



Survey to Pediatric intensive care team professionals regarding Pediatric palliative care

<u>Bernadá M</u>, Tolosa V, Yemini A. Uruguay

Associate Professor of Pediatrics, School of Medicine, Universidad de la República Pediatric Palliative Care Unit- Pereira Rossell Hospital Center Quality of Life and Pediatric Palliative Care team, Asociación Española

Uruguay



Population: 3.544.000 Urban population: 95% Official language: Spanish Life expectancy at birth: 78 years Infant mortality rate: 6.2/000 (2020) Income level: High income (The World Bank)



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Introduction

- PPC: integral component of optimal critical care for children facing life-threatening conditions.
- Currently, in addition to children with acute illnesses/ conditions, many children with complex and chronical diseases are increasingly admitted at ICU as well
- All of them and their families experiment multiple sources of suffering
- Early collaborative work between pediatric intensive care units (PICU) and PPC teams (PPC-t) may significantly contribute to prevent, identify and address suffering for children and families.

Aims

To describe:

- the national inclusion of PPC in PICU
- reasons to consult PPC- t
- perception of PPC-t involvement usefulness
- educational background and interest in PPC training

Methodology

- Self-administered survey through Google form
- Research ethics committee approval (Pereira Rossell Hospital Centre)
- Population: physicians and nurses working in PICU
- Variables:
- demographic information of respondents
- questions regarding:
 - existence of PPC-t in their institution
 - whether they have requested/ suggested consultation with PPC-t and reasons for it
 - perceived usefulness of the PPC-t participation
 - ideas to improve PPC-t / PICU interactions
 - Educational background and interest in PPC training and areas of interest

Results

241 respondents:

- 69% nurses, 31% physicians
- 63% had worked over 10 years

- 65% (157/241) worked in institutions that have a PPC-t
- 71% (112/157) professionals had consulted PPC-t





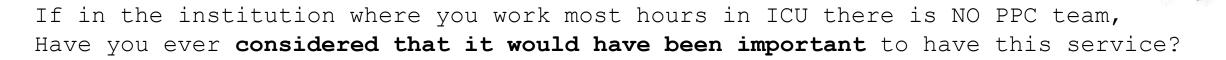


Which of the following was the main reason for consulting?	%
Decision making/life limiting measures decisions	28
Support to ensure continuity of care outside ICU	17
Support with communication with the child and family	12
Support end of life care	9
Emotional and social support	9
Pain management	7
Others	7

How do you evaluate the usefulness of PPC participation in the ICU?	%
Extremely useful	62
Very useful	23

85% very or extremely useful





Extremely important54%Very important23%

77% very or extremely important

29%

In which of the following areas would you have considered consulting with a PPC team?	%
Decision making/life limiting measures decisions	27
Support to ensure continuity of care outside ICU	14
Pain management	12
Support with communication with the child and family	12
Emotional support to the ICU professional team	11
Support end of life care	9
Emotional and social support	9
Others	3



n: 241 PICU – PPC teams interaction



Which of the following actions do you think would be most important to improve the interaction between the PIC and PPC teams?	%
Earlier inclusion in the care of critical children	30
More general training on PPC	30
Be clearer about the criteria for PPC consultation	20
Involvement in daily care	12
Others	8



Training n: 241



Throughout your professional training or as a graduate, did you take any formal primary PPC course (30 or more hours)? No: 71%

For your daily work in ICU, do you consider it necessary to have training Yes: 92% on primary PPC?

In which of the following areas of PPC are you most interested in receiving information ?	%
Tools for decision making and therapeutic effort adequacy	21
Comprehensive management of pain an other bothering symptom	18
Comprehensive management of end of life care	16
Tools for emotional and social support	15
Care for professional's caregiver	9
Strategies to grant continuity of care outside the ICU	9
Communication strategies with children and families	7



Limitations of this research

- To ignore:
 - the number of professionals that received the survey (send by social network)
 - the number of physicians and nurses woorking in ICU nationally
- Many professional work in more than one institution/ daily

Conclusions

Despite progressive implementation of PPC-t in the country, there is still room for their inclusion in PICU, either in:

- number of consultations
- expansion of the reasons for consultation



Conclusions

- Decision making was the main reason to involve PPC-t in PICU and mentioned as the main need for training
- Other topics as comprehensive pain and other symptom management are less seen as areas of possible help
- Important lack and need of training were found, being this a great opportunity for a closer approach between both professional groups.

Pediatric Intensive Care

A virtuous relationship

Pediatric Palliative Care