

## Service Development — Implementation and Evaluation

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### A QUALITATIVE STUDY EXPLORING THE VIEWS OF INTENSIVE CARE UNIT STAFF ON THE USE OF A SUPPORTIVE CARE PATHWAY TO GUIDE THE CARE OF PATIENTS WHO MAY NOT SURVIVE THEIR ICU ADMISSION

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**Background** The need to provide quality palliative care within the intensive care unit (ICU) is increasingly recognised. Mortality and morbidity are high, and studies have noted benefits to providing palliative care support within ICU; however, there remain barriers to achieving quality end of life care.

**Aims** Within a large tertiary referral centre ICU, a Supportive Care Pathway (SCP) was introduced with the aim of providing holistic care to patients and families where it was recognised that the patient may not survive their admission. This study aimed to explore the perceptions of intensive care doctors and nurses regarding the advantages and disadvantages of the SCP.

**Methods** This was a qualitative study. Sampling was purposive. Semi structured interviews were conducted by the primary researcher and transcribed verbatim. Interviews continued until data saturation was reached. Analysis was by grounded theory.

**Results** 10 face to face interviews were conducted, with 5 doctors and 5 nurses working on ICU. The study found that the SCP aided in reaching a consensus between team members caring for an individual patient. It was felt to empower staff to question the trajectory of care, and it was useful in helping to manage the expectations of family members, and at times, of

colleagues, about ICU care. Participants found that dealing with uncertainty was a difficult part of managing care on ICU, and there were concerns voiced that it was difficult to identify the correct patients to put on the SCP, and that the SCP could become a self fulfilling prophecy. There were also concerns about the SCP becoming a euphemism for dying.

**Conclusions** Participants were generally positive about the SCP and felt that it provided a useful mechanism for communication of the goals of care. There may be a role for similar care pathways more widely within intensive care units.