



Study of ICU Patients Transferred to a Palliative Care Unit

Amelia Conner, Bridget Earle MD, Danielle Turrin DO, Sindee Weiss MD, Tiffany Powell RN BSN
Division of Geriatrics and Palliative Care



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BACKGROUND

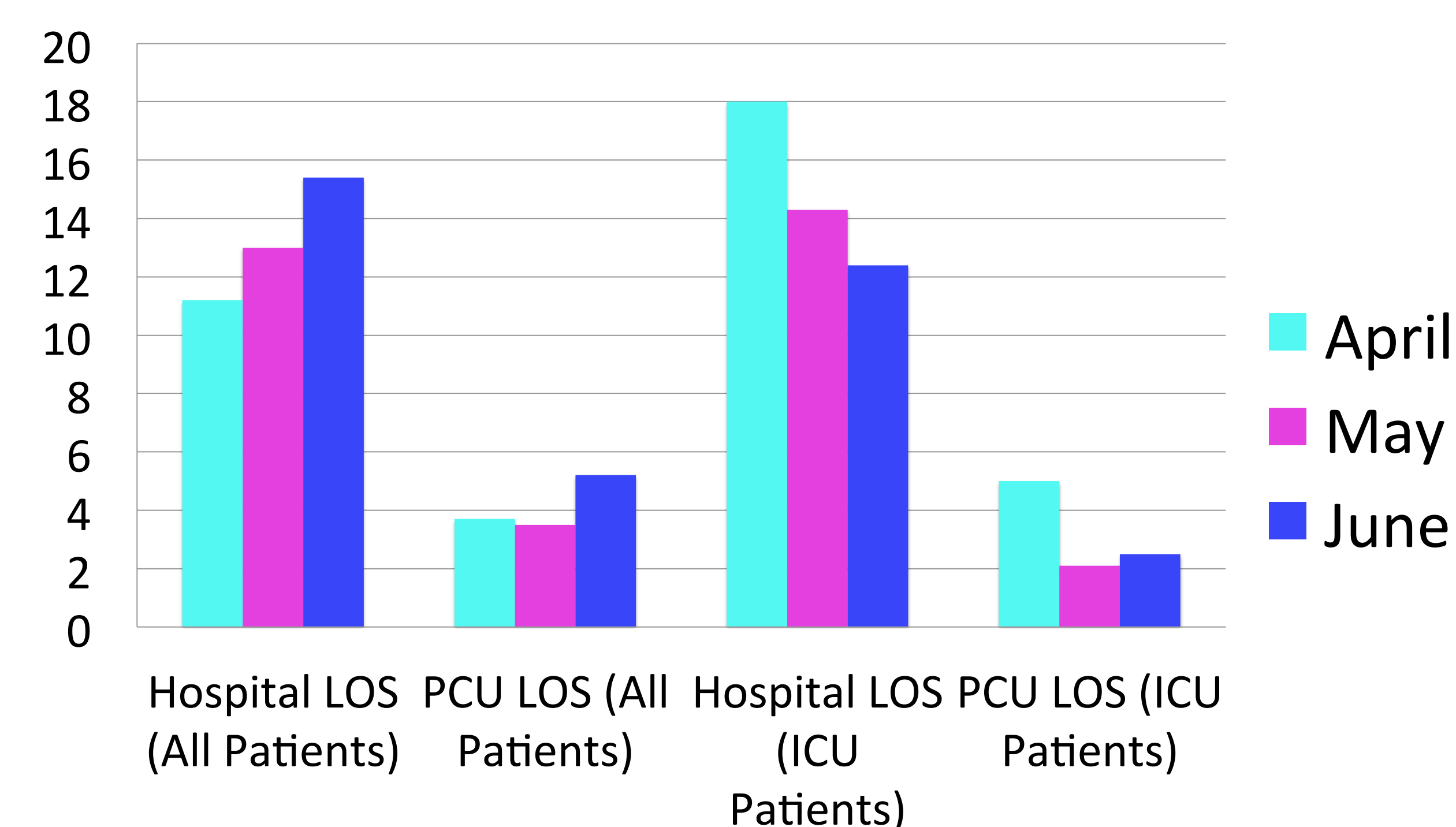
- North Shore University Hospital (NSUH) has a 10-bed Palliative Care Unit (PCU) that admits over 500 patients annually for symptom management
- 25% of patients come from Intensive Care Units (ICU).
- The PCU was designed for palliative symptom relief and hospice care for end of life patients, including mechanically ventilated patients.
- Literature demonstrates the role of palliative care as an essential component of comprehensive medical care.
- In order to provide high quality care to ICU patient transfers, we wanted to better understand the intricacies of their hospital course.

Method

- A retrospective review was conducted for PCU transfers from April 1, 2016 - June 30, 2016, specifically ICU transfers.
- All data was collected from Electronic Medical Records (EMRs).
- This data includes patient demographics, hospital units, hospital length of stay (LOS), PCU LOS, admission to PCU consult time, and PCU consult to PCU admission time.

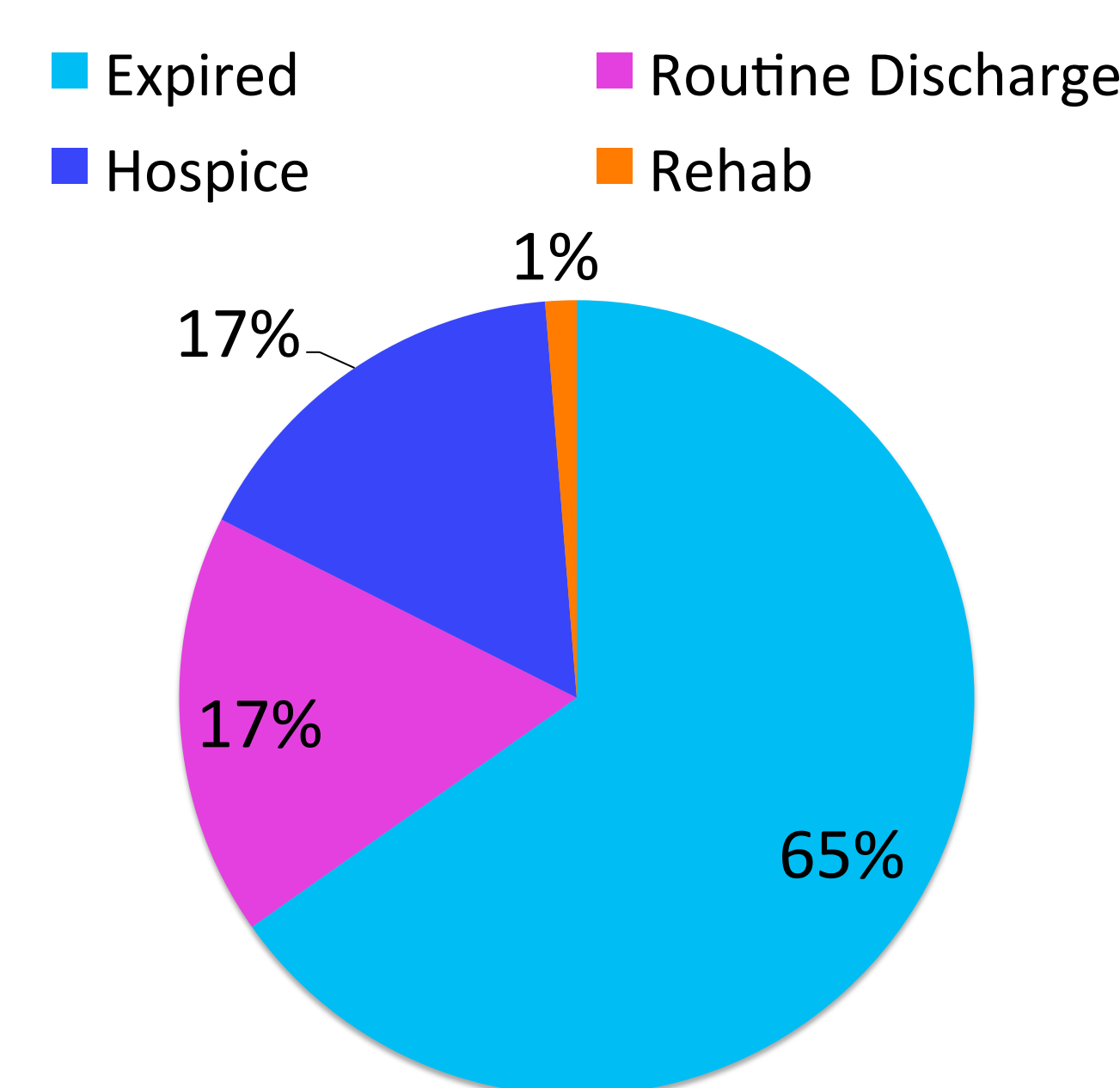
Data

Average Length of Stay (LOS) In Days

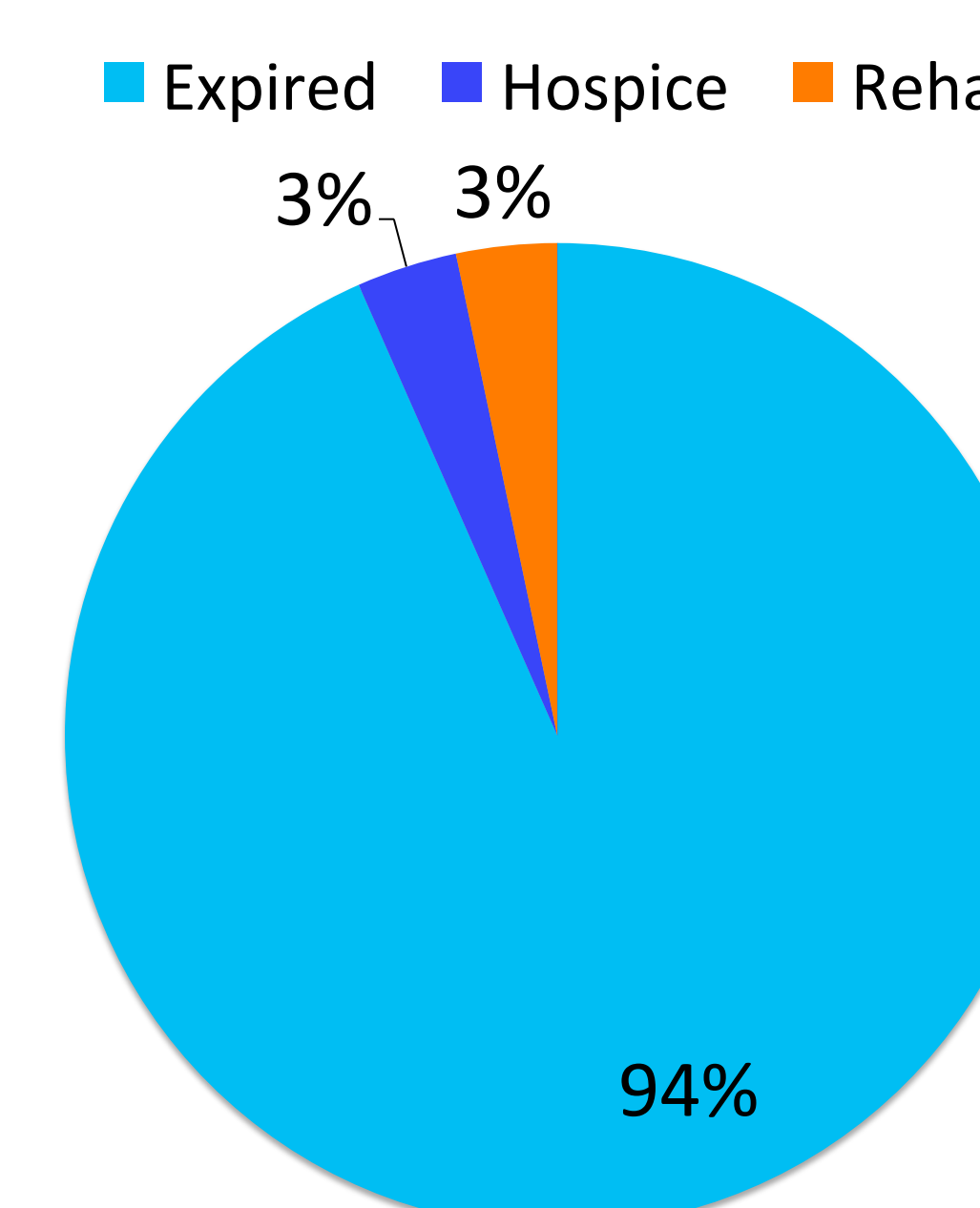


	Average Age	Most Common Diagnosis	Most Common Transferring Unit
All Patients	72	CVA	ER
ICU Patients	71.4	ICH	MICU

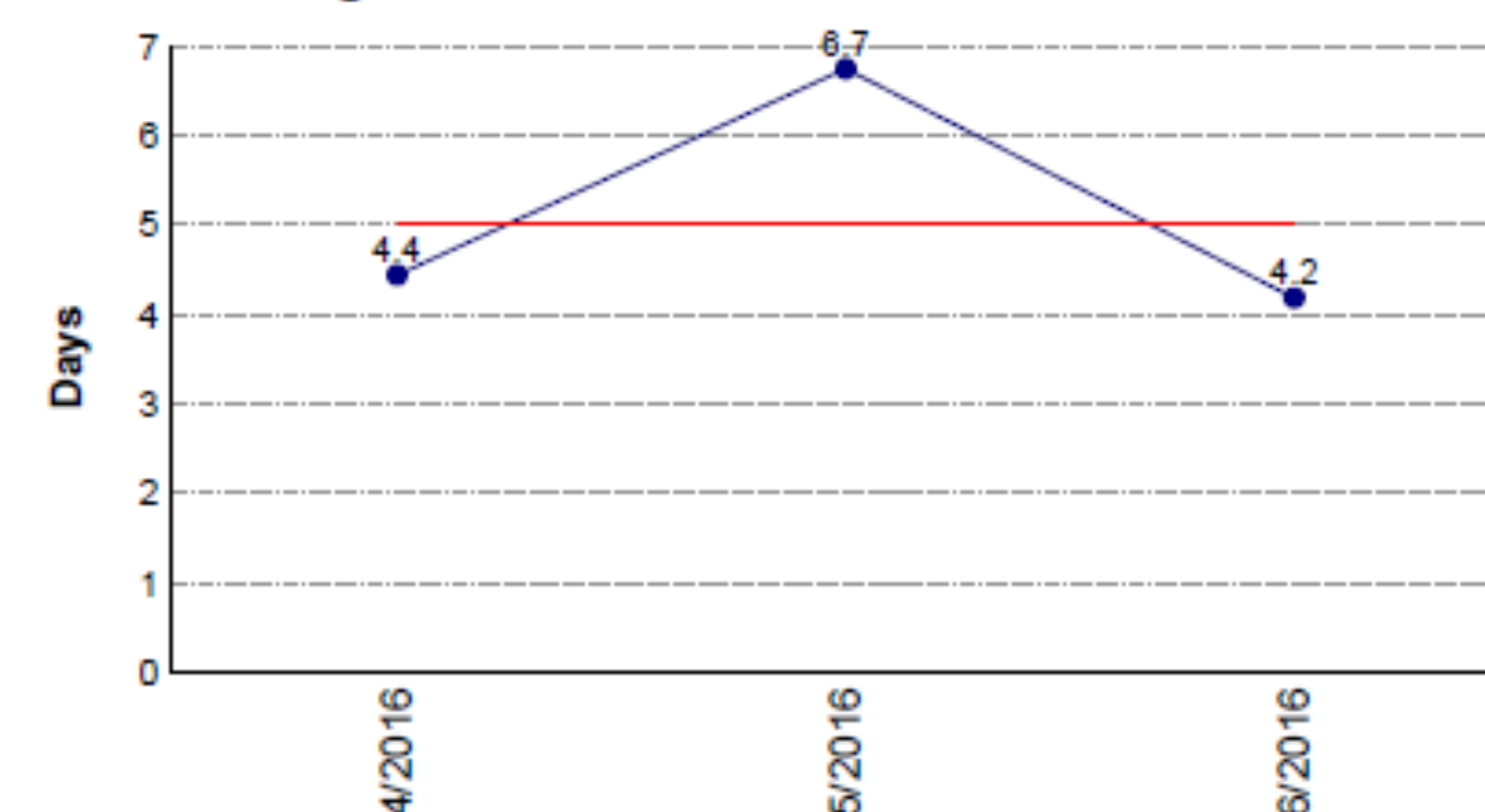
Outcomes for All Patients



Outcomes for ICU Patients

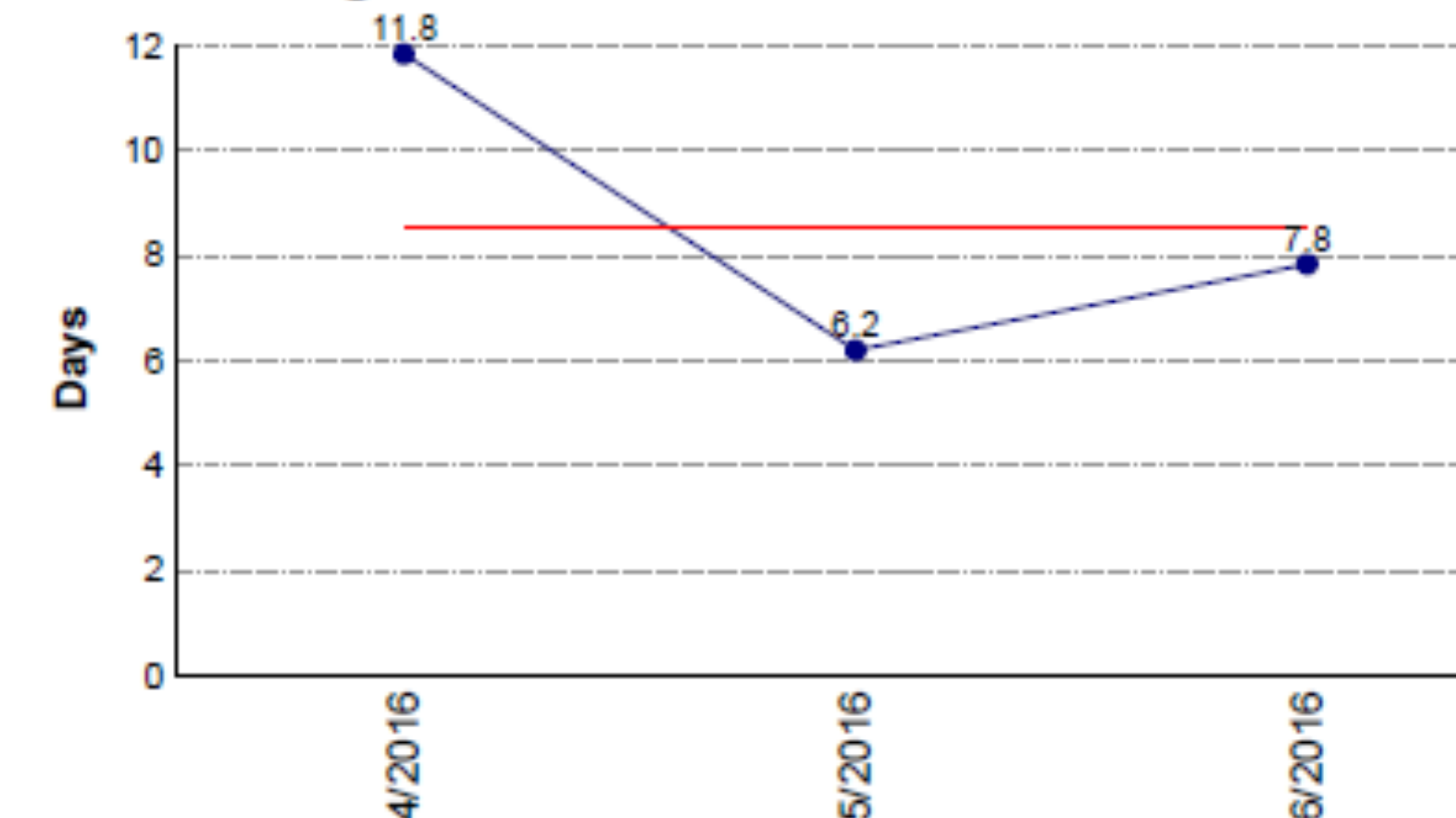


Avg. Admission to PCU Consult Time



Days to Consult All Patients

Avg. Admission to PCU Consult Time



Days to Consult ICU Patients

Results

- From April 1, 2016 – June 30, 2016, 130 patients were admitted to the PCU. Of these patients, 30 came from ICUs. For all 130 patients, the average hospital LOS ranged from 11.2-15.4 days with an average PCU LOS ranging from 3.7-5.2 days. For ICU patients, hospital LOS ranged from 12.4-18.0 days while PCU LOS stay was 2.5-5.0 days. The average admission to PCU consult time for all patients was 4.4 days while for ICU patients it was 7.8 days. 61.5% of all PCU patients expired in the unit during this time period, 92.3% of the ICU patients expired.

Conclusion

For ICU patients it takes twice as long to have a Geriatrics and Palliative consult. And nearly all of these patients who are transferred to the PCU die. We now know that our ICU patients at end of life need earlier PCU consults. This will lead to improved symptom relief and easier transitions to end of life care. Currently, our Geriatrics and Palliative Team are working more closely to improve relationships with the ICUs to increase PCU consultations.

REFERENCES

Nelson J, Bassett R, Boss R, Brassel K, et al: Models for structuring a clinical initiative to enhance palliative care in the intensive care unit: A report from the IPAL-ICU Project

About Northwell Health
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