

Background: Historically, incorporating palliative care into the care of critically ill surgical and trauma patients has been difficult. A gap was identified in a large, urban, academic medical center regarding timely, effective goals of care meetings with patients and families who have high risks of poor outcomes that may not align with patient preferences. The aim of this evidence-based practice (EBP) project was to develop, implement and evaluate a serious illness support (SIS) tool using evidence-based triggers to increase the number of patient/family goals of care meetings in the ICU setting.

Methods: An EBP project was implemented in a 28-bed surgical trauma intensive care unit (STICU) in the southeastern US using the Iowa Model as the implementation framework. A screening tool using evidenced based triggers was developed by an interdisciplinary team of stakeholders in the STICU. Clinicians were educated regarding the intervention. The number of patient/family care goal meetings generated as a result of utilizing the triggers was analyzed.

Results: Six out of 182 patients admitted to the STICU under the trauma, adult general surgery, or burn service received a serious illness consult for care coordination of a patient/family goals of care (GOC) meeting. Four of the six patients (66%) had a formal, documented patient/family GOC meeting take place after a consult. Out of all 182 patients, 15 (8%) had a documented GOC meeting.

Conclusion: Many ICU patients did not receive a GOC meeting. 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 electronic medical record (EMR) can be considered for implementation.