

Survey on Barriers to Critical Care and Palliative Care integration

Supplementary Material

eTable 1: Quality indicator ratings and level of comfort in providing EOLC at TOH- Civic (n= 48)

eTable 2: Quality indicator ratings and level of comfort in providing EOLC at TOH-General (n = 85).

eTable 3: Quality indicator ratings and level of comfort in providing EOLC at Montfort (n = 28).

eTable 4: Quality indicator ratings and level of comfort in providing EOLC at CSICU (n = 42).

eTable 5: Achieving integration: other

eTable 6: Barriers affecting integration of palliative care: other

eTable 1. Quality indicator ratings and level of comfort in providing EOLC at TOH-Civic (n = 48).

*Quality Rating	Overall current quality of EOLC	Quality Indicators (No. [%])					
		Patient & family centered decision making	Communication with patients & families	Emotional and practical support (patients & families)	Spiritual support	Continuity of care	Emotional and organization support (ICU clinicians)
Very Poor	1 (2.1)	1 (2.1)	1 (2.1)	2 (4.2)	0 (0.0)	1 (2.1)	3 (6.3)
Poor	8 (16.7)	5 (10.4)	6 (12.5)	4 (8.3)	2 (4.2)	2 (4.2)	12 (25.0)
Average	14 (29.2)	8 (16.7)	8 (16.7)	11 (22.9)	10 (20.8)	19 (39.6)	21 (43.8)
Good	22 (45.8)	22 (45.8)	23 (47.9)	23 (47.9)	27 (56.3)	22 (45.8)	10 (20.8)
Excellent	3 (6.3)	12 (25.0)	10 (20.8)	8 (16.7)	9 (18.8)	4 (8.3)	2 (4.2)
Mean quality (SD)	3.37 (.91)	3.81 (1.00)	3.73 (1.01)	3.65 (1.00)	3.90 (.75)	3.54 (.80)	2.92 (.94)
Median quality (IQR)	4.00 (1)	4.00 (2)	4.00 (1)	4.00 (1)	4.00 (1)	4.00 (1)	3.00 (2)
*Level of comfort	Frequency (%)						
Very uncomfortable	0 (0.0)						
Uncomfortable	3 (6.3)						
Somewhat comfortable	4 (8.3)						
Comfortable	16 (33.3)						
Very comfortable	25 (52.1)						
Mean comfort (SD)	4.31 (.88)						
Median comfort (IQR)	5.00 (1)						

*5-point scale ranging from 1 (very poor/very uncomfortable) to 5 (Excellent/very comfortable)

eTable 2. Quality indicator ratings and level of comfort in providing EOLC at TOH-General (n = 85).

*Quality Rating	Overall current quality of EOLC	Quality Indicators (No. [%])					
		Patient & family centered decision making	Communication with patients & families	Emotional and practical support (patients & families)	Spiritual support	Continuity of care	Emotional and organization support (ICU clinicians)
Very Poor	2 (2.4)	0 (0.0)	2 (2.4)	0 (0.0)	0 (0.0)	0 (0.0)	8 (9.4)
Poor	4 (4.7)	5 (5.9)	4 (4.7)	5 (5.9)	4 (4.7)	6 (7.1)	19 (22.4)
Average	19 (22.4)	21 (24.7)	19 (22.4)	25 (29.4)	20 (23.5)	37 (43.5)	34 (40.0)
Good	50 (58.8)	44 (51.8)	40 (47.1)	42 (49.4)	43 (50.6)	37 (43.5)	24 (28.2)
Excellent	10 (11.8)	15 (17.6)	20 (23.5)	13 (15.3)	18 (21.2)	5 (5.9)	0 (0.0)
Mean quality (SD)	3.73 (.82)	3.81 (.79)	3.85 (.92)	3.74 (.79)	3.88 (.79)	3.48 (.72)	2.87 (.94)
Median quality (IQR)	4.00 (1)	4.00 (1)	4.00 (1)	4.00 (1)	4.00 (1)	3.00 (1)	3.00 (2)
*Level of comfort	Frequency (%)						
Very uncomfortable	3 (3.5)						
Uncomfortable	2 (2.4)						
Somewhat comfortable	14 (16.5)						
Comfortable	37 (43.5)						
Very comfortable	29 (34.1)						
Mean comfort (SD)	4.02 (.96)						
Median comfort (IQR)	4.00 (1)						

*5-point scale ranging from 1 (*very poor/very uncomfortable*) to 5 (*excellent/very comfortable*)

eTable 3 Quality indicator ratings and level of comfort in providing EOLC at Montfort (n = 28).

*Quality Rating	Overall current quality of EOLC	Quality Indicators (No. [%])					
		Patient & family centered decision making	Communication with patients & families	Emotional and practical support (patients & families)	Spiritual support	Continuity of care	Emotional and organization support (ICU clinicians)
Very Poor	3 (10.7)	0 (0.0)	0 (0.0)	0 (0.0)	2 (7.1)	0 (0.0)	3 (10.7)
Poor	6 (21.4)	4 (14.3)	5 (17.9)	9 (32.1)	10 (35.7)	6 (21.4)	15 (53.6)
Average	14 (50.0)	12 (42.9)	11 (39.3)	11 (39.3)	9 (32.1)	8 (28.6)	7 (25.0)
Good	3 (10.7)	8 (28.6)	10 (35.7)	7 (25.0)	6 (21.4)	12 (42.9)	3 (10.7)
Excellent	2 (7.1)	4 (14.3)	2 (7.1)	1 (3.6)	1 (3.6)	2 (7.1)	0 (0.0)
Mean quality (SD)	2.82 (1.02)	3.43 (.92)	3.32 (.86)	3.00 (.86)	2.79 (1.00)	3.36 (.91)	2.36 (.83)
Median quality (IQR)	3.00 (1)	3.00 (1)	3.00 (1)	3.00 (2)	3.00 (2)	3.50 (1)	2.00 (1)
*Level of comfort	Frequency (%)						
Very uncomfortable	1 (3.6)						
Uncomfortable	4 (14.3)						
Somewhat comfortable	6 (21.4)						
Comfortable	12 (42.9)						
Very comfortable	5 (17.9)						
Mean comfort (SD)	3.57 (1.07)						
Median comfort (IQR)	4.00 (1)						

*5-point scale ranging from 1 (very poor/very uncomfortable) to 5 (excellent/very comfortable)

eTable 4. Quality indicator ratings and level of comfort in providing EOLC at CSICU (n = 42).

*Quality Rating	Overall current quality of EOLC	Quality Indicators (No. [%])					
		Patient & family centered decision making	Communication with patients & families	Emotional and practical support (patients & families)	Spiritual support	Continuity of care	Emotional and organization support (ICU clinicians)
Very Poor	14 (33.3)	3 (7.1)	2 (4.8)	1 (2.4)	2 (4.8)	3 (7.1)	7 (16.7)
Poor	14 (33.3)	9 (21.4)	8 (19.0)	9 (21.4)	11 (26.2)	4 (9.5)	16 (38.1)
Average	10 (23.8)	17 (40.5)	18 (42.9)	16 (38.1)	20 (47.6)	16 (38.1)	12 (28.6)
Good	1 (2.4)	10 (23.8)	8 (19.0)	13 (31.0)	8 (19.0)	15 (35.7)	5 (11.9)
Excellent	3 (7.1)	3 (7.1)	6 (14.3)	3 (7.1)	1 (2.4)	4 (9.5)	2 (4.8)
Mean quality (SD)	2.17 (1.15)	3.02 (1.02)	3.19 (1.07)	3.19 (.94)	2.88 (.86)	3.31 (1.02)	2.50 (1.07)
Median quality (IQR)	2.00 (2)	3.00 (2)	3.00 (1)	3.00 (1)	3.00 (1)	3.00 (1)	2.00 (1)
*Level of comfort	Frequency (%)						
Very uncomfortable	2 (4.8)						
Uncomfortable	4 (9.5)						
Somewhat comfortable	13 (31.0)						
Comfortable	13 (31.0)						
Very comfortable	10 (23.8)						
Mean comfort (SD)	3.60 (1.11)						
Median comfort (IQR)	4.00 (1)						

*5-point scale ranging from 1 (very poor/very uncomfortable) to 5 (excellent/very comfortable)

eTable 5 Achieving Integration: other

Theme	Illustrative quotes
Increase in education & training to HCPs	<ul style="list-style-type: none"> • <i>Critical care clinician training in the form of LEAP sessions given by palliative specialist MDs and nurses.</i> • <i>Every time a patient is admitted to ICU from the wards and has not had a category status sheet filled out by the admitting team, that team's staff and residents should be given training on this.</i> • <i>Residents need to have a better understanding of our comfort measures.</i>
Frequency of EOL discussions	<ul style="list-style-type: none"> • <i>ICU needs to consult palliative care for end of life discussions with families.</i> • <i>Would love to see palliative care team consulted more often.</i>
EOL process modifications	<ul style="list-style-type: none"> • <i>There is no debrief process for staff involved in end of life care, no matter how emotional or dramatic, both ICU and ED staff need the opportunity to debrief when required and this needs to be flexible to accommodate shifts.</i> • <i>Checklists could be an add on to our 'besoins quotidien' checklist we already have.</i>
Shift in mental models	<ul style="list-style-type: none"> • <i>Consider palliative care integration as something that is specific to the patient <u>not</u> location as patients require this long before ICU, and ICU is already much better than primary care physicians, ER and wards.</i>

eTable 6 Barriers affecting integration of palliative care: other

Theme	Illustrative quotes
Lack of understanding what palliative care entails (role, skill set, use)	<ul style="list-style-type: none"> • <i>There is a general lack of understanding of the role and skill set of palliative care specialist.</i> • <i>Still misconceptions about palliative care being only at the end of life and not being more about services provided to increase or maintain quality of life post ICU admission.</i>
Inadequate communication re: palliative care	<ul style="list-style-type: none"> • <i>Inadequate communication to families about the detrimental effects of ICU care (e.g., muscle wasting), realistic quality of life after days/weeks of sedation; these things are rarely, if ever, explained at the initial category status. "Would you like a tube to help you breathe?" doesn't explain the ramifications.</i>
Confident ICU Clinicians	<ul style="list-style-type: none"> • <i>ICU Clinicians feel confident in their own abilities to manage end of life issues without specialist palliative care involvement</i> • <i>ICU physicians believing they can provide "just as good" palliative care without recognizing the nuances of providing good palliative care.</i>