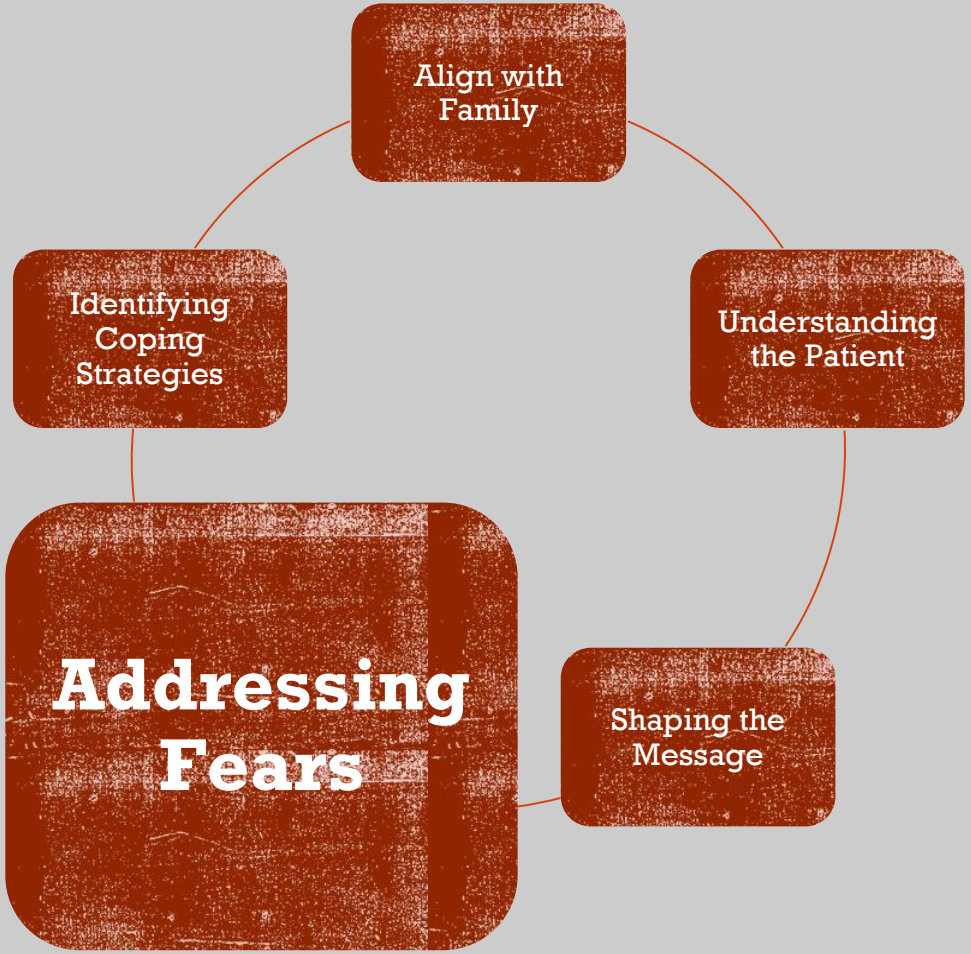
- Life Prior to Hospitalization?
- What is most important to the patient?
- How does the patient make meaning in his/her life?
- Previous declarations about hopes or worries regarding medical care?

EARLY INTERVENTION IN THE ICU



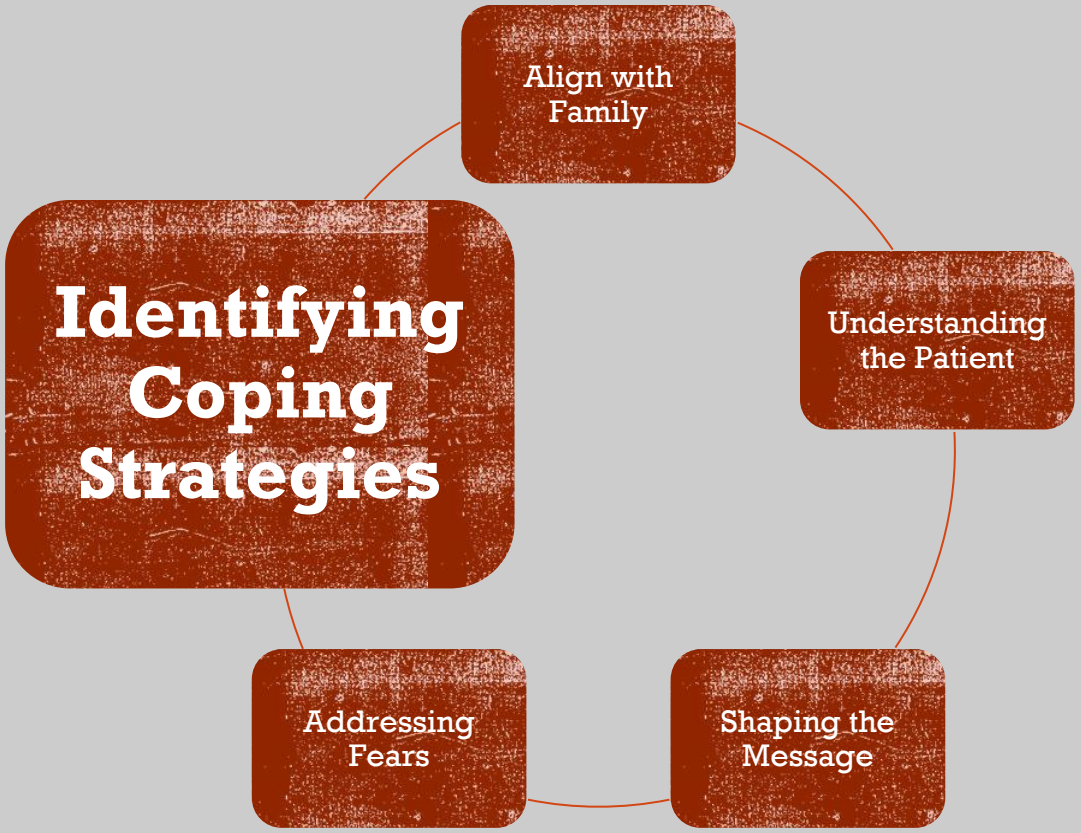
- Doctors are doing all they can for the patient.
- Bridge, not a destination.
- “Patient’s body will tell us what is possible.”

EARLY INTERVENTION IN THE ICU



- What are the doctors worried about?
- What are you worried about?
- How would it be for those things to happen?

EARLY INTERVENTION IN THE ICU



- What gives you strength? What helps you make it through?
- How have you made it through difficult times in the past?

Early Intervention in the ICU

Assessing for the need for a family meeting:

- Does patient/family need more information/clarification about current medical situation?
- Are patient goals clear?
- Does patient/family need decision support and/or expectation setting?

Assessing Need For Family Meeting

Information Sharing – Setting Expectations – Defining Goals of Care – Managing Transitions

ICU Family Meetings

We divide family meetings into three different types based on need of family and who needs to be present for that meeting.

- ICU Attending Team Meeting
  - ICU led with IPC PSS Team Member Attending
  - When family lacks clear understanding from short daily updates
  - New Information needs to be shared regarding worsening condition
  - Presenting information about upcoming medical decisions
- Joint ICU/IPC Meeting
  - IPC Physician & PSS Member and Attending Team Member attend the meeting
  - When there are barriers to communication (language, health care literacy, family discord) AND
    - New information needs to be shared
    - Presenting information about upcoming clinical decisions
  - Support in complex decision making where the clinical scenario or decision to be made has not been fully explained/explored by attending team.
  - Attending Team requests assistance with communication
- IPC Family/Goals of Care Meeting
  - Family express distress about upcoming decisions
  - Family express concern about current plan of care
  - Family needs more time to process information/decision making
  - Family request

IPC Family/Goals of Care Meeting

- Explore patient/family understanding of medical situation
- Explore patient's quality of life prior to hospitalization
- Explore desired quality of life - identifying limits of acceptable quality of life
- Goals and priorities
- Best Case Scenario & Likelihood
- Identify aligned treatment choices

Early Intervention patients are well known to IPC and can easily be walked through the process.

Identifying Goals and Priorities:

Example -

Safety vs Comfort

Early Intervention During COVID-19

Learning new ways to offer support

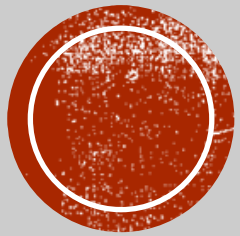
Support During COVID-19

How was it different?

- No Family present - all by phone
- Video Calls
- Get To Know Me Sheets & Diary
- Family Meetings by phone/video
- Providing ritual to patients that would have otherwise been provided by family.

Provider Support:

- Assisting medical team with understanding family dynamic and communication needs
- More attention to prognostic awareness and assuring medical team
- Framing similar to sudden trauma



Case Discussion

The End

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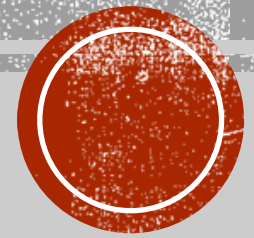

References

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