



Leveraging a Tele-ICU Program to Provide Palliative Care to All ICU Patients: a Pilot Study

Courtney Stear, RN, BSN

Critical care patients and families experience high levels of distress from physical, psychological, and emotional stimuli. Palliative care is defined as the enhancement of the patient's comfort and the alleviation of symptoms at any age or stage of disease to improve their quality of life (1). In an effort to improve the quality of care to all patients in their ICU's, OSF ConstantCare tele-ICU launched a pilot program to provide key aspects of palliative care to all patients without a palliative care consult. Palliative care specialists are in short supply and the vision of OSF is for all patients to be treated with the greatest care and love. To meet that vision, a partnership between the ICU care team and the tele-ICU team was established to promote patient- and family-centered care that incorporated major domains of palliative care for all patients in the pilot ICU. Key palliative care goals for the pilot were identified by experts in critical care and palliative care by review of current evidence, medical literature, and clinical practice. This presentation outlines the program goals, the processes identified to achieve those goals, the outcomes, lessons learned, and future recommendations. A working group was formed to identify program goals and to develop workflows to achieve them. The pilot was introduced for three months into a community facility with strong leadership engagement and support. Metrics of program success were monitored monthly. The primary goals were improved patient experience and a reduction in length of stay and cost per case. At the conclusion of the pilot, improvements were seen in assessment of functional screening prior to admission, the introduction of an initial Edmonton scale assessment by staff nurses, and patient satisfaction. A significant barrier to program success was the loss of the Medical Director, who was the pilot champion. No replacement champion stepped up to take his place. Staff were unable to document several goals consistently. This may be attributable to the current electronic tools and/or to a lack of motivation to achieve project goals. The combination of the two may have contributed to the decrease in accountability, engagement, and sustainability of the pilot. In spite of these difficulties the leadership at OSF continues to believe the efforts of this pilot should be continued. Another ICU with more resources and a larger population will continue a second pilot effort with refinement of tools and workflows. Recommendations for future work and consideration are based on current literature review and experience from the initial pilot program. Early and global palliative care provision in the ICU is a valuable goal worth striving to achieve. Innovation and appropriate utilization of resources are necessary to sustain quality patient care with the demands placed by healthcare reform. This pilot is just one example of the potential the tele-ICU holds in providing very good care to every patient, every time.

