Nurse Driven Palliative Care Consults in the ICU
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Background
• Patients admitted to the ICU have serious illnesses with complex medical needs
• Patients and families need support with decision making and care options
• Evidence supports involving the palliative care team within 48 hours of admission to the ICU:
  • decreases overall length of ICU and hospital stay
  • reduces ICU mortality rates
  • reduces health care costs
  • improves the quality of life for patients (Ma et al., 2019)
• Improving access to palliative care promotes alleviation of nurses’ moral distress (Hilton, 2020)

Practice Change/Implementation Process
• Implement use of the Palliative Performance Scale (PPS)
• Educate nurses and providers
• Recruit PPS champions
• Enhance workflow to ↑ compliance
• Discuss PPS results in rounds/handoff

Results
• Implementation of the PPS increased the rate of unique ICU patient PCCs

Outcomes
• PPS/ PPC Process
  • Incorporated into ICU orientation
  • Added to the Daily Rounding Bundle
  • Collaborated with Palliative Care team to determine PPS score to trigger BPA
  • Best Practice Alert (BPA) for Palliative Care Consults
  • System Go Live March 2022

Next Steps
• Review workflow to identify strategies that will support initiation of PCCs to meet or exceed national benchmarks
• Disseminate practice to inpatient medical-surgical units
• Collaborate with healthcare system colleagues to advance consistent use of the PPS

Conclusion
• Critical care nurses are change agents at the local and system levels
• Implementing use of the PPS is an effective strategy to increase the rate of unique PCCs initiated in the ICU

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Problem
• Lack of standardized criteria to identify patients in need of a palliative care consult (PCC)
• When PCCs initiated, it was very late in the patient’s stay
• Consults must be initiated by a provider in the organization

Project Objective
• The purpose of this nurse led initiative was to improve the rate of Palliative Care Consults for ICU patients

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