

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

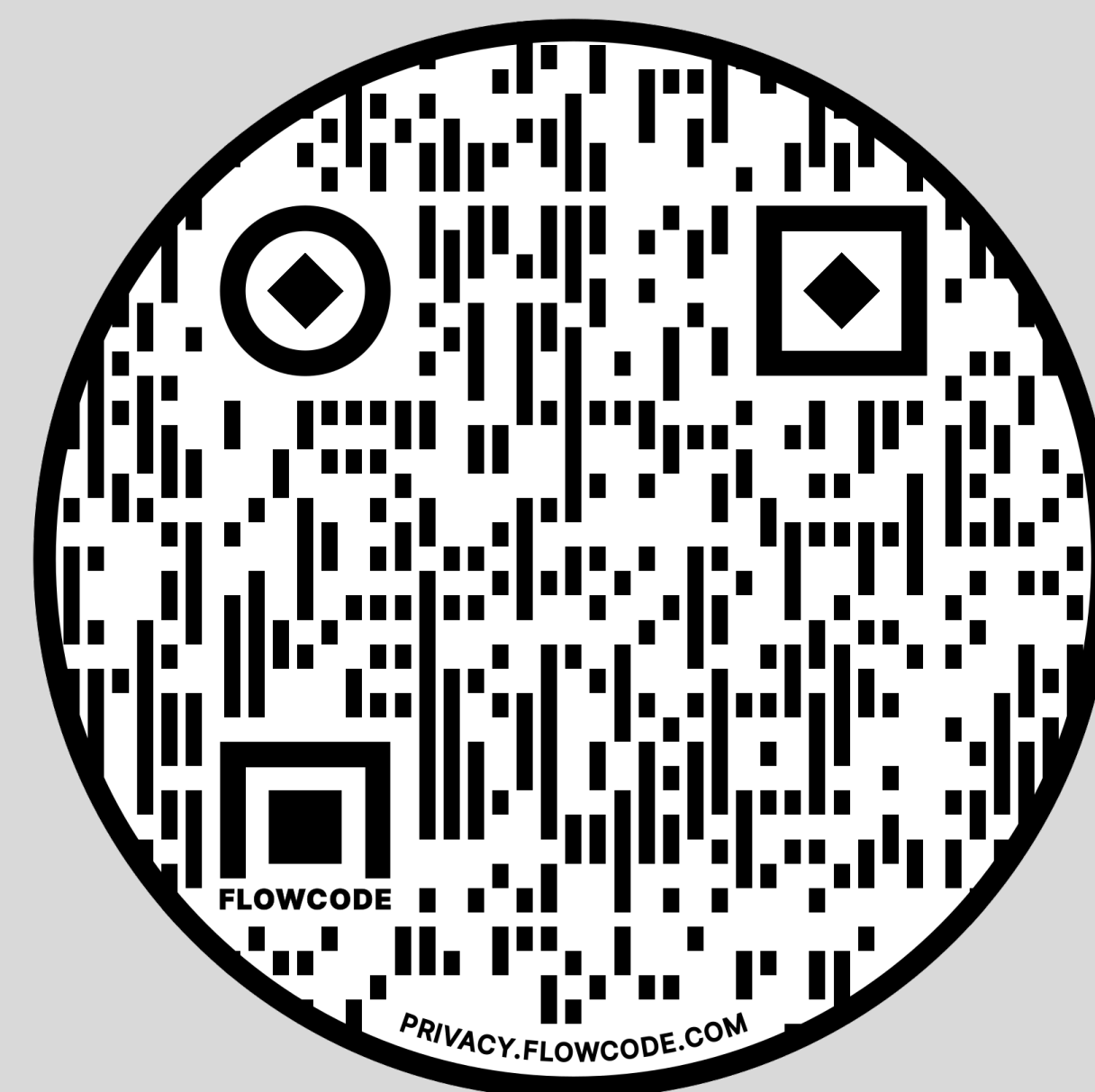
Background and Significance

- 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**



scan for contact information and references

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