Quality Care for Palliative Care Consults

The scenario that will be presented will be that of a patient in the ICU with a chronic condition. In this case a 90 year old patient with COPD and is hospitalized for an exacerbation The patient is getting weaker day-to-day from doing very little and now needs help ambulating and eating; additionally, the patient has lost 15 pounds within the last 8 months and seems to be deteriorating. In this scenario, palliative care had not been consulted until 3 weeks of staying in the hospital, resulting in a loss of money to the hospital and increased emotional stress on the patient and their family. Despite the burden of this disease, the lack of palliative care for COPD patients is not an uncommon occurrence. A majority of patients with advanced COPD are not offered palliative care which helps manage symptoms and maintain quality of life. Additionally, it involves close attention to the emotional, spiritual, and practical needs and goals of patients and their families, including determining their views on future care through advance directives and resuscitation efforts.

In this situation, there are several circumstances that led up to the lack of a palliative care consult such as lack of documentation of the patient's deterioration, not doing thorough assessments, inconsistent communication, and not taking immediate action upon the patient's deterioration. In order to measure the frequency of these occurrences' interviews should be conducted with COPD patients, additionally checking patient charts would show if palliative care had been consulted.