

# Nurse Driven Palliative Care Consults in the ICU

Ellen McCarthy, DNP, MSN, RN, CCRN; Meigan Amaral, MSN, RN, CCRN; Meaghan Boulger, MSN, RN, CCRN

## Background

- Patients admitted to the ICU have serious illnesses with complex medical needs
- Patients and families need support with decision making and care options
- Improving access to palliative care promotes alleviation of nurses' moral distress (Hilton, 2020)
- Evidence supports involving the palliative care team within 48 hours of admission to the ICU:
  - decreases overall length of ICU and hospital stay
  - reduces ICU mortality rates
  - reduces health care costs
  - improves the quality of life for patients (Ma et al., 2019)

## Problem

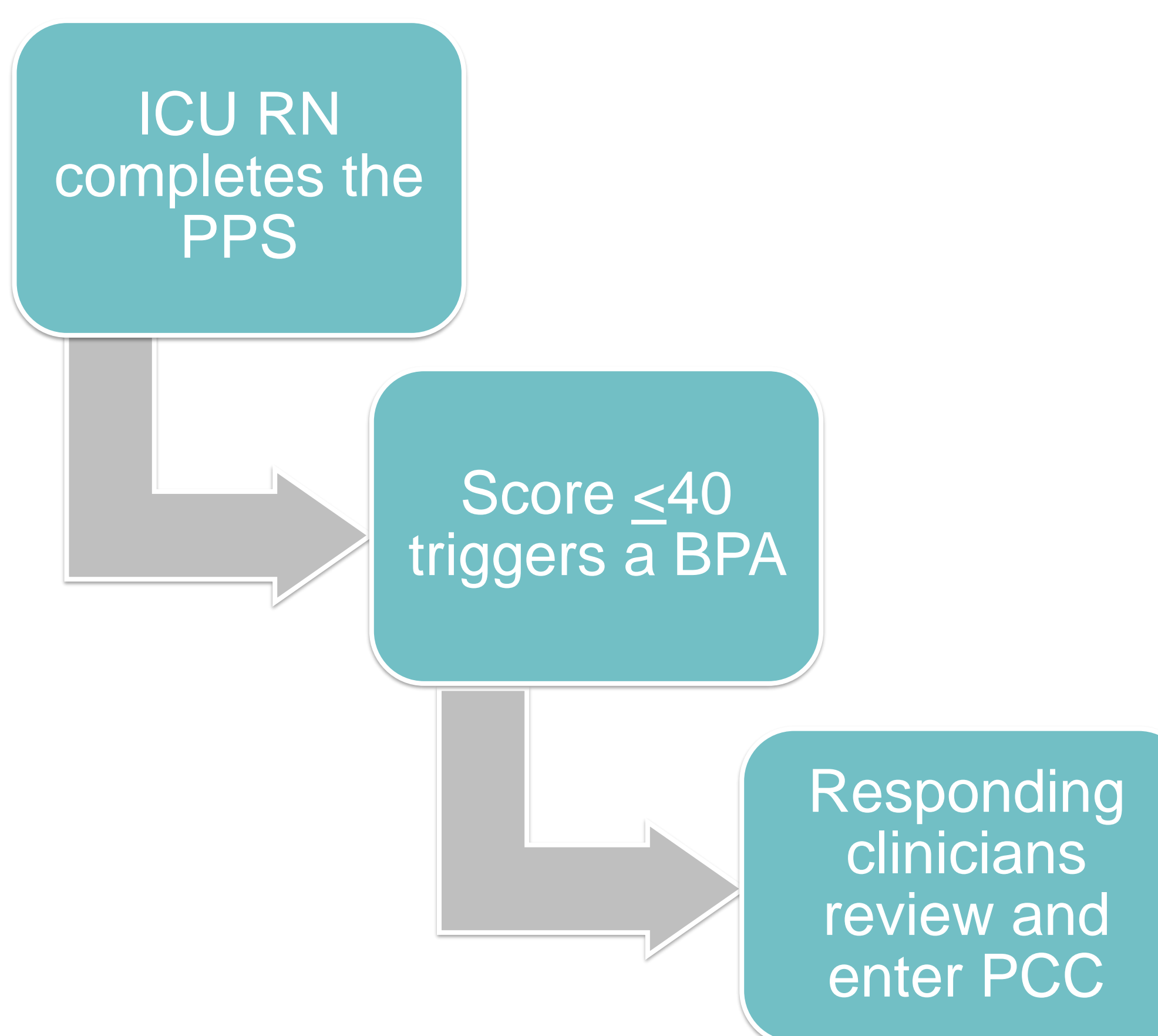
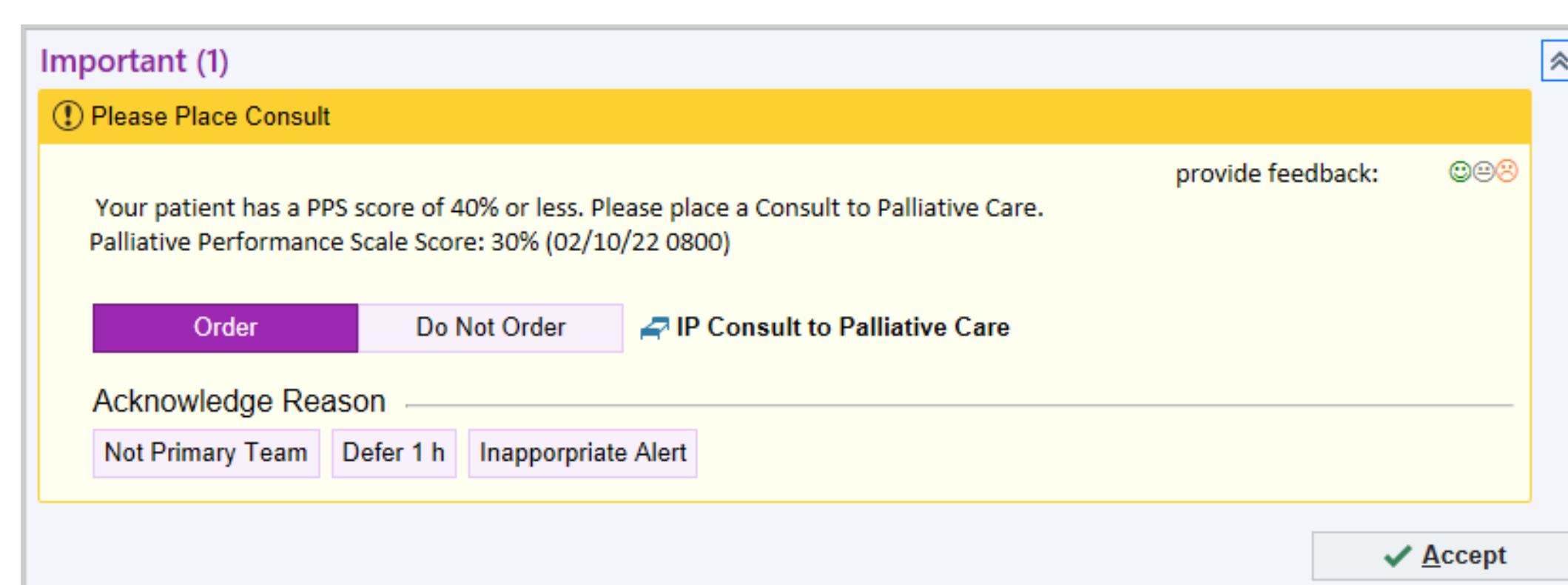
- Lack of standardized criteria to identify patients in need of a palliative care consult (PCC)
- When PCCs initiated, it was very late in the patient's stay
- Consults must be initiated by a provider in the organization

## Project Objective

- The purpose of this nurse led initiative was to improve the rate of Palliative Care Consults for ICU patients

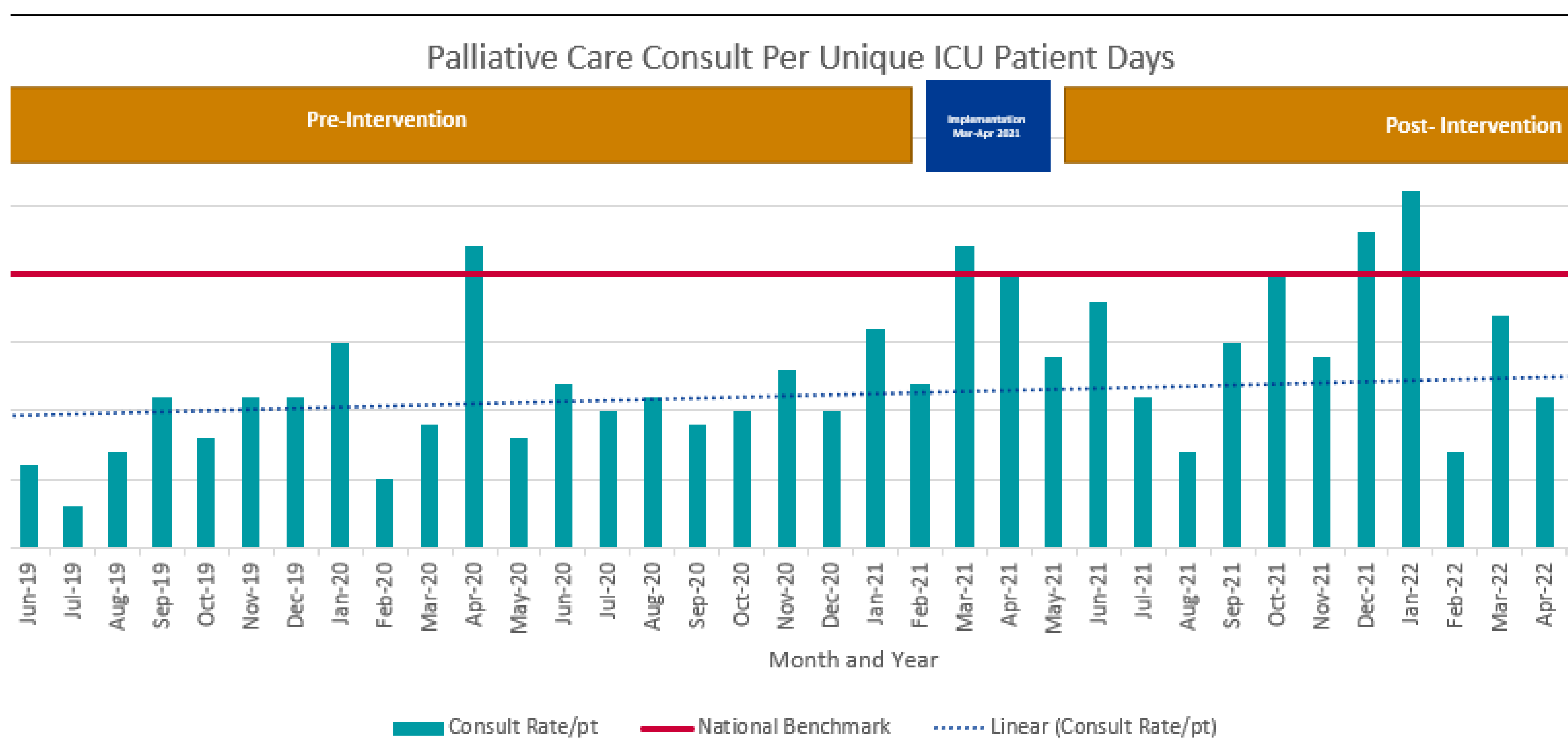
## Practice Change/Implementation Process

- Implement use of the Palliative Performance Scale (PPS)
- Educate nurses and providers
- Recruit PPS champions
- Enhance workflow to ↑ compliance
- Discuss PPS results in rounds/handoff



## Results

Implementation of the PPS increased the number of unique ICU patient PCCs



## Outcomes

- **PPS/ PPC Process**
  - Incorporated into ICU orientation
  - Added to the Daily Rounding Bundle
  - Created a Best Practice Alert for PCC
- **Successful Practice Change**
  - In CY22, a culture shift among the ICU interdisciplinary team led to an increase in palliative care discussions occurring with patients and families early in the ICU stay

## Next Steps

- Disseminate practice to inpatient medical-surgical units
- Collaborate with healthcare system colleagues to advance consistent use of the PPS
- Advance education for clinical nurses to improve palliative care

## Conclusion

- Critical care nurses are change agents at the local and system levels
- Use of the PPS is an effective strategy to improve the rate of ICU PCC at the local level and to exceed the national benchmark

Contact Information:  
Ellen McCarthy, DNP, MSN, RN, CCRN  
@emccarthy5@bwh.harvard.edu

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