THE ROLE OF CRITICAL CARE RESPONSE TEAMS IN END-OF-LIFE CARE

Kwong, Adrienne¹; Day, Kathy²; Falconer, Matthew²; Barton, Glenn³; Sarti, Aimee¹; Hartwick, Michael¹
¹Department of Critical Care, The Ottawa Hospital, Ottawa, Canada; ²Academy for Innovation in Medical Education, Faculty of Medicine, University of Ottawa, Ottawa, Canada; ³Department of Surgery, The Ottawa Hospital, Ottawa, Canada

Introduction: Recent studies have documented the involvement of Critical Care Response Teams (CCRT) in end-of-life care and discussions about limitations of medical therapy.(1,2,3,4,5) However, there is little information about the features of these interactions or the perspectives of the individuals and teams participating in these situations.(6,7)

Objectives: We designed a qualitative study to explore and describe the roles, interactions, and perspectives of CCRT members in the provision of end-of-life care.

Methods: A conceptual model, centered on the CCRT and its interrelationships with patients/families and healthcare professionals, provided the framework for a qualitative strategy to describe the interface between CCRT and end-of-life care. Members of the CCRT sampled in this study included registered nurses (RNs), respiratory therapists (RTs), and physicians. Data was collected through semi-structured focus groups and one-on-one interviews, which represented the scope of CCRT practice at our centers. Thematic coding using a modified Grounded Theory approach(8) was applied to this data set and themes were agreed upon by a core coding team of four members comprised of two qualitative researchers and a physician and RN with CCRT experience.

Results: Focus groups (n=5; 6.5 hours of data) and interviews (n=6; 4 hours of data) were conducted with RNs (n=13), RTs (n=4), and physicians (n=6) who were all established members of CCRTs at two tertiary care hospitals in Ontario, Canada. This process was iterative and continued until saturation of themes was reached. Analysis is currently ongoing; however, preliminary transcript analyses for emerging themes indicate that CCRT members encounter a number of challenges when involved in end-of-life care. Issues relating to physician experience and aptitude with end-of-life care have emerged, particularly in reference to residents who are on-call overnight. CCRT members also reflected that patients’ and families’ lack of understanding about end-of-life care is an additional barrier in end-of-life care management. In response to these observations, CCRT members suggested solutions to these barriers such as emphasizing their patient advocacy role and understanding the role of cultural and social contexts in end-of-life decision making.

Conclusion: The results of this study will contribute to our understanding of roles that CCRTs play in end-of-life decision making. Additionally, CCRT perspectives inform stakeholders about institutional factors and education needs related to provision of quality end-of-life care in acute care facilities. And finally, these findings provide insight into society’s awareness of end-of-life issues, advanced planning, and decision making.