**Effects of a Nurse-Led Primary Palliative Care Bundle on Specialist Palliative Care Consults in the ICU (FR416-C)**

Carolyn Clevenger, DNP GNP-BC RN FAANP, Atlanta Veterans Affairs Medical Center, Atlanta, GA
Danielle Moulia, Emory Palliative Care Center, Atlanta, GA
Kenneth Hepburn, PhD, Emory University, Atlanta, GA
Tammie Quest, MD, Atlanta Veterans Affairs Medical Center, Atlanta, GA

**Objectives**

- Describe the primary palliative care model as implemented by ICU nurses and physicians.
- Discuss the potential impact of primary palliative care on specialty palliative care consult services.

**Original Research Background:** Specialist palliative care consults (SPCCs) in intensive care units (ICUs) reduce lengths of stay and nonbeneficial intensive care treatments, improve family satisfaction, and better manage symptoms of seriously ill patients. However, palliative care specialists are in scarce supply and not available in all hospitals. It is essential that primary palliative care (PPC) be incorporated as a core ICU service.

Nurse-led PPC in the ICU—implemented by an ICU nurse and physician team—is growing in popularity. PPC is protocol driven and adheres to the IPAL-ICU’s care and communication bundle. Limited evidence characterizes the effect of PPC on palliative care consultations.

**Research Objectives:** Describe the effects of a nurse-led PPC protocol on SPCCs in the ICU.

**Methods:** Two 20-bed ICUs of a large academic medical center participated in a PPC project. The unit leadership team implemented a PPC bundle which included (a) identification of surrogate decision-maker (first 24 hours), (b) advance directive and resuscitation status (first 24 hours), (c) social work and chaplain support (within 72 hours), and (d) structured family meeting (no later than ICU day 5). PPC and palliative care consults were analyzed as proportions of eligible patients (ICU patient with stay of 5+ days) pre- and post-bundle implementation. We used interrupted time series analysis to evaluate the effects of the PPC bundle implementation on specialist palliative care consults.

**Results:** A total of 1,145 patients were admitted to the ICUs during the study period. There was a significant (p<0.05) decrease in the proportion of eligible patients who received an SPCC decreased from 45.7% to 30.7%.

**Conclusions:** Implementation of a PPC bundle led to a decrease in SPCCs.

**Implications for Research, Policy, or Practice:** Increases in PPC may lead to a decrease in SPCCs. Further research is needed to characterize the effects of shifting palliative care from specialists to the primary team.