



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

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## Statement of the Problem

- 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.<sup>1,2</sup>
- At Baton Rouge General Hospital, referral of ICU patients to PC is <5%. Without an adequate understanding of PC, ICU health care professionals may not offer this added layer of support to those who are seriously or critically ill.

## Background/Literature Review

- 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.<sup>3</sup>
- Early GOC identification and advance care planning may reduce intensity of unwanted care at the end of life, leading to improved quality of care for both patients/families while reducing cost.<sup>3,4</sup>

## Purpose/Aims

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

1. To develop and present an educational intervention
2. To include PC team as an integral part of ICU interdisciplinary rounds.
3. To increase PC referrals
4. To optimize PC referral timing

## Methods

**Project Design:** Quality Improvement

**Sample/Setting:** MICU staff (physicians, nurses, and rotating residents) at Baton Rouge General

**Intervention:**

- A 15-minute educational session presented 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.
- A PC team member attended ICU morning huddle.

**Evaluation:** Health records reviewed between November 2022-April 2023 were compared to pre-intervention results.



## Findings

- Average PC referrals from ICU over a six-month period increased from 25%-33% post intervention.
- Barriers to PC referrals include:
  - ✓ Provider preference for ongoing aggressive care and withdrawal of care very close to end of life
  - ✓ Limited time to discuss GOC with patients/families
  - ✓ Family misconceptions about PC

## 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.



## Limitations

- PC referrals are physician-only triggered
- Physicians' preference for aggressive care plays an important role in referral delay
- Family misconceptions about PC was also a limiting factor

## Acknowledgements/References

**Mentors:** Amos Bailey, MD; Regina Fink, PhD, APRN

**References:**

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