Predicting Which Patients Will Benefit From Palliative Care: Use of Bundles, Triggers, and Protocols

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KEYWORDS

• Palliative care • Triggers • Protocols • End-of life care • ICU • Bundles • Communication • Interdisciplinary teams

KEY POINTS

- The provision of high-quality palliative and end-of life care in the ICU is a national health priority.
- The implementation of PC should be consistent and standardized with the use of bundles, triggers, and protocols to ensure continuity of PC among various hospital settings.
- Palliative care in the ICU improves patient outcomes and satisfaction.

INTRODUCTION

Intensive care units (ICUs) provide a wide range of care to patients with serious or life-threatening conditions. This care provides excellent state-of-the-art interventions, often concentrated on meeting national health priorities and performance measures. Overall patient care and the resultant outcomes in the ICU are superb. However, one area that needs improvement is the provision of high-quality palliative and end-of life care.[1]

Approximately 20% of deaths in the United States are associated with an ICU stay, and nearly half of US patients who die in hospitals experience an ICU stay during the last 3 days of life.[2,3] However, because of a lack of palliative care (PC) in critical care units, the Institute of Medicine[4] has published a call to action to implement PC in the ICU and emergency department (ED). The long-term goal is to reduce the burden of disease, provide adequate pain control and symptom management, and administer social and psychological support to patients and their families.[5]

Many providers and administrators now realize implementing PC in the critical care setting is vital to optimal patient outcomes. PC improves patient and family satisfaction and quality of life, it reduces length of stay (LOS) and 30-day readmission rates,

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and patients can actually live longer with PC.[6,7] So the question is not "Should we implement PC," but rather "How do we implement PC" and "How do we predict which patients will benefit from PC?"

IMPLEMENTING PALLIATIVE CARE

The Center to Advance Palliative Care 2014 recognized the need for PC in the ICU and ED and created Improving Palliative Care in the ICU and Emergency Department (the IPAL-ICU and IPAL-ED Projects). These resources outline five key steps to consider when implementing a PC program[8–10]: (1) identify all stakeholders, (2) conduct a needs assessment, (3) develop an action plan, (4) evaluate progress, and (5) create a culture of support and change in the unit.

Step 1: Identify All Stakeholders

Hospital and ICU administrative support, which is vital to program success, should be obtained at the start. Next, a multidisciplinary, PC team is assembled. Members should be interdisciplinary, and at a minimum include medical directors, nurse managers, physicians, nurses, chaplains, social workers, pharmacy representatives, and nurse educators.

Step 2: Conduct a Needs Assessment

The PC team needs to ask key questions, such as "Why do we need PC?" Answers to this question help determine unit needs and direct the next steps. Perhaps readmission rates or mortality rates are elevated. Possibly the ICU is having difficulty with daily "bed crunches" and use of health care resources. Conceivably patient satisfaction scores with care or treatment of pain scores are poor. Not only do PC teams ultimately improve performance measures, but they also improve patient and family satisfaction and quality of life. Once the PC team completes the needs assessment, it should define the unit's opportunities for improvement and determine the resources for PC, which may be integrative, consultative, or a combination.[5] Team members may ask questions, such as "Will the facility have a PC consultative team?" "Who will the team members be?" "Will we integrate primary PC aspects into the unit?" Regardless of how the PC team implements PC, it should be done in a way that benefits the highest number of patients, with the available resources.

Step 3: Develop an Action Plan

For this step, the PC team should revisit the needs assessment, identify and prioritize problems, and set timely and achievable goals. Then, the PC team should identify potential resources and develop an action plan. The implementation of PC may vary among facilities and units based on Step 2.

Step 4: Evaluate Progress

The outcomes that are frequently measured are determined from the needs assessment. They can include knowledge and perceptions of PC, consultation appropriateness and volume, LOS, readmission rates, pain scores, mortality and patient and family satisfaction, just to name a few. An entire article in this journal is devoted to outcomes measurement in PC.

Step 5: Create a Culture of Support and Change

The PC team must develop and foster a supportive culture and environment, which are vital for the successful implementation of a PC program. Communication must be

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