SOCIETY OF TRAUMA NURSES

TRAUMACON

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Comfort or Care: Why do we have to choose? Implementing a Geriatric Trauma Palliative Care Program

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TRAUMACON

Learning Objectives

- Discuss the implementation of a Geriatric Trauma Palliative Care Program (GTPCP), for patients (≥ 65 years of age) utilizing evidence-based practice guidelines.
- Discuss the American College of Surgeons Palliative Care Best Practice Guidelines(2017)
- Discuss palliative program implementation of EBP to improve patient experiences

Disclosure Statement

- Faculty/Presenters/Authors/Content Reviewers/Planners disclose no conflict of interest relative to this educational activity.

Successful Completion

- To successfully complete this course, participants must attend the entire event and complete/submit the evaluation at the end of the session.
- Society of Trauma Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

"Although patients aged 65 and older are
less likely to be injured than are
younger individuals,
older patients are more likely to have
fatal outcomes from their injuries"—
ATLS student manual
(ACSCoT, 2012, p. 273)

Problem Description

Problem

- Disconnect for trauma and palliative care teams
- Palliative Care team not comfortable taking care of geriatric trauma patients
- Trauma team not comfortable initiating primary palliative care

Purpose

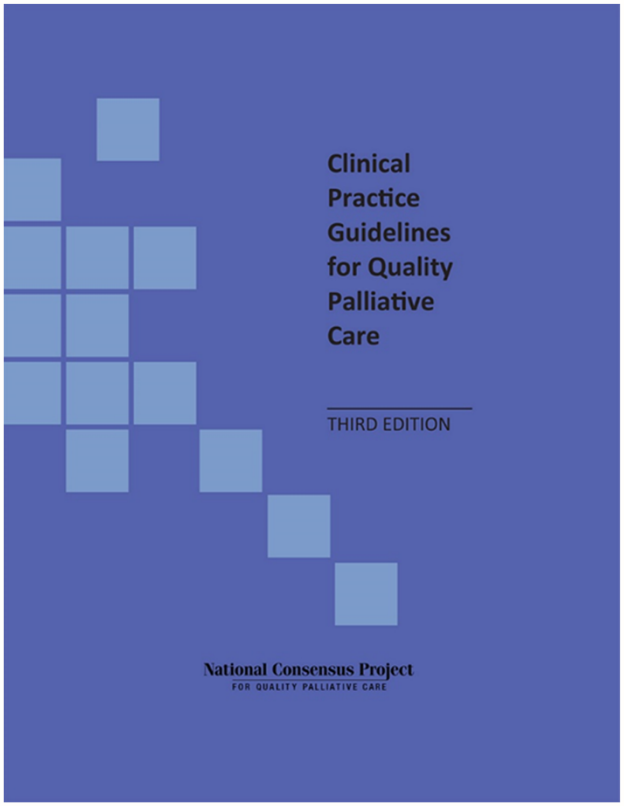
- Implement a Geriatric Trauma Palliative Care Program (GTPCP) using the Palliative Care Best Practice Guideline (ACS, 2017)

Available Knowledge

- Palliative Care characteristics (Dunn et al., 2009; Gwyther, 2011; NCPQPC, 2013)
  - Care provided by a multidisciplinary team
  - Patients, families and team work to collaborate and communicate regarding information
  - Services rendered in conjunction with curative or life-prolonging care

Available Knowledge

- Clinical Practice Guidelines for Quality Palliative Care, 3rd ed (NCPQPC, 2013)
- 1st collaboration with over five major United States Palliative Care organizations (NCPQPC, 2013)



Available Knowledge

- American College of Surgeons
  - A leading proponent of incorporating palliative care into trauma programs
  - 1st EBP guidelines, Trauma Palliative Care Best Practice Guidelines (ACS, 2017)

(ACS, 2018)

ACS TQIP
PALLIATIVE CARE
BEST PRACTICES
GUIDELINES

ACS tqip TRAUMA QUALITY IMPROVEMENT PROGRAM

(ACS, 2017)

ACS Palliative Care Best Practices Guidelines	
Highlighted Topics	

• Introduction
• Interdisciplinary Palliative Care Team
• Essential Components of Palliative Care
• Breaking Bad News
• Palliative Care Assessment
• Goals of Care Conversation
• End-of-Life Care
	• Special Considerations:
	  ○ Geriatric
	  ○ Pediatric
	  ○ Spinal Cord Injury
	  ○ Traumatic Brain Injury
	• Supporting the Healthcare Team
	• Clinical Documentation
	• Performance Improvement initiatives
	• Guidelines

Adapted with permission, from "Palliative Care Best Practice Guidelines, " by American College of Surgeons Trauma Quality Improvement Program, 2017, Retrieved: https://www.facs.org/~/media/files/quality%20programs/trauma/tqip/palliativecare.ashx

Phases of Implementation			
	Action Items	**Start Date**	**Due Date**
Phase 1	Evaluate current geriatric trauma palliative care practices including Gap Analysis	July 1, 2017	August 1, 2017
Phase 2	Create an action plan based on Gap Analysis and evaluation consistent with best practice guidelines	August 1, 2017	September 1, 2017
Phase 3	Perform retrospective chart review for dependent measures for all geriatric trauma patients	July 1, 2017	October 1, 2017
Phase 4	Implement education on the geriatric trauma palliative care program. Educational materials for both the nursing staff on the trauma floor and the surgical residents rotating on the trauma service will be developed by the APRN that reflects closing the gaps identified.	October 1, 2017	December 31, 2017
Phase 5	Implement best practice geriatric trauma patient palliative pathway (Figure 1)	February 1, 2018	N/A
Phase 6	Evaluate geriatric trauma patient palliative program	February 1, 2018	April 30, 2018
Phase 7	Perform analysis	May 1, 2018	May 30, 2018
Phase 8	Expand program to at-risk patients (high spinal cord injuries, severe traumatic brain injuries and burns)	June 1, 2018	

Methods

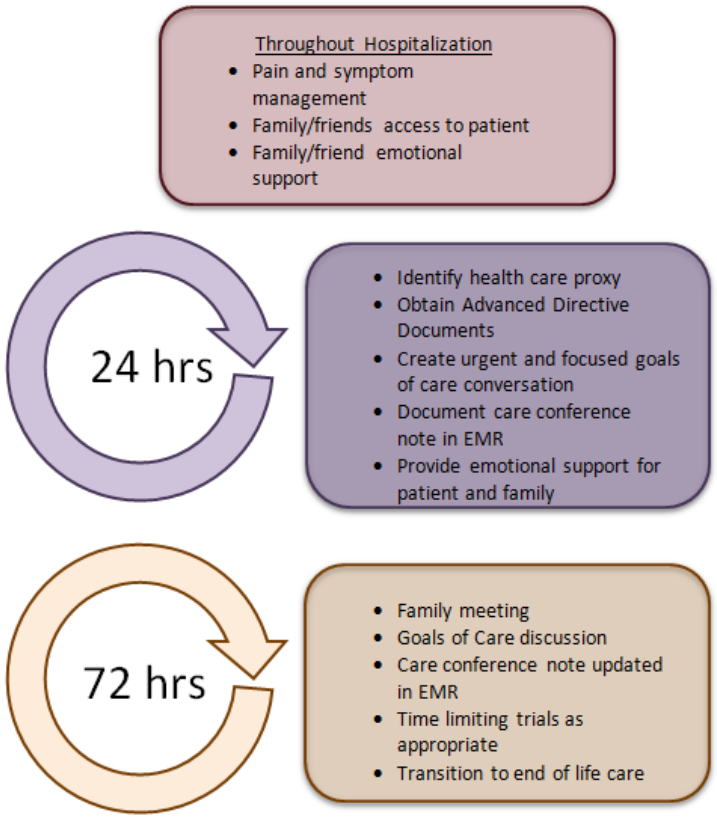
- Level 1 Trauma Center
  - 870 bed teaching facility
  - 2017
    - Trauma Consulted on 318 geriatric trauma patients
    - Trauma Admitted 195 geriatric trauma patients
  - Medical record review in EPIC EMR

Methods

- Creation of Geriatric Trauma Palliative Care Program (GTPCP) summer of 2017
  - Gap analysis
  - Development of action plan
  - Chart review
  - Education
  - Implementation
  - Evaluation
  - Expansion

Gap Analysis Highlights		
Strength	**Weakness**	**Future Consideration**
• Communicating bad news after death • Organ donation procedures • Family visitation and support • Early Physical Medicine & Rehabilitation consults • SICU nursing documentation of advanced directives • Comfort care order set • Use of trauma psychosocial team and family support teams	• Advanced care plan implemented and documented during admission • Advanced care plan documented with 24hrs of admission • No early discussions with family/surrogate regarding goals of care and prognosis • Staff training on palliative care • Use prognostic tools to guide family discussions • No frailty assessments documented	• Develop a palliative care screening tool • Create goals of care template progress note • Begin using Time Limiting Trials in the SICU • Create a protocol for comfort care and withdrawal of care

Geriatric Trauma Palliative Care Pathway



Ethical Considerations

- Moral distress causes unintended negative consequences when implementing palliative care programs
  - Double effect
  - Futility of care

ACS Benchmarks

Performance Improvement Measures	
Geriatric (≥ 65 years of age) patients admitted to Trauma Service	**Benchmark**
1. Implementation and documentation of advanced care planning before discharge	≥ 90%
2. Completion of frailty assessment within 24 hours of admission	≥85%
3. Implementation and documentation of advanced care planning within 24 hours of admission	≥90%
4. Implemented comfort care and/or withdrawal of support for geriatric trauma deaths reviewed through the trauma performance improvement patient safety process	100%

Adapted with permission, from "Palliative Care Best Practice Guidelines, " by American College of Surgeons Trauma Quality Improvement Program, 2017, Retrieved: https://www.facs.org/~/media/files/quality%20programs/trauma/tqip/palliativecare.ashx

Results

- 3-month retrospective data analysis and a 3-month post-implementation data analysis

Descriptive Statistics			
	Pre	Post	Total
Patients	46	48	94
Age Range	65-90	65-96	65-96
Age Average	77	75	76
Male	24	24	48
Female	22	24	46

Results

- Comparison of descriptive statistics using χ2 and Fisher Exact Test

Statistical Analysis of Measures				
Measure #	**Cohort 1: Pre %**	**Cohort 2: Post%**	**χ^2**	**p= value**
1	17.39%	58.33%	16.66	<0.001
2	0.00%	43.75%	25.91	<0.001[a]
3	13.04%	50.00%	14.77	<0.001

[a] Fisher's Exact Test = 0.000

Discussion

- Accomplishments:
  - Created a Geriatric Palliative Care Pathway to trigger identification of geriatric trauma patients at high risk for poor functional outcome or mortality
  - Created a Care Conference template
  - Created educational opportunities for nurses and providers
  - Utilized frailty screening tools
  - Have goals of care conversations earlier to identify a health care proxy, and secure advance directive documents
  - Avoid or limit care that is contrary to a patient's wishes
- Optimize quality of life by improving the care, pain and symptom management
- Trauma Nurses performing frailty screening
- Expansion to severe traumatic brain injury and cervical spine injury

Limitations

- Occurred at a single Level 1 Trauma Center in Dallas, Texas
- Seasonal variations in geriatric trauma
- Data for 6 months
- Single data collector

Implications for Practice

- Avoid or limit care that is contrary to a patient's wishes
- Optimize quality of life by improving the care, pain and symptom management
- Team must be confident and comfortable discussing palliative and end-of-life care issues
- Expansion to severe traumatic brain injury and cervical spine injury

Key Points

- Implementing the ACS Palliative Care Best Practices Guidelines (2017) provides improvement for geriatric trauma patient care by optimizing quality of life and by improving the care and pain and symptom management

- Palliative care screening should not be limited by age or severity of illness; it should be included concurrently with lifesaving therapies

- The multidisciplinary team must have basic competencies in primary palliative care, pain and symptom management, and end-of-life care

References

- Key Words: palliative care, geriatric trauma, trauma palliative care, American College of Surgeons (ACS), symptom management and trauma end of life care
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