

# Implementing Palliative Care Interdisciplinary Teams: Consultative Versus Integrative Models



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## KEYWORDS

- Interdisciplinary team • Intensive care unit • Palliative care • Team meetings
- Integrative model • Consultative model

## KEY POINTS

- Interdisciplinary teams (IDTs) are the core of palliative care consultation.
- IDTs may include providers, nurses, social workers, chaplains, psychologists, physical or occupational therapists, and other allied professionals, based on available resources.
- Highly functioning IDTs have mutual respect, collaborative vision, and shared leadership, and allow constructive dissent.
- Pitfalls experienced by IDTs include time requirements, imbalance of agreement and dissent, lack of resources, and difficulty establishing leadership.
- Palliative consultation in the intensive care unit may occur in an integrative or collaborative fashion.

Mr X is a 60-year-old gentleman with history significant for cardiomyopathy with an ejection fraction of 10% to 15%. He was admitted to the intensive care unit (ICU) secondary to a heart failure exacerbation. He was intubated and placed on a ventilator in the emergency department for respiratory failure. His wife and 2 daughters had never spoken with the patient regarding his wishes in this instance. Mr X was successfully weaned from the ventilator 5 days after admission with aggressive diuresis and rhythm control; however, his overall status remained tenuous. Several hours after extubation his pulmonary status again worsened and after declining reintubation he was placed on bilevel positive airway pressure (BIPAP). Palliative care was consulted and subsequently held a meeting with the patient, his wife and 2 daughters, the patient's cardiologist, and the ICU team. The ICU team and the patient's cardiologist discussed in

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detail the medical challenges to improve his pulmonary status enough to remove him from high levels of respiratory support. The patient's wife and daughters were able to ask many of the questions regarding his ICU course, and were relieved to talk about them with the participation of the patient. After a thorough discussion of his prognosis, the patient did not want to continue life-prolonging therapies but feared that he would die in significant distress. The palliative physician discussed the tenets of comfort care in this situation and how medications would be used for symptom management rather than life-supportive measures. The implantable cardioverter defibrillator that was still active was reviewed and, consistent with the patient's now clarified goals of care, deactivated by request. After the family meeting, the palliative social worker and chaplain came to meet with the family and provide support that was especially appreciated by the daughters. Through the use of medications, the patient was successfully weaned from BIPAP to high-flow oxygen and was transferred to the palliative care service for ongoing symptom management. He survived for 2 days surrounded by family and with the support of the palliative interdisciplinary team. His family was extremely grateful for the care he received and the integrated support provided by his primary physician, the ICU, and palliative care teams.

## **INTRODUCTION TO INTERDISCIPLINARY TEAMS**

An IDT uses synergistic and interdependent communication from people of multiple disciplines to achieve a common goal.<sup>1</sup> There are multiple other terms that may be applied to this collaborative group, including multidisciplinary, interprofessional, and multiprofessional, depending on the composition of the team. IDTs are present in multiple arenas in health care, including hospital quality improvement, tumor boards, and specialized medical services such as palliative care.<sup>2-5</sup>

Interdisciplinary teamwork is crucial within palliative care. This term is often included in the definition and it is noted to be one of the core elements by the National Consensus Project for Palliative Care. Palliative care patients have complex circumstances with physical, emotional, spiritual, and social needs, as seen with Mr X. Given the multifactorial nature of these cases, a single provider cannot address the physical and medical decision-making aspects of care for the patient and family.<sup>1</sup>

Even in consideration of addressing physical complaints, there are instances in which IDTs are necessary to achieve optimal symptom management in the context of total pain.<sup>6</sup> Multiple benefits of this team approach are found in the literature, including improved symptom control, reduced length of hospital stay, and higher patient and staff satisfaction.<sup>1</sup> When considering Mr X and his family, palliative care was provided by varying physicians (ICU, palliative care, and cardiology), nurses, social workers, volunteers, and chaplains. Any one intervention might have been helpful; however, it was the combination of their actions and interventions that allowed his goals of care to be acted on and improve his satisfaction and quality of life until his death.

## **FORMATION OF AN INTERDISCIPLINARY TEAM**

Given the importance of the IDT to the provision of quality care, knowledge regarding the formation and characteristics of highly functioning teams, and their potential successes and pitfalls within the practice of palliative medicine, is essential. The success of any palliative care service greatly depends on its core team. Multiple members of the palliative IDT collectively contribute to reaching the goals identified by the patient and family. Palliative care teams may include a provider, nurse, social worker, and chaplain. However, professionals from other disciplines such as pharmacy, physical

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