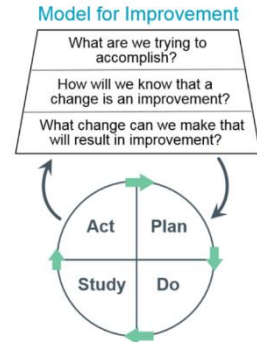**Project:** SICU Palliative Care

Ramp: Creating a system to trigger palliative care consults

What are we trying to accomplish?	Implement a trigger tool for palliative and Advance Care Planning
How will we know that a change is an improvement?	Front line care team will be able to use trigger tool with minimal disruption to care processes for 100% of patients to identify those patients who need a palliative care consult
What change can we make that will result in improvement?	Create a SMART phrase with palliative care triggers

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Date	Plan What is our prediction?	Do (Who, what, where, when, how)	Study What did we learn?	Act (Adopt/Adapt/Abandon)	Comments
10/8/19	We can create a smart phrase with the triggers and successfully use it to screen patients for palliative care.	Who: Jo What: Will create smart phrase and use it in a care planning note When: when admitting a patient to SICU How: Will incorporate it into her initial assessment process	Jo was able to put the trigger tool in a smart phrase and use it in Epic. We were able to locate smart phrase in a business object report allowing us to create a compliance report for the team.	Continue testing	
10/8-10/25/19		Jo will test the smart phrase trigger tool with other patients.	Jo successfully used the smart phrase/tool with other patients.	Adopt	

Trigger Tool V 1.0

Is patient admitted to the trauma/ACS service (SRH)? {YES / NO:22418} *__If no, do not fill out the rest of this note. You are done__*

For all patients admitted to SRH and SICU status, please fill out the below table:

Calculate a patient's total number of points using the scale below	
Assign 1 point for any "yes" answer below	

Age 65-75	{YES /NO:25183}
ESRD on dialysis (HD or PD)	{YES /NO:25183}
CHF	{YES /NO:25183}
Advanced dementia	{YES /NO:25183}
Metastatic cancer	{YES /NO:25183}
AIDS	{YES /NO:25183}
Severe trauma (ISS>25) use MedCalc to calculate https://www.mdcalc.com/injury-severity-score-iss	{YES /NO:25183}
COPD on home O2	{YES /NO:25183}
TIA/CVA	{YES /NO:25183}
Major limb amputation prior to admission (AKA/BKA), NOT due to trauma	{YES /NO:25183}
GCS of <8 (not intoxicated)	{YES /NO:25183}
Assign 2 points for any "yes" answer below	
Liver failure (MELD 16 or above) use MedCalc to calculate https://www.mdcalc.com/meld-score-model-end-stage-liver-disease-12-older	{YES /NO:25183}
Age 75-80	{YES /NO:25183}
Assign 3 points for any "yes" answer below	
Age >80	{YES /NO:25183}
ECMO initiation	{YES /NO:25183}
Total:	{Number:41255}
Add 3 points if "No" to *surprise* question (Would you be surprised if this patient died within the next year?)	

Patients scoring 3 or more points should be assigned to the clinical pathway below. IF NOT ASSIGNED, DOCUMENT REASONS WHY IN THE H&P OR A PLAN OF CARE NOTE

Clinical pathway:
1. Palliative care consult in EPIC {YES/NO:21013} (time/date): _____

2. Family meeting scheduled {YES/NO:21013} (time/date):_____
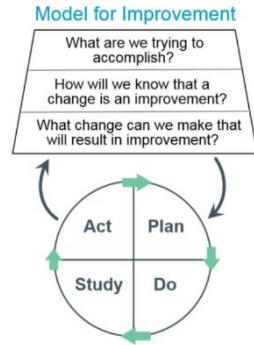3. Healthcare POA documented in chart {YES/NO:21013}

Date	Plan What is our prediction?	Do (Who, what, where, when, how)	Study What did we learn?	Act (Adopt/Adapt/Abandon)	Comments
10/25/19	We create a calculator in Epic to make the palliative care trigger tool easier to use.	May-Britt will create a trigger tool calculator in Excel.	Jo tested the tool with one patient and it worked.	Continue to test	
11/19		We can position the calculator within Epic and provider workflow	The calculator can be created but it must be placed in a flowsheet. Flowsheets are not in provider workflow.	Adapt	This PDSA is the result of multiple conversations and emails with EPIC resouces
11/13/19		The nurses will be able to complete the calculator when it is in a flowsheet	Nurse raised the following concerns: Nursing will only be filling out the screen once during an admission, regardless of how often the patient cycles in and out of the SICU. The nurses are uncomfortable with the MELDs and ISS and they will not have all of the needed information when they fill out the tool during admission.	Abandon nursing completing the tool. Adapt	
11/15/19		Create a paper version of the tool. Ask residents to fill it out.			

Project: SICU Palliative Care

Ramp: Creating team situational awareness of the patient's Health Care Designated Decision Maker (HCDDM) status

What are we trying to accomplish?	Provide the team with real time information about patient status regarding documented healthcare decision maker
How will we know that a change is an improvement?	The care team will have the information they need at the time they need it (with minimal searching) so that they can ensure the patient's healthcare decision maker is documented in the medical record
What change can we make that will result in improvement?	Create a real time report of the patient's status re: HCDDM and integrate the report into team workflow.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Date	Plan What is our prediction?	Do (Who, what, where, when, how)	Study What did we learn?	Act (Adopt/Adapt/Abandon)	Comments
11/5/19	If we let the front line team know which patients need a documented healthcare decision maker in real time, they will work with the patient/family and update the medical record.	May-Britt will complete a manual chart audit and post compliance/non-compliance info on the shared drive and notify an attending currently covering the unit.	The shared drive is too difficult to navigate to and not in provider workflow	Adapt	
11/6/19		May-Britt will send sending compliance/non-compliance info via a secure email to an attending currently covering the unit.	We discussed but never executed. It is too cumbersome for providers to open the secure email and this is not in provider workflow.	Adapt	
11/6/19		May-Britt will share a list of patients needed a HCDDM and admission date via an Epic email with an attending currently covering the unit.	This method is in provider workflow but we also need to get the info to the fellow that is covering the unit.	Adapt	
11/7/19		May-Britt will share a list of patients needed a HCDDM			

		and admission date via an Epic email with an attending and the fellow currently covering the unit.			