

Integrating Primary Palliative Care and Intensive Care Unit (ICU) Survivor Care: A Qualitative Inquiry of International Post-ICU Clinic Interprofessional Team Members



Tammy L. Eaton¹ PhD, RN, FNP-BC; Jennifer B. Seaman² PhD, RN; Sheila Alexander³ PhD, RN; Anna Lewis⁴ MSW, LCSW; Taylor E. Lincoln⁵ MD; Brian C. Davis BA; Carla M. Sevin⁶ MD; Theodore. J. Iwashyna⁷ MD, PhD; Leslie P. Scheunemann⁸ MD, MPH

¹National Clinician Scholars Program (NCSP); Institute of Healthcare Policy & Innovation, University of Michigan, Ann Arbor, MI, US; ²Acute and Tertiary Care, University of Pittsburgh, School of Nursing, Pittsburgh, PA, US; ³School of Nursing, University of Pittsburgh, Pittsburgh, PA, US; ⁴Department of Health Policy and Management, University of Pittsburgh, Pittsburgh, PA, US; ⁵Pulmonary, Allergy, and Critical Care Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA, US; ⁶Vanderbilt University Medical Center, Nashville, TN, US; ⁷Department of Medicine, Division of Pulmonary & Critical Care, University of Michigan, Ann Arbor, Michigan, US; ⁸Division of Geriatric Medicine and Gerontology, University of Pittsburgh, Pittsburgh, PA, US

OBJECTIVE

We engaged interprofessional team members from post-ICU follow-up clinics to understand their beliefs, attitudes, and behaviors regarding palliative care and explore potential barriers and facilitators to incorporating primary palliative care principles into ICU survivorship care.

BACKGROUND

Post-ICU follow-up clinics have emerged as hubs of innovation to provide ICU survivors and their families individualized care to mitigate long-term complications of critical illness. Although many of these follow-up clinics use primary palliative care strategies informally, the role of primary palliative care has yet to be clearly defined in ICU survivorship.

METHODS

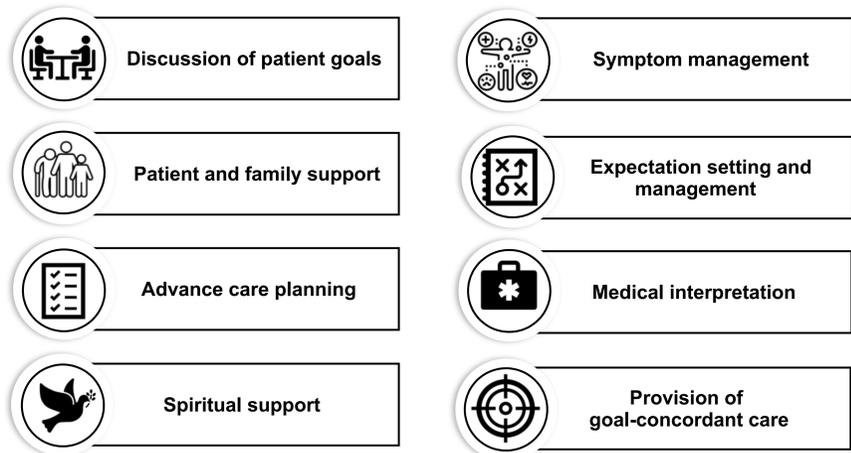
Qualitative inquiry using semi-structured interviews with international members of the Critical and Acute Illness Recovery Organization (CAIRO) (CAIROrecovery.org) post-ICU follow-up clinic collaborative. Domains of interest explored included: 1) general needs of ICU survivors, including primary palliative care needs; 2) knowledge and perceptions of palliative care; 3) indication for, and optimal timing of, palliative care practices for ICU survivors; and 4) barriers and facilitators to palliative care delivery in ICU survivors. A clinical vignette describing a standardized ICU survivor case was used to further explore values and perceptions regarding ICU survivor care. Framework analysis was used to synthesize and interpret the data.

RESULTS

Characteristics of Participants

	N=29
Total participants	
Age, median (IQR)	42 (39, 52)
Sex, no. (%)	
Female	21 (72.4%)
Male	8 (27.6%)
Professional role, no. (%)	
Physician	10 (34.5%)
Nurse	5 (17.2%)
Pharmacist	4 (13.8%)
Physical Therapist	3 (10.3%)
Social Work	2 (6.9%)
Psychologist	2 (6.9%)
Respiratory Therapist	1 (3.4%)
Speech Therapist	1 (3.4%)
Occupational Therapist	1 (3.4%)
Practice Setting, no. (%)	
Academic	20 (69.0%)
Non-Academic	4 (13.8%)
Both	5 (17.2%)
Years in Professional Role, median (IQR)	16 (7, 21)
Years Working in Post-ICU clinic, median (IQR)	3 (1, 4)

Clinician Identified Key Elements of Palliative Care for ICU Survivors



LIMITATIONS

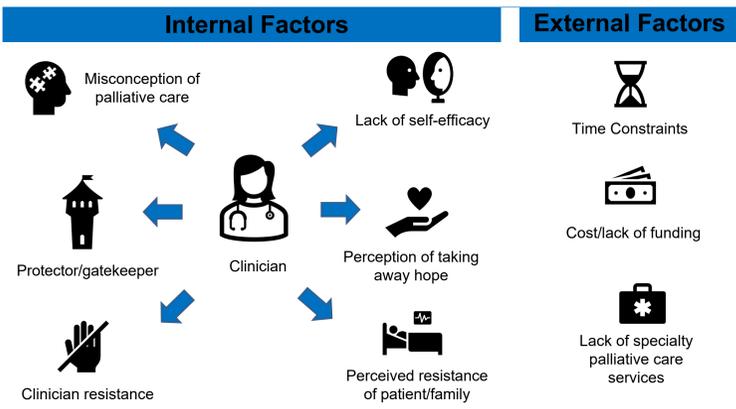
We acknowledge a risk of selection bias, as no clinicians outside of the CAIRO network participated, limiting generalizability to the entire ICU recovery clinic clinician population. To minimize the cultural impact of CAIRO membership, we sampled a mix of clinicians based upon length of CAIRO membership, thereby attempting to elicit responses from new members who have not participated in this group from its inception. Some issues identified may be specific to the international context of the provider.

CONCLUSIONS

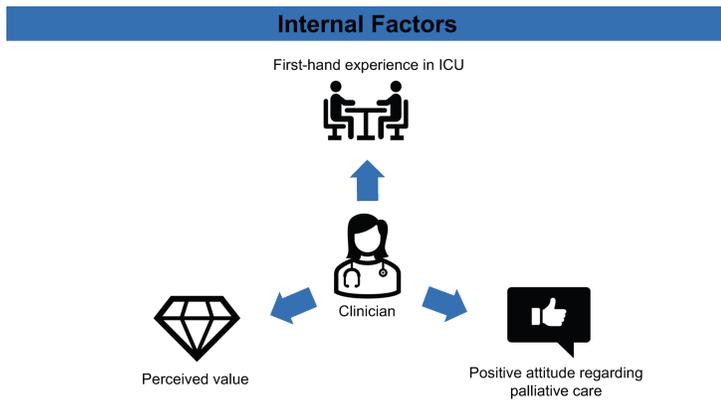
Principles of palliative care may serve as essential elements of current post-ICU clinic care, providing ICU survivors support with symptom management, revisiting goals of care and long-term planning, ongoing patient and family assistance, and care coordination. As clinician knowledge and skill in palliative care are critical barriers, education and training could be key to quality primary palliative care delivery in post-ICU clinics.

RESULTS

Clinician Reported Barriers to Palliative Care Delivery in the Post-ICU Clinic Setting



Clinician Reported Facilitators to Palliative Care Delivery in the Post-ICU Clinic Setting



“And I think we have to get away from, at least have a paradigm shift about what we mean by palliative care, especially when they’ve [ICU survivor] just been through this life changing event.” (post-ICU clinic physician)

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