A PROACTIVE APPROACH

Expanding Palliative Care Services for Geriatric Trauma Patients

INTRODUCTION

Studies examining trigger or automatic palliative care (PC) consult criteria for patients at high risk of morbidity or mortality have demonstrated reduced ICU visits and improved outcomes for disease-specific conditions.[1] Although frailty is a predictor of mortality, risks of post-acute facility transition, and length of ICU stay to older trauma patients,[2] few hospitals use frailty as a traditional trigger for PC consultation. Awareness of a patient's frail state can be useful in identifying associated risks, as well as influencing and improving patient care.[3] **By incorporating a screening tool to identify and determine frailty in the daily workflow, trauma teams can encourage earlier palliative consults in positive screening patients and therefore improve patient care.**[4]

OBJECTIVES

To determine the effect of using a frailty score as a trigger for PC consults and the impact on outcomes for geriatric trauma patients.

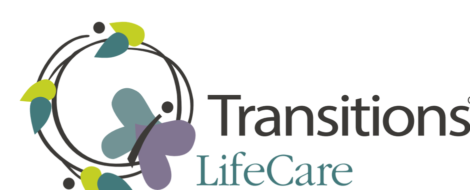
METHODS

An inpatient PC team serving in a community-based hospital system proactively worked with the trauma service in initiating automatic PC consultations for geriatric trauma patients. PC consults were triggered based on the Dalhousie Frailty Score to initiate a PC consultation to address advance care planning and goals of care.

A retrospective analysis of our trauma registry identified 1,292 patient encounters that met the following criteria: patient was ≥ 65 years of age, between the dates of January 2019–June 2020 with a trauma-related injury in a community-based hospital. We evaluated the implementation of the Dalhousie Clinical Frailty Scale to initiate PC consults for geriatric trauma patients. **The goal was to use this clinical tool in predicting health outcomes and to influence course of care in this subset of the patient population.**

CONCLUSION

All patients with PC consults had documentation of advance care planning, including decisions regarding tracheostomy and/or percutaneous tube placements. These patients also had on average a greater length of stay than patients who did not receive PC consults. We theorized that frailty was associated with a disposition status requiring more assistance and support than the statuses of non-frail patients, which delayed discharge planning.



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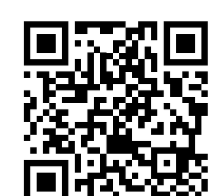

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Implementing a frailty scale to initiate palliative care consults decreased rehospitalization rates and increased advance care planning.

References

1. Walston, J. D., MD. (2020, March 11). Frailty (K. E. Schmader MD & J. Givens MD, Eds.). Retrieved August 9, 2020, from https://www.uptodate.com/home.
2. Fisher, C., Karalapillai, D. K., Bailey, M., Glassford, N. G., Bellomo, R., & Jones, D. (2015). Predicting Intensive Care and Hospital Outcome with the Dalhousie Clinical Frailty Scale: A Pilot Assessment. Anaesthesia and Intensive Care, 43(3), 361-368.
3. Karlekar, M. B., Maxwell, C. A., Dietrich, M. S., & Miller, R. S. (2017). Creating New Opportunities to Educate Families on the Impact of Frailty and Cognitive Impairment in a Trauma Intensive Care Unit: Results of a Quality Improvement Project. Journal of Palliative Medicine, 20(2), 193-196.
4. Revenig, L. M., Canter, D. J., Taylor, M. D., Tai, C., Sweeney, J. F., Sarmiento, J. M., . . . Ogan, K. (2013). Too Frail for Surgery? Initial Results of a Large Multidisciplinary Prospective Study Examining Preoperative Variables Predictive of Poor Surgical Outcomes. Journal of the American College of Surgeons, 217(4).
5. Gale, C. R., Mõttus, R., Deary, I. J., Cooper, C., & Sayer, A. A. (2016). Personality and Risk of Frailty: The English Longitudinal Study of Ageing. Annals of Behavioral Medicine, 51(1), 128-136. doi:10.1007/s12160-016-9833-5

RESULTS

Frailty was associated with a disposition status requiring more assistance and support than non-frail patients. For patients identified with a Frailty Score ≥4 (31%), their discharge locations included rehab, skilled nursing facilities, hospice, or death, while 52% of non-frail patients were discharged to home. Patients with a PC consult had on average a greater length of stay, with the confounding factor that patients in better health had shorter LOS in general.