

Nurses Have the Magic Touch: Determining the Effect of Embedding a Palliative Care Nurse within the MICU



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Background

- ❖ Critically-ill patients admitted to the medical intensive care unit (MICU) setting are at higher risk for significant morbidity and mortality.
- ❖ Discussions regarding goals of care and end-of-life wishes are frequently required during an MICU admission.
- ❖ Studies have previously evaluated the role of palliative care consults (PC) within the MICU setting.
- ❖ There has been limited research on the integration of a palliative care nurse within the MICU setting, particularly in regard to length of stay (LOS) and overall admission costs (OAC).

Objective

- ❖ To assess whether the integration of a palliative care nurse practitioner within the MICU effects length of stay (LOS) and overall admission costs (OAC)

Methods

- ❖ De-identified data from a tertiary hospital was collected over a 40-month period (2012-2015).
- ❖ Of the 86,131 hospital admissions during this time period, there were 1,449 patients admitted to the MICU with a total of 3,829 visits.
- ❖ Palliative care (PC) patients were matched with standard care (SC) patients using 3 or more DRG variables.
 - ❖ N = 1347 matched
 - ❖ 40% Female
 - ❖ 931/1347 patients had a PC consult
- ❖ Variables included LOS and OAC
- ❖ Repeat MICU admissions were compared for PCC and no PPC groups before the start of the embedded Palliative NP and after.

RACE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
A-WHITE	1137	85.30	1137	85.30
B-BLACK OR AFRICAN AMERICAN	82	6.15	1219	91.45
C-AMERICAN INDIAN OR ALASKA NA	1	0.08	1220	91.52
D-ASIAN	25	1.88	1245	93.40
F-MULTI-RACIAL	20	1.50	1265	94.90
G-DECLINED	2	0.15	1267	95.05
H-THIS INFO NOT AVAILABLE	8	0.60	1275	95.65
HISPANIC OR LATINO	58	4.35	1333	100.00
Frequency Missing = 14				

SEX	Frequency	Percent	Cumulative Frequency	Cumulative Percent
F	544	40.39	544	40.39
M	803	59.61	1347	100.00

PCC	N	Variable	Mean	Std Dev	Minimum	Maximum
No	510	LOS	22.95	28.5	1.00	375.00
		Total Charges	196293.44	211785.19	18537.70	2874954.48
Yes	931	LOS	13.97	15.61	0.00	155.00
		Total Charges	116945.35	121333.87	10382.42	1496399.40

Results

- ❖ There was a significant decrease in length of stay in the PCC arm (from 16.9 to 12.2; p value=0.0006).
- ❖ There was not a significant decrease in LOS in the non-PCC arm (from 24.3 to 22.5; p = 0.8680).
- ❖ There was a non-significant decrease in OAC in the PCC arm (\$129,014 to \$109,807; p=0.1539).
- ❖ There was a non-significant increase in OAC for the non-PCC arm (from \$173,452 to \$204,599; p=0.0664).

Conclusions

- ❖ This study revealed that there was a significant decrease in length of stay following integration of a palliative nurse practitioner within the MICU service.
- ❖ Despite the overall decrease in length of stay, there was not a significant decrease in overall admission cost in the palliative arm of this study.

Future Directions

- ❖ This study indicates that integration of a palliative NP within MICU may be beneficial to promoting increased communication and thus decreasing LOS.
- ❖ Further investigation is warranted to determine how MICU integration of a palliative NP may affect patient care.

Resources

- ❖ Ho, LA et al. Comparing clinician ratings of the quality of palliative care in the intensive care unit. *Crit Care Med* 2011 Vol. 39, No. 5.
- ❖ Qeunot, JP et al. Suffering among carers working in critical care can be reduced by an intensive communication strategy on end-of-life practices. *Intensive Care Med* (2012) 38:55–61.
- ❖ Seaman, J. Improving Care at End of Life in the ICU. *Journal of Gerontological Nursing*. Vol. 39, No. 8, 2013.
- ❖ Smith, TJ et al. Practical guidelines for developing new palliative care services: Resource management. *Annals of Oncology* 23 (Supplement 3): iii70–iii75, 2012.