



Introduction

- Inconsistent integration of palliative care screening in surgical-trauma ICU (STICU)
- High expectation for recovery
- Trauma can be a life altering
 - 10-20% mortality rate
 - Serious disabilities in survivors
- The American College of Surgeons (ACS) recommends screening within 24 hours of admission and documented goals of care within 72 hours
- Palliative care intervention tools have proved to increase earlier goals of care (GOC) discussions

Background/Significance

- Accidental Injury is a leading cause of death in the United States.
- Traumatic injuries typically involve life-sustaining interventions during hospitalization
- Integration of palliative care screening has potential to improve quality of life at end-of-life by avoiding burdensome medical procedures

Methodology

Quality Improvement Project

- Retrospective and prospective chart review
- Pre/post design

Setting:

- 12 bed Surgical-Trauma ICU, level II state designated and ACS verified Trauma hospital

Population:

- All STICU patients under trauma service
- All STICU clinical staff to participate

Intervention:

- Implementation of palliative care screening tool on all trauma patients

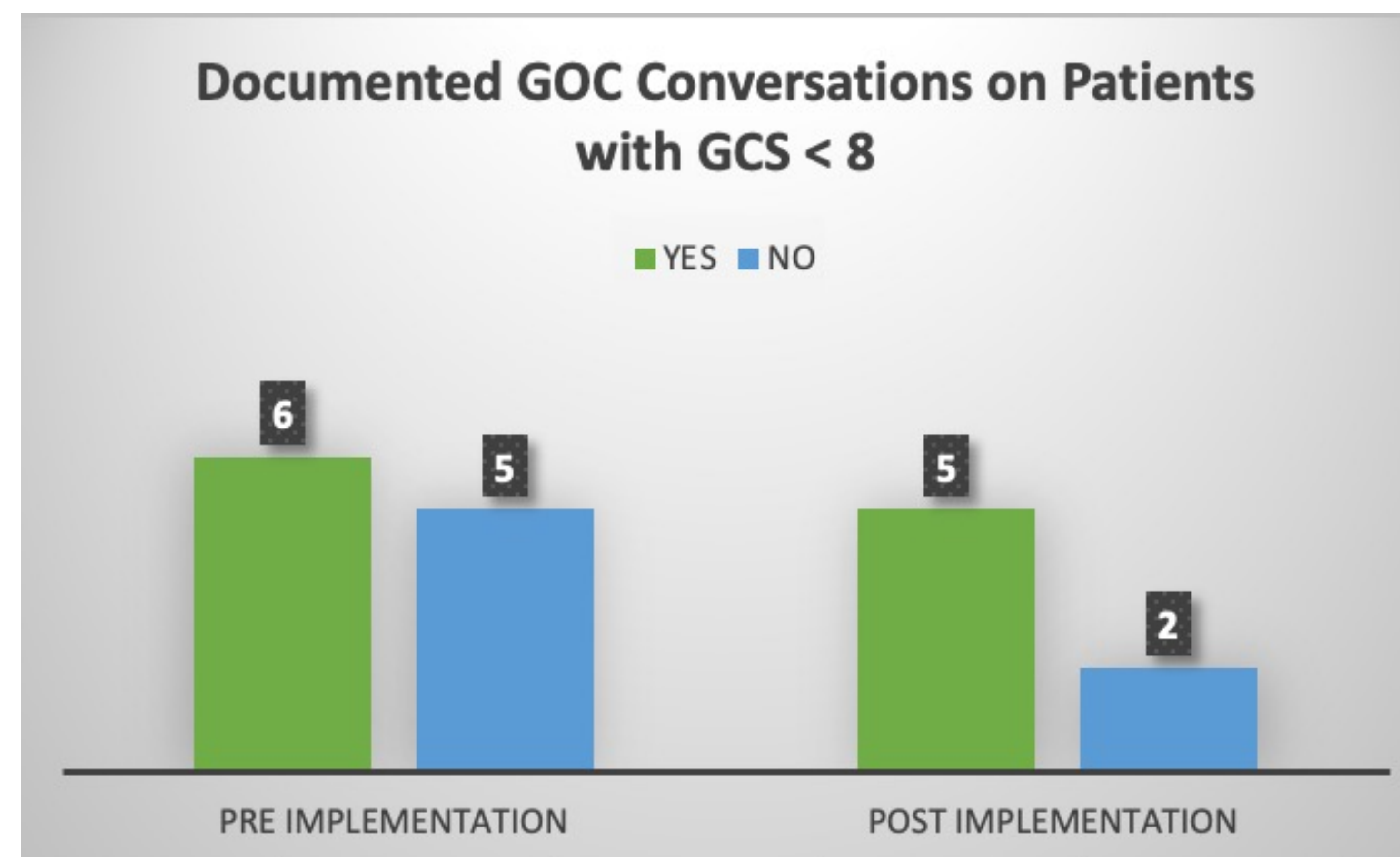
Outcomes Measured:

- # of screening tools completed
- # of documented goals of care
- ICU length of stay
- Days on mechanical ventilation

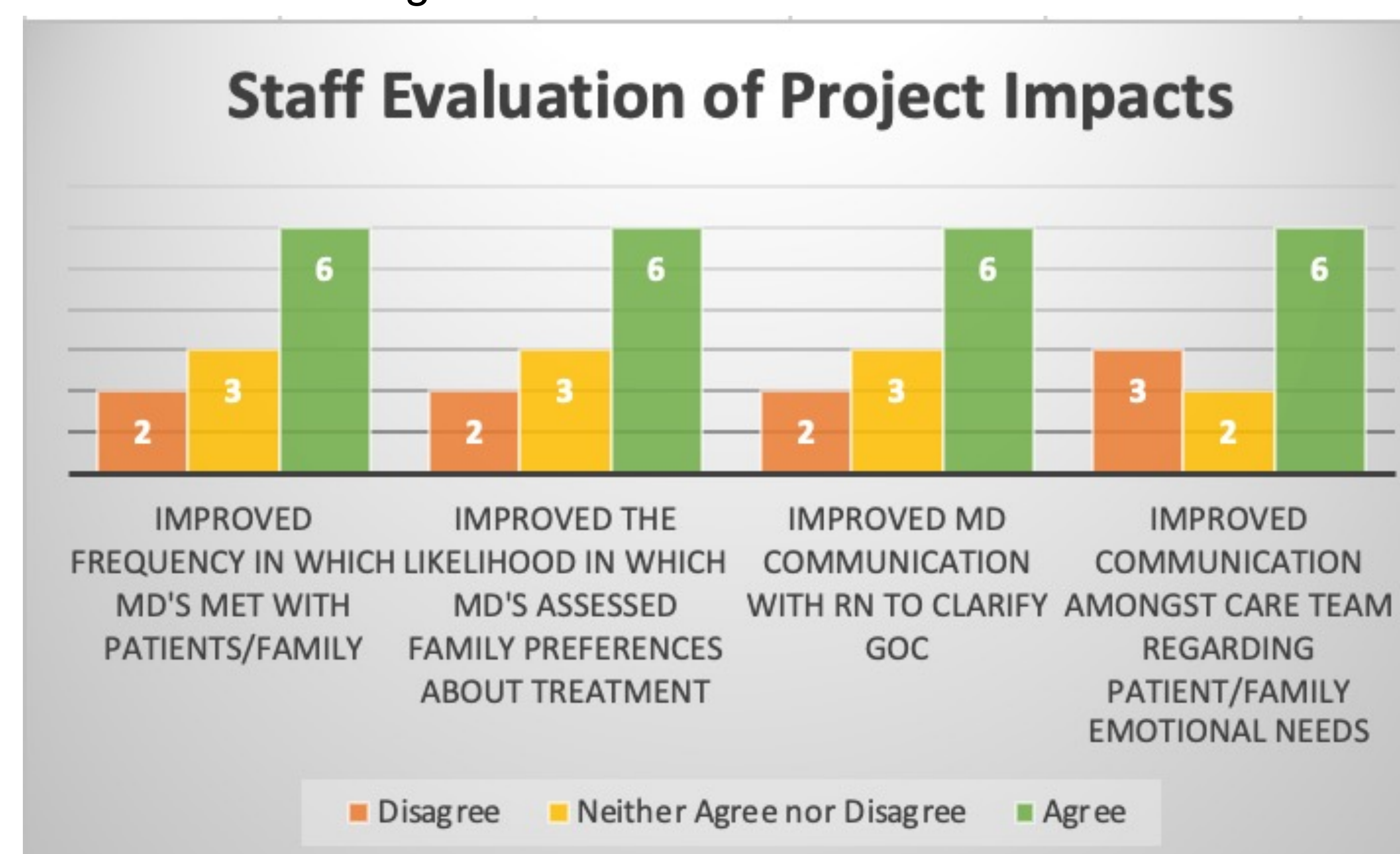
Screening Tool for Unmet Palliative Care Needs

	Negative Screen	Category 1: Positive Screen	Category 2: Positive Screen
Traumatic Injury Severity	Non-life-threatening injuries	Potentially life-threatening injuries	Anticipated high risk of hospital mortality due to injury
Disability	Non-disabling trauma injuries	Potentially disabling injuries	Permanent disability or functional outcome incompatible with patient's wishes
Previous Functional Status	Healthy, no serious chronic illness	One or more serious illness, frailty, older age	Chronic serious illness, frailty, older age
Surprise Question	Surprise question: Yes	Surprise question: Maybe or No	Surprise question: No

Results



Increased occurrence of GOC conversations on those patients with a Glasgow Coma Scale Score of 8 or lower



Overall positive feedback reported from clinical staff on improvements made by implementation of screening tool

Discussion & Conclusions

- Aimed to improve the quality of care by screening trauma patients for being at risk of having unmet palliative care needs throughout their hospitalization. Aimed also to encourage the ICU provider team to having those important goals of care conversations earlier in a patients stay.
- It was found that the screening tool was able to successfully identify those patients at risk.
- Sample size too small to demonstrate statistically significant improvements in ICU LOS or days on mechanical ventilation
- Documented GOC conversations increased 16% on patients with a GCS of 8 or lower
- Nurses felt the screening tool improved interdisciplinary communication regarding patient needs
- Future projects may consider longer time frame, more frequent education, and evaluation of staff pre- and post implementation for greater results

Implications

Clinical Practice

- Alignment with national surgical associations' initiative to improve palliative care in critically ill
- More effective communication efforts

Healthcare Policy

- Integration of palliative care screening into existing standards of care practice
- Implementation into existing admission order sets to impact policy and practice

Quality/Safety

- Potential to avoid both emotional and physical distress for patients and families

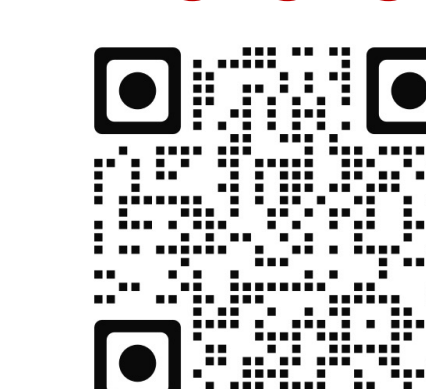
Education

- Identified need for stronger education for clinical staff to administer primary palliative care

Economics

- Ability to decrease LOS and overall costs of care

References & Contact Information



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