

## **Where, when and how to best integrate palliative care in intensive care? Results from a systematic review of systematic reviews**

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**Background/aims:** Initiatives exist on the integration of palliative care (PC) in intensive care (IC), requiring attention on underpinning concepts and organisational models. More evidence is needed on the outcomes of such integration.

**Aims:** To synthesise the evidence about integrating PC in IC with respect to (i) processes, (ii) types of IC units that benefit from this integration, (iii) outcomes and (iv) organisational models.

**Methods:** Systematic review (SR) of systematic reviews, following Whitlock et al. Data sources: PubMed, Web of Science, EBSCOhost. Three bundles of search terms: “palliative care” AND “intensive care” AND “systematic review”. Inclusion criteria: SR on the integration of PC in IC, patients aged >18, comparing conventional IC and the integration of PC in IC, in English, Spanish and Portuguese. Articles independently screened and selected by two researchers. Data extraction using PICOD. Quality assessment using AMSTAR tool. PROSPERO: CRD42019124947.

**Results:** Our search retrieved 1586 articles, 12 were fully assessed for eligibility; 5 SR were included in the analysis, involving 108 primary studies in different IC units: medical, surgical, cardiac, neurological, trauma. Models of integration varied from consultation to education on communication and decision-making processes. Outcomes included length of stay (LOS), quality of dying (QoD), treatment decisions and staff satisfaction. Findings suggest that the early integration of PC in IC units reduces LOS, costs, 30-day readmission and hospital utilisation without impacting mortality. Different designs and details in the description of methods and instruments hamper the comparison of findings.

**Conclusions:** This SR of SRs shows that the integration of PC in IC embraces two models: consultation and education. Main outcomes are length of stay, quality of dying, resource management, treatment decisions and staff satisfaction. Research is needed to build integration models that fully consider the holistic dimensions of palliative care in intensive care.

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