Increasing Palliative Medicine Utilization in the Surgical Intensive Care Unit at An Urban, Safety- Net Hospital

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TEAM

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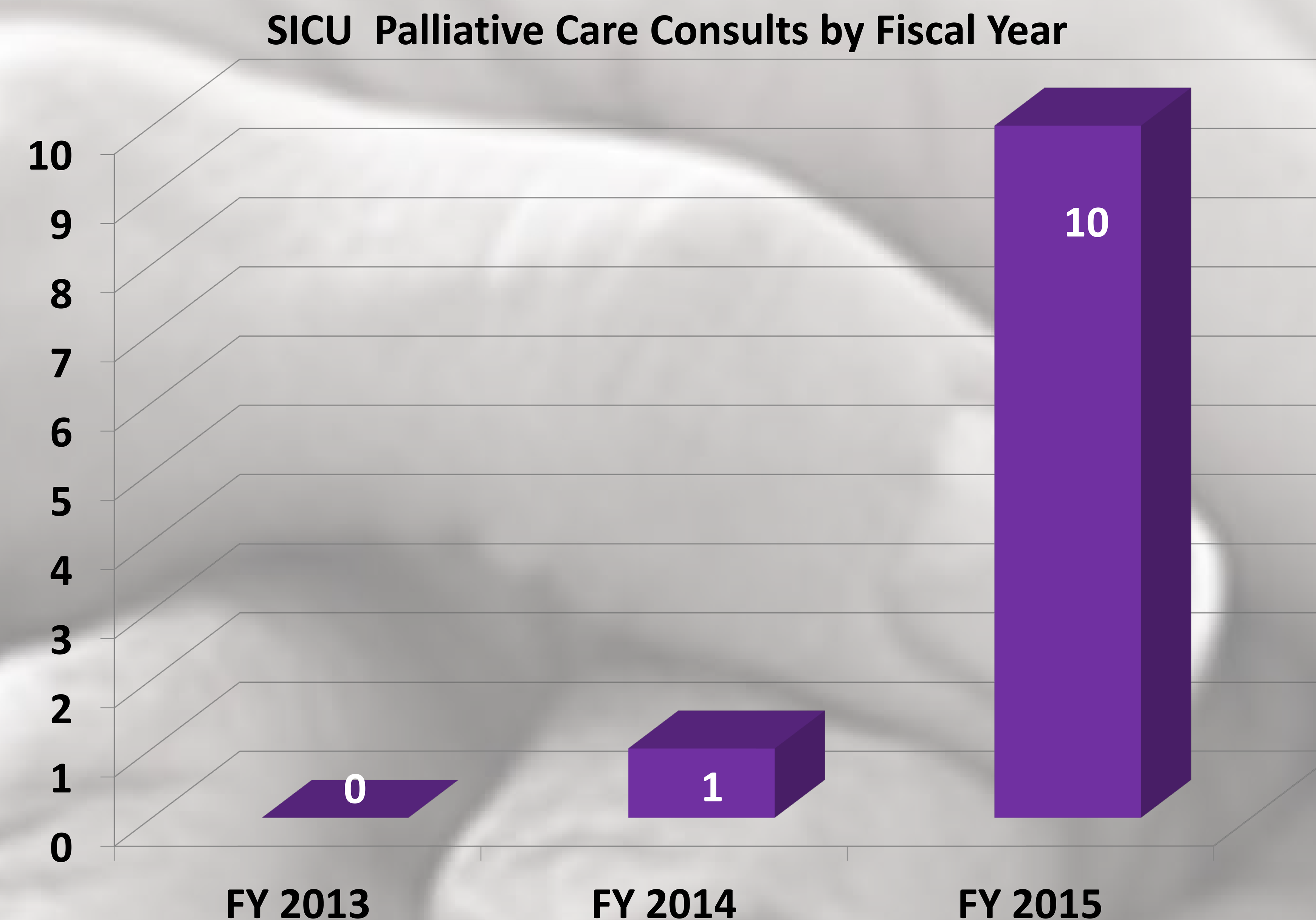
BRIEF DESCRIPTION

This session will discuss the ongoing efforts at an urban, safety-net hospital to identify patients in the Surgical/Trauma ICU (SICU) who could benefit from Palliative Medicine consultation. A nurse-initiated screening tool is at the center of these efforts.

TOPIC DOMAINS

- Identification of Surgical ICU patients with Palliative Care Needs
- Nursing
- Primary Palliative Care Training
- Tertiary/Teaching

RESULTS



DESCRIPTION

Parkland Memorial Hospital is an urban, university-affiliated, county hospital that primarily serves the indigent population of Dallas county. Parkland is also a Level I Trauma Center. The SICU is a 28-bed unit staffed by faculty board-certified in both general surgery and surgical critical care. In 2013 there were over 1200 admissions to the SICU with only one of those patients referred for Palliative Medicine consultation. We hypothesized that there was an unmet need for Palliative Medicine input with these complex SICU patients. Subsequently, we completed a process improvement review that demonstrated Palliative Medicine referral was rarely considered, and was determined by the subjective assessment of the rotating faculty.

In an effort to increase Palliative Medicine utilization, we implemented a SICU screening protocol administered daily by the bedside nurse. The goal was to identify patients appropriate for Palliative Medicine consultation by establishing objective "trigger" criteria incorporated into the daily nursing assessment. The selected criteria were based on factors identified by members of the American College of Surgeons Surgical Palliative Care Task Force, and adapted by an interdisciplinary team consisting of Palliative Medicine specialists, surgical critical care specialists, and SICU nurses.

A pilot study demonstrated an increase in Palliative Medicine referrals. We also demonstrated many appropriate patients still were not identified for referral which lead to the revised screening criteria.

PARKLAND MEMORIAL HOSPITAL SICU SCREENING CRITERIA

1. Advanced directive authorizing discontinuing treatment
2. Family requested Palliative Medicine consult
3. Death expected during same SICU admission
4. Family disagreement with medical team, advanced directive, or each other lasting > 48 hours
5. Glascow Coma Scale of <8 lasting > 72 hours
6. Futility considered or declared by medical team

REVISED SCREENING CRITERIA

1. Advanced directive authorizing withdrawal of treatment
2. Family requests Palliative Medicine consult
3. Disagreement between family and medical team regarding treatment plan
4. Glascow Coma Score 3 lasting > 72 hours
5. Mechanical Ventilation > 7 days
6. SICU stay > 14 days
7. ICU team considers tracheostomy
8. Recent cardiopulmonary arrest
9. Readmission to SICU during same hospitalization

FUTURE EFFORTS

- Prospectively track the increase in referral volume
- Evaluate the impact on Palliative Medicine Service clinical capacity
- Develop a formalized curriculum to train SICU nurses in primary palliative care
- Quality of Death and Dying questionnaire

REFERENCES

1. Task Force on Surgical Palliative Care and the Committee on Ethics. "Statement of Principles of Palliative Care." Bull Am Coll Surg 2005 Aug. 90

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