Outcomes Associated with a Nurse-Driven Serious Illness Support Tool in a Surgical Trauma ICU
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Background: Historically, incorporating palliative care into the care of critically ill surgical and trauma patients has been difficult. A practice gap was identified in an urban, academic medical center regarding timely, goals of care meetings with patients and families who have high risk of poor outcomes.

Project Question: The aim of this evidence-based practice (EBP) project was to develop, implement and evaluate a serious illness support tool (SIS) using evidence-based triggers to identify patients at risk of poor outcomes and increase the number of GOC meetings in the surgical ICU setting.

Intervention: A nurse-driven, evidenced-based, trigger tool used by bedside nursing to identify patients with risk of poor outcomes

Methods: SIS tool was created by a group of stakeholders in an academic medical center using evidence based triggers. The Iowa Model framework was utilized over a three month period.

Serious Illness Support (SIS)
Trauma, Burn, EGS Patients

To prompt effective multi-disciplinary discussions about prognosis and care goals for patients identified to be at high risk of a poor outcome.
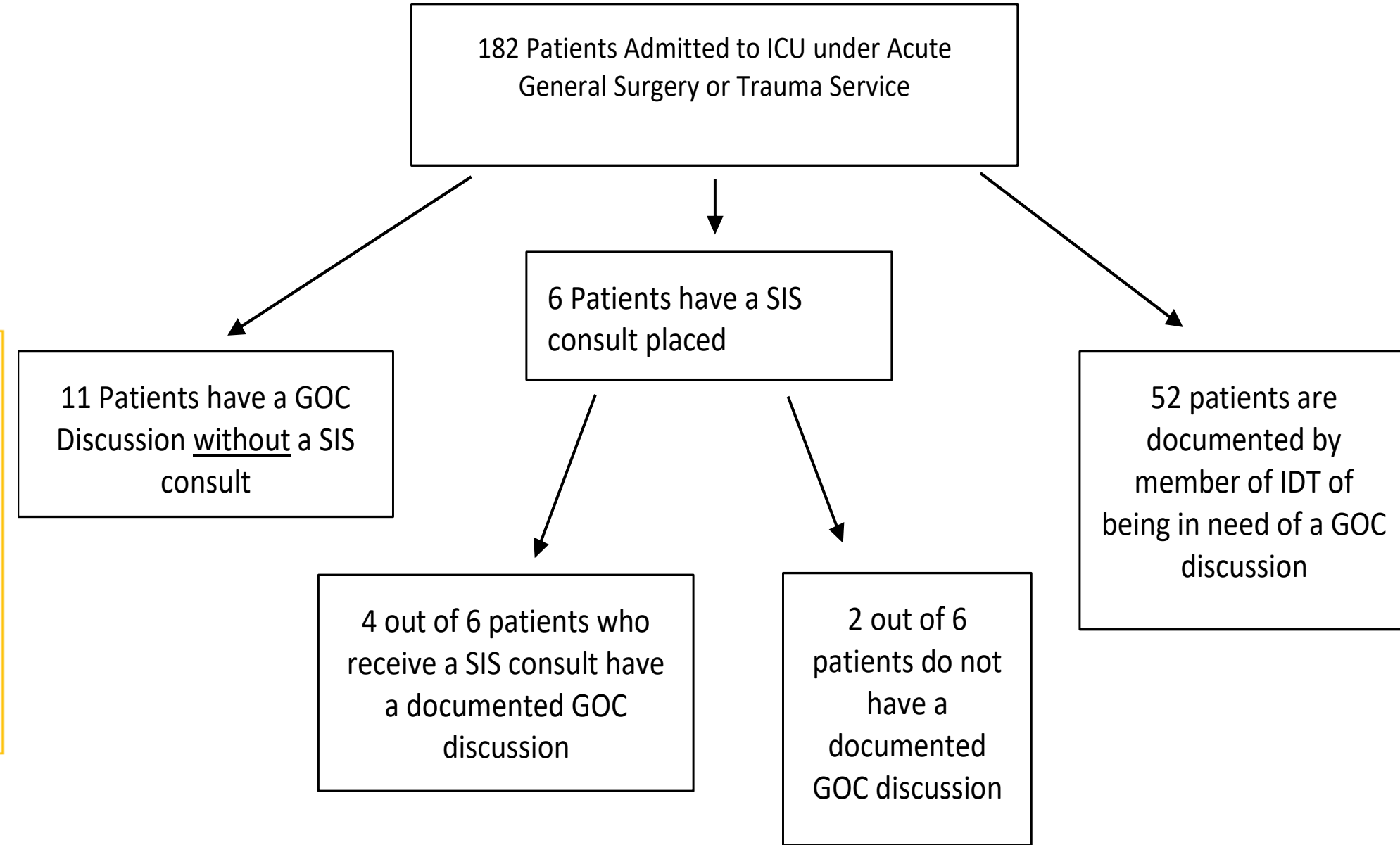
SIS trigger includes any 2 of the data points below:

- ☐ Surprise question: *I would NOT be surprised if this patient were to die within the next year or two*
- ☐ Unplanned transfer to the ICU level of care and/or readmission requiring ICU level of care
- ☐ LOS 8 or greater days
- ☐ Severe dementia defined as pre-trauma dependence for ADL due to that dementia
- ☐ Metastatic cancer
- ☐ Smoking on home O2 mechanism of burn
- ☐ TBSA > 20% in patients age 60 or older
- ☐ Previous or existing DNAR order

Steps when SIS triggers are met:

1. RN identifies when SIS triggers are met during Rounds/Fast Hugs
2. RN enters a **Care Coordinator Consult** and in **Reason for Consult** enter "**SIS Alert**" along with the specific triggers that were met
3. Care Coordinator/SW discusses SIS Alert with Provider within 24hrs M-F of consult
4. Care Coordinator/SW coordinates a Family Meeting with the Provider's schedule and the LNOK or appointed Healthcare Agent
5. Family meeting includes a multidisciplinary team and prognosis discussion
6. Provider and Care Coordinator/SW documents Family Meeting conversation in the EMR
7. As appropriate, consult with Palliative Care or Geriatric Services

Outcomes: 6 out of 182 surgery and trauma ICU patients had a serious illness consultation placed. 4 of which had a documented GOC conversation. Over the project study period, 15 total patients had a documented goals of care discussion.

182 Patients Admitted to ICU under Acute General Surgery or Trauma Service

→ 11 Patients have a GOC Discussion <u>without</u> a SIS consult

→ 6 Patients have a SIS consult placed
- → 4 out of 6 patients who receive a SIS consult have a documented GOC discussion
- → 2 out of 6 patients do not have a documented GOC discussion

→ 52 patients are documented by member of IDT of being in need of a GOC discussion

Implications: There were numbers of patients with unmet GOC meetings. The results of this project do not support the use of this particular tool implemented in this manner. Opportunities exist for surgical services to incorporate a revised, individualized trigger tool to serve as a basis for patient/family GOC meetings to be deployed when the workforce is more stable, with sustained leadership, and when the EMR can be considered for implementation.

References available upon request