Proactive Palliative Care in an ICU: Effect on Quality Indicators and Length of Stay
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PROBLEM:
Although a PC program was initiated three years prior to this study, few eligible ICU patients received a PC consult ordered by MD.

EVIDENCE:
During the first phase of the study, 157 patients were screened as appropriate for PC but only 17 (11%) received a consult.

STRATEGY:
Investigators sought to identify if a letter to physicians noting the patient’s PC eligibility might increase PC consult requests as well as affect quality outcomes and ICU LOS for patients who received PC interventions.

PRACTICE CHANGE:
Over a 10 month period, all admissions to ICU were screened for PC eligibility within 48 hours based on one or more of the following criteria:

  Stage IV malignancy  
  Intracerebral Hemorrhage requiring mechanical ventilation  
  End Stage Dementia  
  Severe Cerebral ischemia after cardiac arrest  
  Multi-Organ System Failure

Quality outcomes and LOS data was collected retrospectively from eligible charts. The key action in the intervention phase was placement of a letter into the charts of PC eligible patients. The letter encouraged MD’s consider a PC consult and/or activities.

EVALUATION:
Study results demonstrate the value of written communications to physicians to promote PC activities.

RESULTS:
228 patients were screened as PC eligible, of those 34 received a request for PC consultation. Most quality indicators showed slight improvement during intervention phase and significant improvement in some indicators with full consult.

  11.6% increase in PC consult requests during intervention phase.  
  ICU Day 5: 7.4% increase in documentation of interdisciplinary family meetings during intervention phase and 12.8% increase with full PC consult.  
  The earlier the PC consult occurred, the shorter their length of stay in the ICU
RECOMMENDATIONS:
Communications in regard to PC strategies/consults should be provided on all eligible patients in order to increase PC activities.

LESSONS LEARNED:
Our initial biggest challenge was to ensure compliance of palliative care screenings for all admissions; this was a new nursing practice and was not always completed.

BIBLIOGRAPHY: