

Background

- Palliative care focuses on optimizing quality of life and alleviating symptom burden through patient- and family-centered care.
- Palliative care can be delivered throughout the continuum of an illness, while patient is also seeking curative treatments.
- Nationally, palliative care is expanding but remains underutilized in surgical intensive care units (SICU).
- In fiscal year 2020 our palliative team performed 1419 consults, 39 of which were in the SICU. This represents only 2.75% of total consults.

Aims For Improvement

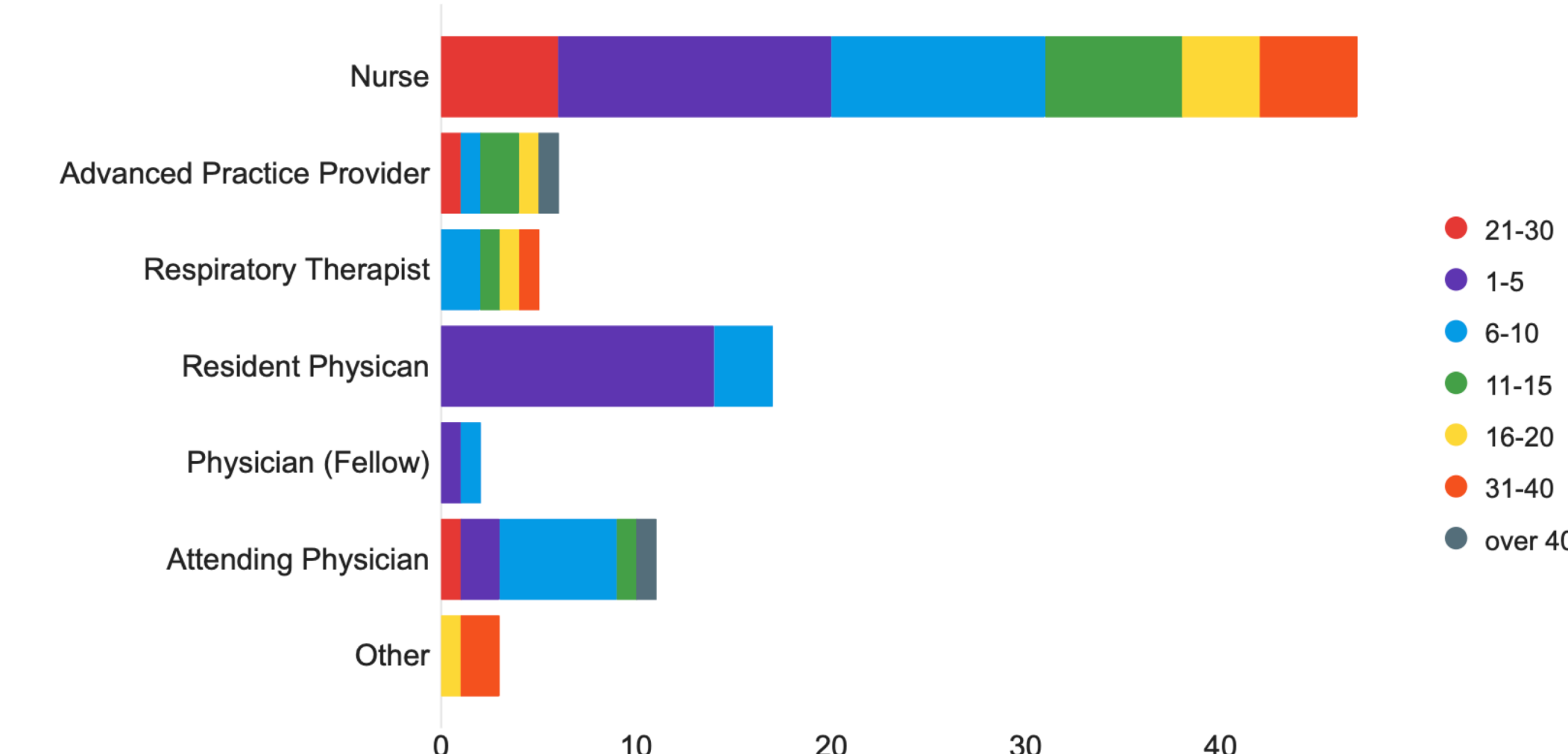
- Our project aims to expand palliative care availability in the SICU by implementing a consult trigger program.
- We also aim to learn about and measure compassion fatigue of providers within the SICU.

Intervention

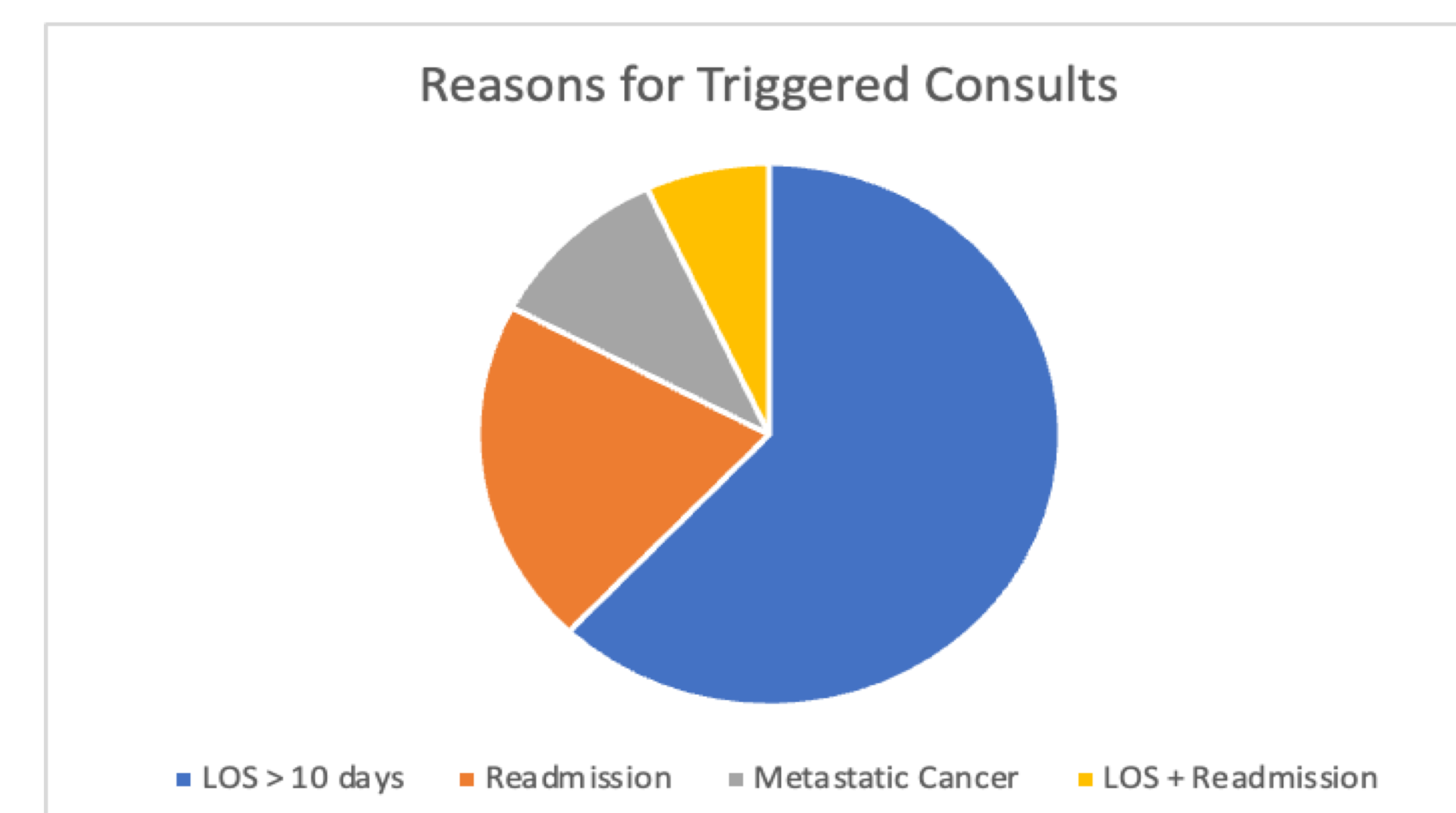
- **Literature review** was conducted and palliative consult trigger criteria were selected, jointly between palliative care and SICU teams.
- Trigger criteria include:
 - SICU length of stay > 10 days
 - Unplanned SICU readmission - “bounce back”
 - New diagnosis metastatic cancer
- **Pre-intervention survey** was emailed to multidisciplinary providers in SICU
 - Survey collected demographic information, perceptions of palliative care
 - Survey included Pro-QOL: a validated survey to assess provider compassion satisfaction and compassion fatigue
- **Trigger program** was initiated on Jan. 4, 2021.

Measurements/ Results

- 91 SICU providers completed the pre-intervention survey data. Chart below shows the multiple disciplines and years of experience.



- Post-intervention survey will be conducted after 6 months.
- Jan. 4 – Apr. 30 2021, 29 consults were triggered – 4.1% of total consults



- The trigger program will continue for 6 months

CITATIONS

Finkelstein M, Goldstein NE, Horton JR, Eshak D, Lee EJ, Kohli-Seth R. Developing triggers for the surgical intensive care unit for palliative care integration. *J Crit Care.* 2016 Oct;35:7-11. doi: 10.1016/j.jcrit.2016.04.010. Epub 2016 Apr 23. PMID: 27481729.