



Care and Support of Respiratory Care Staff

Caring for End-of-Life Patients

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Background

- **Compassion:** The humane quality of understanding suffering in others and wanting to do something about it.
- End of Life Care (EoLC) is difficult for Medical Professionals
- Very few RTs are prepared to assist in the dying process
- Caregivers with a high mastery of care situations have more positive responses to providing care
- **Objective:** To determine if implementing a Compassionate Care RT support team trained with specific knowledge of EoLC practices, ethics process, brain death testing, religious and cultural requirements around death and dying, and organ donation process including ventilator management can will have a perceived benefit to our bedside RT staff

Methods

- Compassionate Care RT team formed in April 2019.
- Staff were trained using:
 - End of Life Nursing Education Training Course (ELNEC)
 - Life-sharing lectures
 - Simulation lab scenario training
 - Apnea/Brain Death
 - EoLC Scenarios with family and patient
 - Lectures on spiritual, religious, and cultural aspects of EoLC care
 - Following up with Staff offering coping information, someone to talk to, and a referral if requested
- August 2021 a convenience sample of 120 pediatric RT's were offered an opportunity to complete an online survey about the EoLC compassionate care team.
- Participants were asked five questions, but each question was optional.

Results

- Voluntary online participants (N=48).
- Each Respiratory Staff at our facility who answered the survey had cared for between 1-20 (mean 2.79) end of life patients.
- 68.2% (30/48) knew the names of all 10 compassionate care team members
- Beneficial to Staff?
 - 95.8% (46/48) felt that having a compassionate care RT end of life team is beneficial to our staff
 - 4.2% (4/48) felt that it was not beneficial for them, but perhaps to new staff
- Would you Consult the Team in End-of-Life Care?
 - 77.1% (37/48) would consult the compassionate care RT team as a resource for EoLC
 - 22.9% (11/48) chose "not likely to consult" with these comment themes
 - Did not think they needed it
 - Have been in the field a long time
 - Would use other resources (Social Work, Charge Nurse, Charge RT or Respiratory Director).
- What can the team do better?
 - 52% (25/48) stated there needed to be more team members on night shifts
 - 25% (24/48) requested a better way to know whom to call if they have an EoLC patient during their shift.

Conclusions

- Implementation of an EoLC compassionate care RT team has been beneficial to our staff
- Staff feel comfortable calling them as a resource
- Staff know the names of the staff on our team.
- Additional needs were identified:
 - More night shift resources
 - Improvement of communication during the shift if end of life situation arose quickly.

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