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 affects 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.

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