



# 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)

#### Problem

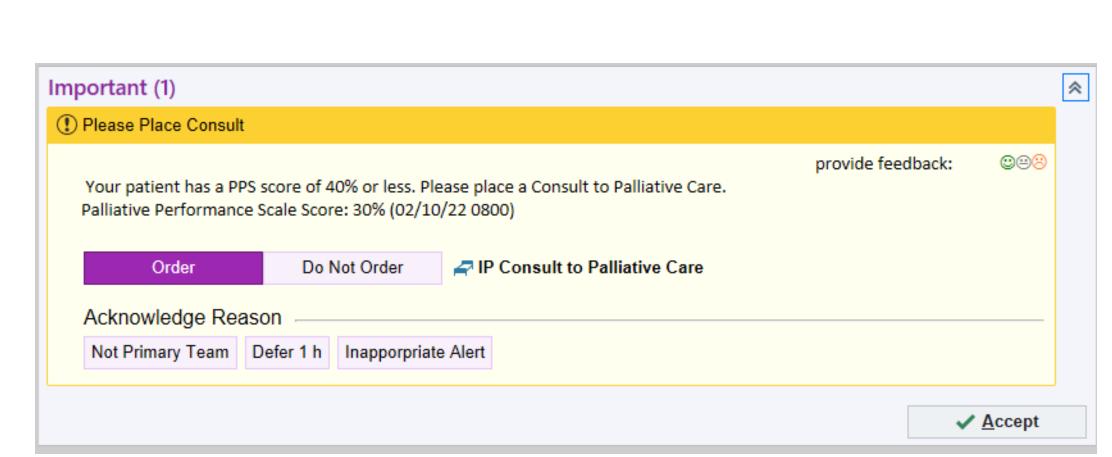
- Lack of standardized criteria to identify patients in need of a palliative care consult (PCC)
- When PCCs initiated, it was very late in the patient's stay
- Consults must be initiated by a provider in the organization

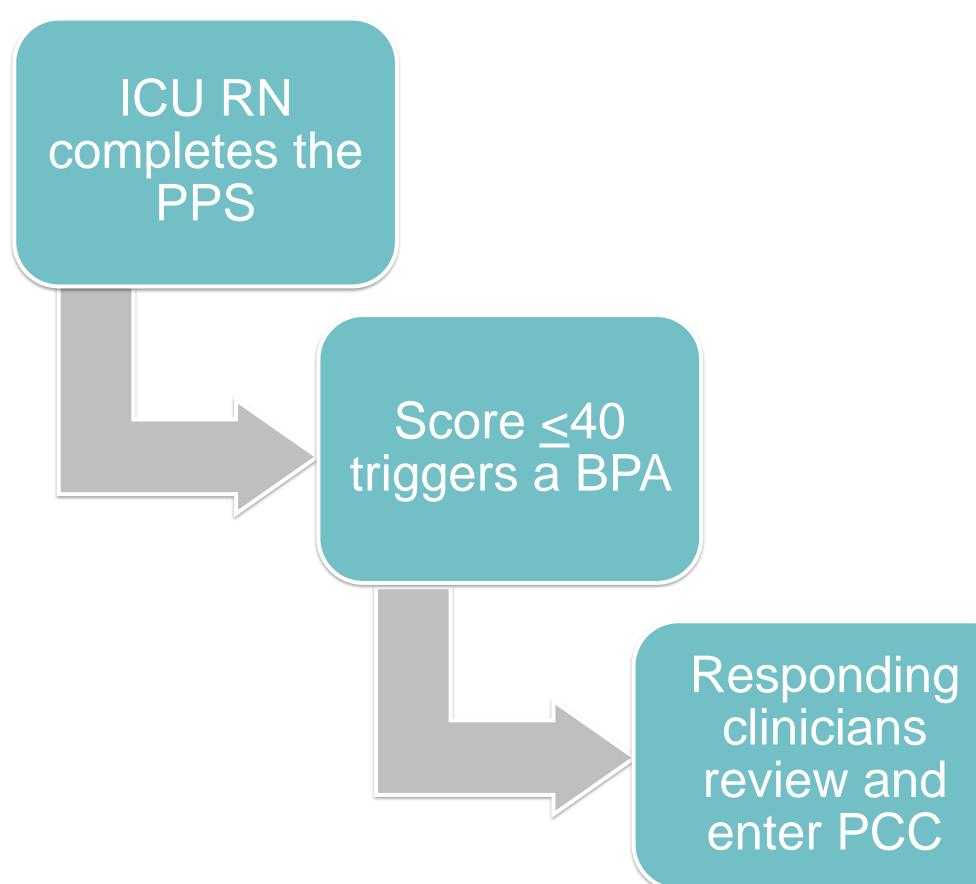
### **Project Objective**

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

# Practice Change/Implementation Process

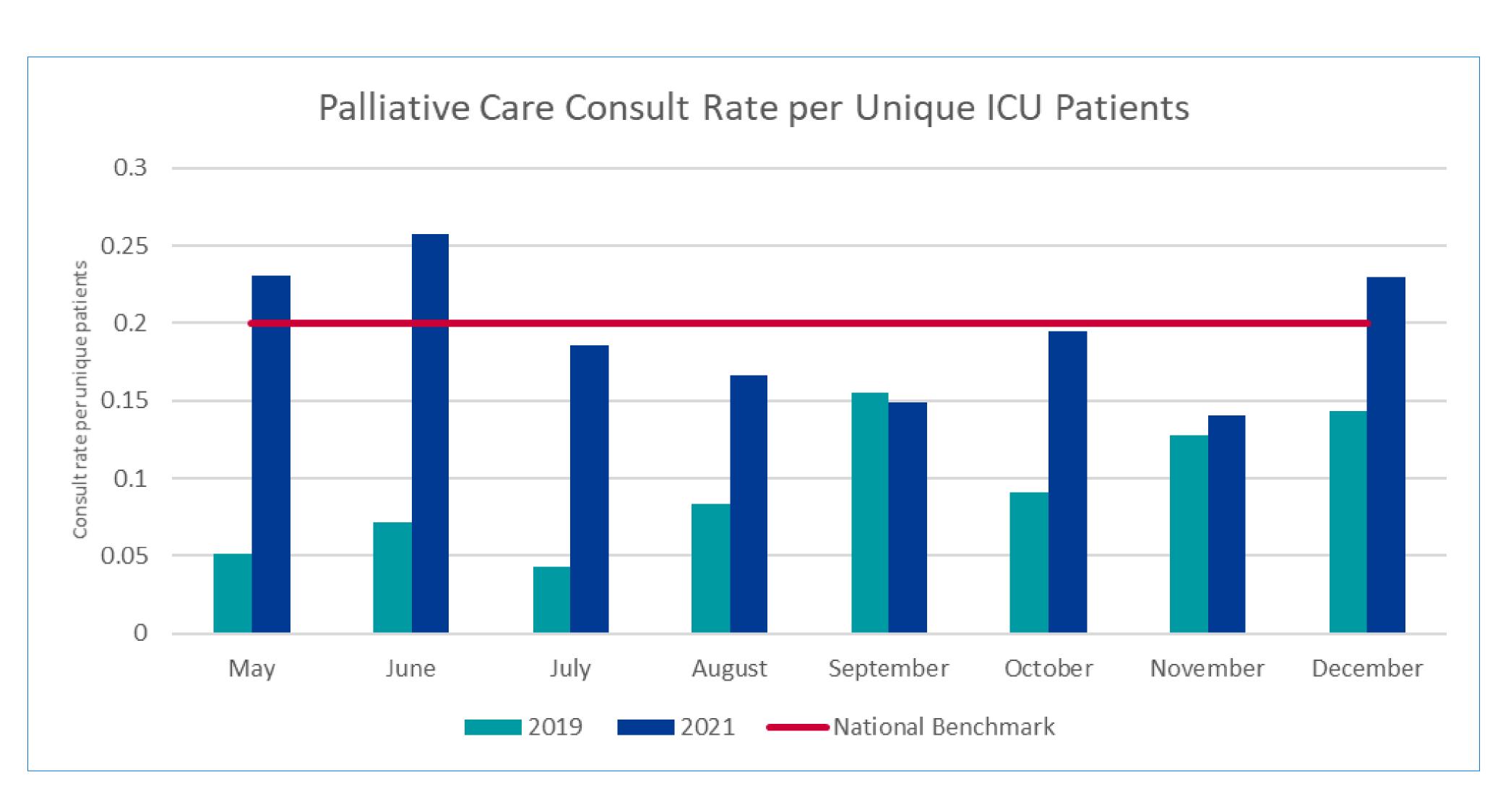
- Implement use of the Palliative Performance Scale (PPS)
- Educate nurses and providers
- Recruit PPS champions
- Enhance workflow to 个 compliance
- Discuss PPS results in rounds/handoff





#### 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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