Gaps in End-of-Life Care: A Retrospective Review of Mortality Identifying Opportunities for Quality Improvement

Karla Schroeder, DNP, RN, MHA, ANP-BC, NE-BC; Gail Ferguson MSN; Karl Schroeder Bio-analyst’s

Background

- Traditionally palliative care has gotten involved in near the end of the patient’s illness. Patients receive symptoms management during the end stages of life.
- ICU are costly to the health care system. Some of these costs are incurred on the patients that are poor ICU candidates whom are unlikely to survive, who goals of care are not being addressed and the patients would not want heroic measures.
- It has been proposed that proactive or even early palliative care involvement can help reduce ICU admissions, length of stay and improve end of life care.
- Much palliative care occurs at end-of-life care when life-prolonging interventions are no longer appropriate, effective, or desired.
- If palliative care is involved from the beginning, symptoms are addressed earlier and often advance care planning is initiated.
- Patients may have a better autonomy to do things such as die at home.
- Studies have shown patients that received early palliative care had improved quality of life measures, decreased hospital admissions, and less aggressive care at the end of life.

Objectives

- Identify gaps in services
  - Number of patients receiving aggressive care until the day of death
  - Lack of palliative medicine consult
- Identify opportunities for improvement
  - Palliative medicine consult in ICU
  - Goals of care discussion in ICU
  - Allows for family/patient informed decision making
  - Investigate root causes of deficiencies
  - No standard of practice
- Develop practice changes for improvement
  - Stand practice- GOC/FM for ICU pts with 48 hour of admission to ICU

Methods

- Retrospective chart review of 200 charts of expired patients from September 2016 and February 2017
- Date of Death (dod): refers to the last 24 hours of a person's life
- Aggressive care: refers to care outside of the comfort care pathway/order set

Results

Patients Who Received Aggressive Care on the Day of Death

<table>
<thead>
<tr>
<th>Aggressive Care in ICU vs. Outside ICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive Care in the ICU vs Aggressive Care outside of the ICU</td>
</tr>
</tbody>
</table>

156 (78%) patients in the ICU received aggressive care on the last day of life as compared to 44 (22%) patients who did not receive aggressive care on the dod in the ICU.

Aggressive Care in ICU vs. Outside ICU

PM ICU Referral

Presence of a serious illness, any of the above, and one or more of the following:
- Admission from a nursing home
- Two or more ICU admissions within the same hospitalization
- ICU admission after hospital length of stay of at least 10 days
- Prolonged or failed attempt to wean from ventilator
- Multiorgan failure/ failure of three or more organ systems
- Consideration of ventilator withdrawal with expected death
- Metastatic cancer
- Anoxic encephalopathy
- Consideration of patient transfer to a long-term ventilator facility
- Family distress impairing surrogate decision making
- Stage IV malignancy
- Status after cardiac arrest
- Intracerebral hemorrhage requiring mechanical ventilation

Impact of Improvement

Referral and Consultation

- PM consult placed within 24 hours of admission.
- PM continues as integral part of the ICU care team
- Presented to patient and family PM is “normal and integral” part of the patients care
- Surrogate decision maker identified upon admission
- Goals of care discussion started within 48 hours and continued
- FM held within 48-72 hours

Conclusion

- The results indicated deficiencies in care for patients receiving aggressive care on the last day of life.
- The results indicated deficiencies in care for patients who did not receive palliative care consult in ICU.
- The results indicated improvement when PM was consulted within 48 hours of admission to the ICU.
- Number of pts in ICU who received aggressive care on the last day of life is considerably higher than on regular floors.
- Early intervention with palliative care with goals of care conversation can decrease the use of aggressive care on day of death for patients in the ICU.

References


