Learning outcomes:

- Identify practical tactics to improve communication and collaboration between ICU team and palliative care team.
- Identify quality measures and outcomes that can be impacted by improving the palliative care consult model in ICU.
- Discuss opportunities to further improve patient care outcomes utilizing palliative care consultations in ICU.

What We Know . . .

- Studies show the value of palliative care/ICU collaboration at end of life in avoiding prolonged futile aggressive care.
- Involvement of palliative care promotes patients and families to have end of life and goals of care discussions.
Implementing a New Model

Vidant Health Palliative Care team implemented a new model to collaborate more effectively with the medical and surgical ICU teams.

- Over the course of 2 years, small tests of change were implemented.
- Quality outcomes were tracked to measure progress.

Challenges Identified and Issues Addressed

- History
- Complex organization
- Relationship (and reputation) building
- Politics
Quality Improvement –
Small Tests of Change

❖ Established expectations for our team

❖ Quality metrics established

❖ Identified barriers to meeting expectations of others

❖ Modified practice

❖ Public Relations/relationship building

Targeted Changes

❖ Expanded consultation services to 365 days a year (8 am to 5 pm)
❖ Establishing a single contact point (team cell phone)
❖ Added a dedicated team nurse coordinator
❖ Timely response to PC consultation requests from ICU and ED
❖ Increased face-to-face interaction with the ICU team members

Targeted Changes

❖ Closer collaboration with the ICU case managers and nursing staff
❖ Palliative Care Attending service implemented in PCU
❖ Implemented comfort extubation and other higher complexity comfort measures in PCU
❖ Added a dedicated hospice enrollment coordinator
❖ Expanded GIP enrollment
❖ Involvement of PC team in q 2 week ICU mortality review process
Quality Improvement – Outcomes

- Reduction of deaths in ICU
- Direct admits from ED and home to PCU
- Compassionate extubation in PCU
- Improved Mortality Index

Palliative Care Impacting Deaths in ICU

Direct Admissions to PCU
Impacting Cost

GIP days in PCU/ month = 65

ICU cost/day = $3,615 bed rate + $13,232 labs/meds/proc

GIP-PCU cost/day = $1,010 bed rate + $96 for meds/labs

Savings: $15,740/day X 65 patient days/month = $1,023,100/month

*just calculating savings in bed rate

annualized savings over $2 MILLION

Impacting Care and Maximizing Resources

Results

➢ Frees up intensive care resources for patients needing ICU bed

➢ Provides palliative patients with right care – focus on comfort – quality time with family

Outcomes: Patient and Family Satisfaction

Family Experience of Palliative Care

April 2017

F3: Problems with Dr. / Nurses not knowing patient’s medical history

“Never” 100.0%

G1: Care patient received while under palliative care

“Excellent” 100.0%

G3: Would you recommend palliative care to others.

“Yes” 100.0%

G3a: Patient began palliative care at the right time

“Right time” 100.0%
Oncology Collaboration

Inpatient Oncology Unit Deaths 2013-2016

Palliative and EOL Initiatives

➢ Continued internal and external education (new providers – orientation, staff meetings – external providers – webex, in person education to provide consultation to facilitate local care.
➢ Telemedicine consults for patients in region
➢ Outpatient palliative care consults
➢ Community education/AD Clinics

Quality Metric:
Advance Directives

% of (Adult) Patients with Advance Directive in the EHR

FY 2016 FY 2017 YTD

Vidant Health

Vidant

Vidant Community Hospitals

VMC

VMG
Our Palliative Provider Team

Innovation and Excellence in Advanced Illness at End of Life

Questions??

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Innovation and Excellence in Advanced Illness at End of Life
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