

Educating Intensive Care Unit Health Care Professionals about Early Palliative Care and Hospice Referral

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Problem Statement: Palliative care (PC) improves outcomes for seriously ill patients, decreasing symptom burden, improving quality of life, ensuring care is congruent with patient's goals of care (GOC), and increasing survival. At Baton Rouge General Hospital, referral of ICU patients to PC is <5%. Without an adequate understanding of PC, ICU healthcare professionals may not offer this added layer of support to those who are seriously or critically ill.

Background: Evidence suggests early PC intervention with patients/families can decrease ICU length of stay, increase satisfaction of communication with the medical team, and decrease the burden of psychological distress of surrogate decision-makers. Early GOC identification and advance care planning (ACP) may reduce intensity of unwanted care at the end of life, leading to improved quality of care for both patients/families while reducing cost.

Purpose: This quality improvement project's goal is to increase ICU health care professional staff's understanding about the role of PC consultation and hospice referral, when appropriate.

Methods: A 15-minute educational intervention presented to ICU physicians, nurses, and rotating residents during September-October 2022 focused on the benefits of early PC referral, the difference between PC and hospice, and identified appropriate patients for PC referral. Pocket cards summarizing the information were emailed to all ICU staff. Health records reviewed between November 2022-April 2023 were compared to pre-intervention results. A PC team member attended ICU morning huddle.

Findings: Average PC referrals from ICU over a six-month period increased from 25%-33% post intervention. Barriers to referrals included provider preference for ongoing aggressive care and withdrawal of care very close to end of life, limited time to discuss GOC with patients/families, and family misconceptions about PC.

Practice Implications: Education can increase referrals to PC for ICU patients with serious conditions. Ongoing education is needed to shift the perception and attitude towards PC.