

# Increasing Use of Palliative Care Resources in the Critical Care Setting

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## BACKGROUND

- LVHN’s Palliative Care program, OACIS (Optimizing Advanced Complex Illness Support), is an underutilized resource in the critical care setting
- There is a lack of literature and knowledge about palliative care in the critical care setting
- OACIS consults can NOT be placed by Registered Nurses, only by providers

## PICO QUESTION

Will educating ICU staff about palliative care resources increase utilization of those resources?

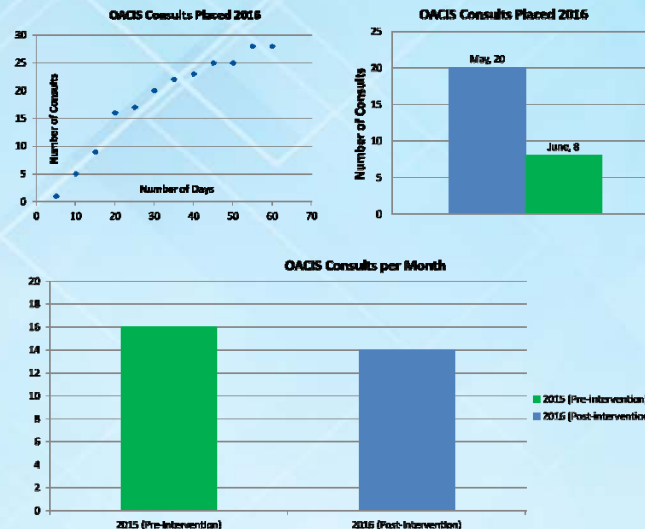
## EVIDENCE

- “Rates of mortality and other unfavorable outcomes are high in ICUs and virtually all critically ill patients and their families have palliative needs, many critical care professionals and others believe that the critical care team itself should integrate palliative care principles into daily ICU practice.” (Nelson, 2010)
- Palliative care focuses on complex pain and symptom management, communication about care goals, alignment of treatments with patient values and preferences, transitional planning, and support for the family” (Nelson, 2010)
- Educational efforts targeted to physicians, nurses, and other members of the critical care team are a key component of initiatives to strengthen internal capability for ICU palliative care (Nelson, 2010)

## METHODS

- Literature searches were done to determine the criteria a patient should fit to warrant an OACIS consult and a sheet was created that detailed all these criteria
- Staff were educated both one on one and in groups and frequently reminded to refer to the criteria sheet to see if their patient would benefit from an OACIS consults
- If a patient would benefit from the consult, the RN was to ask the physician for a consult and fill out a sheet stating why the physician did or did not place the consult
- The number of OACIS consults placed were counted and compared to the number of consults placed in months last year

## RESULTS



## OUTCOMES

- A total of 28 OACIS consults were placed during the data collection period, 20 in May and 8 in June
- Compared to last year, this is slightly *less* than the amount of consults placed in a 2 month period, with 2015 averaging 16 consults a month and 2016 averaging 14 a month

## CONCLUSIONS

- Education of staff did not seem to have an effect on the utilization of palliative care resources
- There were several barriers that contributed to this including hesitancy to place the consult on the physician’s end and lack of patient advocacy on the nurse’s end
- Continued education is necessary so OACIS is utilized more appropriately

## REFERENCES

Aslakson, R., & Sprong, P. (2015). Tasking the tailor to cut the coat: How to optimize individualized ICU-based palliative care? *Intensive Care Med*, *42*(1), 119-121. Retrieved November 17, 2015.

Kelley, A. S., & Morrison, R. S. (2015). Palliative Care for the Seriously Ill (E. W. Campion, Ed.). *New England Journal of Medicine N Engl J Med*, *373*(8), 747-755. Retrieved November 15, 2015.

Lapp, E. A., & Iverson, L. (2015). Examination of a Palliative Care Screening Tool in Intensive Care Unit Patients. *Journal of Hospice and Palliative Nursing*, *17*(6), 566-574. Retrieved November 16, 2015.

Meier, D. E. (2011). Increased Access to Palliative Care and Hospice Services: Opportunities to Improve Value in Health Care. *Milbank Quarterly*, *89*(3), 343-380. Retrieved November 16, 2015.

Nelson, J. E., Bassett, R., Boss, R. D., Brasel, K. J., Campbell, M. L., Cortez, T. B., ... Weissman, D. E. (2010). Models for structuring a clinical initiative to enhance palliative care in the intensive care unit: A report from the IPAL-ICU Project (Improving Palliative Care in the ICU). *Critical Care Medicine*, *38*(9), 1765-1772. Retrieved November 14, 2015.

Nelson, J. E., Cortez, T. B., Curtis, J. R., Lundbader, D. R., Mosenhal, A. C., Mulkerin, C., ... Puntillo, K. A. (2011). Integrating Palliative Care in the ICU. *Journal of Hospice & Palliative Nursing*, *13*(2), 89-94. Retrieved November 14, 2015.

Weissman, D. E., & Meier, D. E. (2011). Identifying Patients in Need of a Palliative Care Assessment in the Hospital Setting: A Consensus Report from the Center to Advance Palliative Care. *Journal of Palliative Medicine*, *14*(1), 17-23. Retrieved November 14, 2015.

Wutha, K., Beck, K. V., Ahmed, N., Hasselbar, J., Mollard, J., Colombet, L., ... Engels, Y. (2012). Development of a set of process and structure indicators for palliative care: The Eurollp project. *BMC Health Services Research BMC Health Serv Res*, *12*(1), 381. Retrieved November 14, 2015.

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