Introduction

• The Intensive Care Unit (ICU) lacks a standardized approach for Palliative Care (PC) consults
• Evaluate if completion of a PC screening tool on admission to the ICU increases the number of PC consults

Background and Significance

• 20% of the population will be 65+ by 2030, with the leading causes of death as progressive and chronic illnesses
• IOM’s 2015 report suggests early integration of PC services in the ICU
• ICU costs have increased 92% and early implementation of PC shows a cost reduction

Methods

• QI project with a time interrupted retrospective chart review
  • Pre-Intervention: 92 charts
  • Post-Intervention: 41 charts
• Setting: ICU in 735-bed teaching hospital in NJ
• Population: sample of 85 registered nurses; sample of charts from February 2020 and February 2021
• Intervention: implementation of a proposed PC screening tool over a one-month period
• Analysis:
  • Between groups comparison to analyze usefulness of PC screening tool
  • Chi-square test to determine association between PC screening tool completion and PC consults on eligible patients
  • Descriptive statistics to evaluate compliance with PC screening tool completion

Completion of a PC screening tool did lead to an increase in PC consults, therefore, should be utilized because patients in the ICU have unmet PC needs

Results

• No statistically significant association between PC screening tool completion and PC consults ($\chi^2(2) = 4.685, p = 0.096$)
• Overall increase in PC consults on patients who screened positive after implementing a PC screening tool (15.4% to 19%)
• > 50% of patients screened positive, showing there are unmet PC needs in the ICU
• Only 35% of eligible patient admissions had PC screening tools completed during intervention

Discussion

• The adapted PC screening tool based off of CAPC’s recommendation is appropriate for this specific ICU population
• Patients continue to have unmet PC needs and would benefit in standardizing the process for PC consults
• Facilitators and Barriers:
  • Buy in from nurses and management
  • COVID-19 pandemic and nurse burnout
  • Paper screening tools not part of EMR
• Unintended consequences:
  • Increased nurse awareness of patients meeting PC screening tool criteria
  • Adjust future education to include ancillary staff and social work to improve compliance of PC screening tool completion

Future Implications

• Economic:
  • Cost benefit to the ICU from decreased resource use and length of stay with early PC integration
• Healthcare Quality and Safety:
  • Improved utilization of interdisciplinary approach to care
• Policy Implications and Practice Change:
  • Standardized PC consult process