

When every moment matters



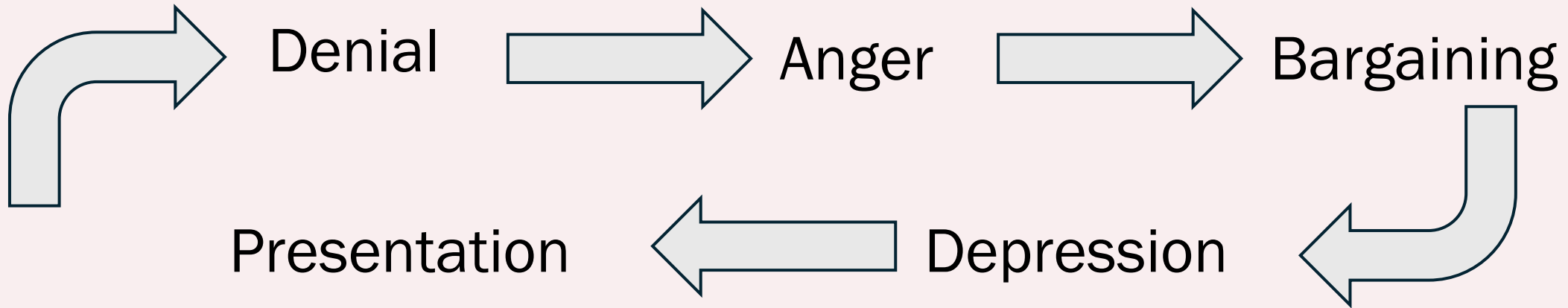
Advocacy at the End of Life in Critical Care

Introducing ... me

Chris Gillies – Sheffield Teaching Hospitals
Senior Digital Charge Nurse for Critical Care
1865 days on Duolingo
169 days on Zip (LinkedIn)

Five Stages of Grief

Audit

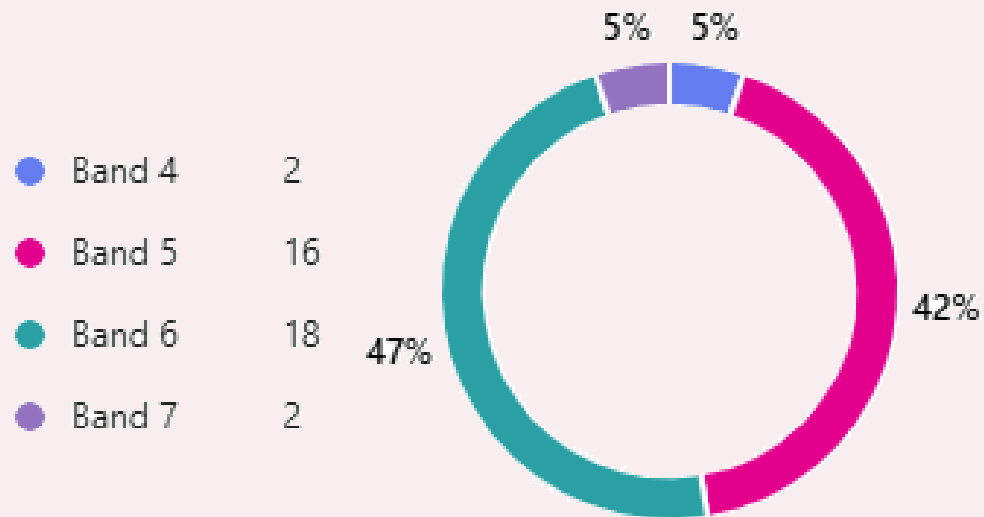


Questionnaire



Results

Confidence



3.87

Average Rating



In providing
care

4.08

Average Rating



In talking to...
Colleagues

3.53

Average Rating



Family

3.47

Average Rating



Patient

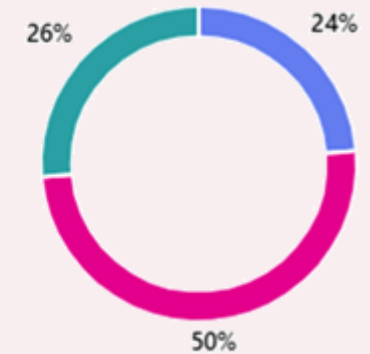
Results

Having end-of-life / difficult conversations	20
Family conflicts / expectations	29
Confusion around potential withdrawal of care	29
Emotional burden	11
Unclear local / Trust guidance	7
Lack of palliative care involvement	11
Other	5

Results

Are nurses involved in discussions?

Yes	9
No	19
Not sure / No opinion	10



Opinion of medic-led conversations



Results

Do you feel you've needed additional support?



Prolonging life when it seems futile	32
Disagreements between medical teams and family	19
Lack of decision making (or inclusion in decisions)	25
Feeling underprepared to handle symptom management	12
Feeling unprepared to handle family/social issues	18

What are the key stressors in end-of-life care?

Key Results

Experience = Self Confidence

Self Confidence != Confidence

Consistency is key – but we lack it.

It's good to talk sometimes, about some things.

We acknowledge deficits in education / confidence, but it hasn't changed.

Key Results

More questions.

What We've Already Started

Breaking bad news education

Bereaved family follow-up clinic

Future Objectives

Engaging with Palliative Care / Specialist Nurses

Asking the doctors??

Push more to talk about death just generally?

(Future) Discussion Points

Do nurses feel comfortable advocating?

Do we do “enough” for patients who aren’t dying imminently?

Do nurses (still) feel doctors makes all the decisions?

Can we “humanise” dying?

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