

Background

Advanced Illness: Beds (AIB) Initiative

- Initiated by North Shore University Hospital in February 2015
- Effort to better align the treatment to advanced illness patients' goals of care in the intensive care units
- Palliative Care Consult Team uses AI Trigger Tool to identify AI patients in intensive care units suitable for care in the Palliative Care Suite (PCS) (see Fig.3)

Palliative Care Suite/Inpatient Hospice Unit

- Provides relief of symptoms and support for patients and their families
- Inpatient unit for Hospice Care Network
- Hospice provides many valuable benefits to patients and families including bereavement services

Method

Using the Trigger Tool

- ICU patients are screened for advanced illness using the Advanced Illness Trigger Tool (See Fig. 1)
- If positively screened, patients are considered for transfer to the Palliative Care Suite after a palliative medicine consultation
- See Fig. 2

Tracking Progress

- Retrospective data review on patients discharged from Feb. 1st 2014 – June 30th 2015
- Patients divided into two groups, before the AIB Initiative (2/2014-1/2015) and after (2/2015-6/2015)
- Data Collected on:
 - Location of in hospital before transfer to the PCS
 - If the patient was in a Hospice or Palliative Care (PCU) bed

Advanced Illness Trigger

Advanced Illness Definition: when one or more of a patients conditions become serious enough that general health and functioning decline, and treatments begin to lose their impact

- Chronic Illness:** one or more chronic diagnoses, including frailty or dementia
Plus 2 or more of the following:
- Declining functional status:** loss of >2 ADLs over the past 3 months
- Malnutrition:** unintentional loss of > 10% body weight over the past 3 months
- Evidence of organ dysfunction**
- Cancer, advanced or metastatic disease**

Figure 1

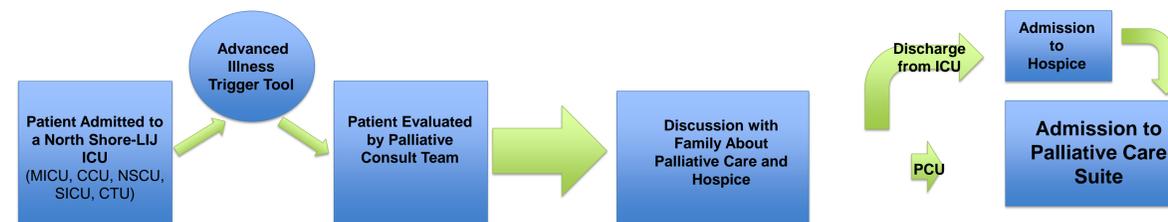


Figure 2

Palliative Care Suite Admission Criteria

- Patient **MUST** have Geriatric and Palliative (GAP) Team consultation and a plan that is agreed upon by the patient/family members and attending physician.
- Patient meets advanced illness criteria
- Patient meets criteria for continued acute hospitalization.
- Patient may transfer from any unit in the hospital including the Emergency Department.
- Patient has pain and/or symptom needs which cannot be managed on a medical/surgical inpatient floor.
- Patient does **NOT** require electronic monitoring (e.g. telemetry, continuous pulse oxymetry).
- For Hospice Care Network patients: **MUST** meet inpatient hospice criteria (GAP team consult needed).

Figure 3

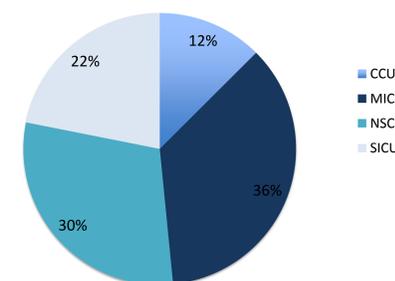
Table 1

	Data			
	Before (12 months)		After (6 months)	
	Number Total	Average per month	Number total	Average per month
All Patients	705	58.75	318	63.6
Hospice Patients	218	18.17	112	22.4
PCU Patients	487	40.58	206	41.2
Hospice Patients from ICUs	10	0.83	12	2.4
PCU Patients from ICUs	165	13.75	53	10.6
Total ICU Transfers	175	14.58	65	13

Table 2

Number of Hospice Patients From ICUs			
Before AI: Beds Initiative		After AI: Beds Initiative	
	February '14-January '15		February '15-June '15
February	0	February	1
March	0	March	1
April	2	April	3
May	2	May	5
June	2	June	2
July	0	-	-
August	0	-	-
September	0	-	-
October	1	-	-
November	0	-	-
December	2	-	-
January	1	-	-

Breakdown of All ICU Patients After Advanced Illness: Beds Initiative



Results

- Total patients: **1,023**
- Before AIB Initiative:
 - Total PCS Admissions from ICUs: 175
 - Hospice Enrollment from ICUs: 10
- After AIB initiative:
 - Total PCS Admissions from ICUs: 65
 - Hospice Enrollment from ICUs: 12
- See Table 1 and 2
- Percentage of ICU transfers enrolled in hospice
 - Before: **5.71%**
 - After: **18.46%**
- Increase from **0.83** hospice patients from ICUs in the PCS per month to **2.4** since the initiative began
 - Increase of **190%**
- In May and June 2015, all ICU transfers came to the Palliative Care Suite in Hospice Beds
- Patients came mostly from the Medical ICU (MICU) and Neurosurgical ICU (NSCU)
- Increase in monthly number of Hospice patients being admitted into the PCS from 18.2 per month before the initiative to 22.4 per month after the initiative began

Conclusion

- Using an advanced illness criteria in the ICU's allows for earlier identification, clarification of goals of care and increased hospice enrollment.**
- Significant increase in average number of Hospice patients transferred from ICUs per month.
- Shows the effectiveness of the Advanced Illness Trigger Tool used by the Palliative Care Consult Team
- Patients and their families receive more support and management of symptoms and the hospital saves money.
- Awareness of ICU attending physicians is vital to the success of the program.
- Data should continue to be collected monthly to track progress.
- Having a Hospice liaison on ICU rounds would possibly increase numbers as well.