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Palliative Care in the Trauma ICU (PiCIT) Trial

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Palliative Care and the Trauma Patient

- ❖ The underutilization of specialized palliative care services in trauma patients has resulted in a lack of data in this specific population.
- ❖ Palliative care literature centers on older adults, leaving a significant gap in knowledge regarding palliative care utilization and its implications for younger patients (≥ 18 years of age).
- ❖ By including critically ill trauma patients, we aim to develop an understanding surrounding the impact specialized palliative care teams have on patients aged ≥ 18 to ≤ 105 , as well as the more commonly studied population of older adults.
- ❖ Critically ill trauma patients present a unique challenge as their condition arises suddenly, without warning and often leaves them incapable of participating in decision-making. Consequently, the responsibility of making medical decisions falls upon family members who themselves are grappling with the emotional impact of the traumatic event.
- ❖ Many of these patients are young, lack advance directives, and have not engaged in conversations with surrogate decision-makers regarding their preferences for life-sustaining therapy. Palliative care services can help patients and families to navigate this uncharted territory and have been proven to decrease rates of caregiver distress and depression.
- ❖ This study serves as an essential first step in building a broader evidence base regarding critically ill trauma patients who benefit from the involvement of palliative care services in their care. By gaining a better understanding of the current landscape, we can identify areas that can be improved and implement interventions that will enhance our ability to provide care for our patients.

Palliative Care Background

Specialized palliative care has demonstrated its profound ability to enhance the quality of patient care while reducing costs associated with end-of-life treatment. By effectively addressing symptoms and facilitating vital discussions concerning care goals, palliative care proves to be invaluable.

Medical patients receive palliative care consultations more frequently than surgical patients. Surgeons are often hesitant to incorporate palliative care into their practice.

A 2014 EAST survey specifically focusing on palliative care in the trauma ICU revealed surgeons' reluctance to refer cases for various reasons. Their concerns ranged from the fear of inaccurate communication of prognosis and diagnosis to apprehensions that the patient and their family would perceive the trauma team as giving up on the patient.

Estimates suggest that integrating palliative care consultation and advance care planning as a standard in ICUs would lead to earlier discontinuation of nonbeneficial life-sustaining therapy, resulting in a 11% reduction in annual healthcare costs, equivalent to \$8.8 billion in the United States alone.

The benefits of palliative care in critically ill trauma patients has been previously evidenced in retrospective studies conducted at individual centers. Comprehending the nationwide landscape where trauma and palliative care intersect would yield greater motivation to routinely involve palliative care specialists in our healthcare system. Such data would empower us to employ palliative care specialists in an evidence-based manner, ensuring optimal end-of-life care for our patients.

Method

This is a multicenter, prospective, observational study conducted by the R Adams Cowley Shock Trauma Center in Baltimore, MD which is part of the University of Maryland Medical Center. They developed the protocol and will serve as the coordinating center.

Collected data will be divided into two groups, early and late palliative care consultation. The early palliative care group is defined as those patients who receive a palliative care evaluation within 72 hours of admission. The late palliative care group is defined as those patients who receive palliative care evaluation after 72 hours of admission. This delineation was chosen based on the TQIP Palliative Care Best Practices Guidelines, which suggest that patients with positive palliative care needs screening have a family meeting with goals of care discussion within 72 hours of admission.

This study has IRB approval and is open.