

COMPREHENSIVE TRIGGER LIST FOR PALLIATIVE CARE USING DELPHI PROCESS: AN INTERVENTION TOOL

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BACKGROUND

The integration of palliative care into intensive care is increasingly recommended. It supports healthcare professionals in making ethically sound and medically appropriate treatment decisions while offering better support to patients and their families. It remains, however, still unclear how to trigger palliative care.

Aim

The Delphi process, conducted across multiple clinical centers to identify comprehensive triggers for considering palliative care involvement, was led by palliative and intensive care experts within the EPIC (Enhancing Palliative Care in Intensive Care Units) Consortium. This consortium is conducting a controlled, cluster-randomized, non-blinded, cross-over study using a stepped-wedge design.

Methods

The Delphi process was used to achieve consensus among 14 healthcare experts from 7 countries on specific medical issues. The initial set of 30 potential triggers was informed by the existing literature. Two rounds of surveys with anonymous expert opinions were summarized and shared with the group. This summary was reviewed by the experts and a consensus was reached.

Results

6-item trigger list:

1. Frequent hospitalisations/ emergency department visit
2. Persistent/ uncontrolled symptoms
3. Explore patients values and preferences and align the care
4. Assistance with ascertaining goals of care or EoL planning
5. Patient/ family request for PC involvement
6. Existential distress or spiritual concerns

Discussion

The Delphi process developed consensus-based triggers as a valuable tool for identifying areas for intervention in clinical settings. The ongoing EPIC trial will hopefully provide more data on whether these triggers together with other parts of the blended learning intervention improve patient care and safety.

Conclusion

We propose a list of 6 items helping to trigger initiation of palliative care. The list will be prospectively evaluated in the clinical setting.