Increasing Use of Palliative Care Resources in the Critical Care Setting

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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

- 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


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OUTCOMES

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