

Abstract

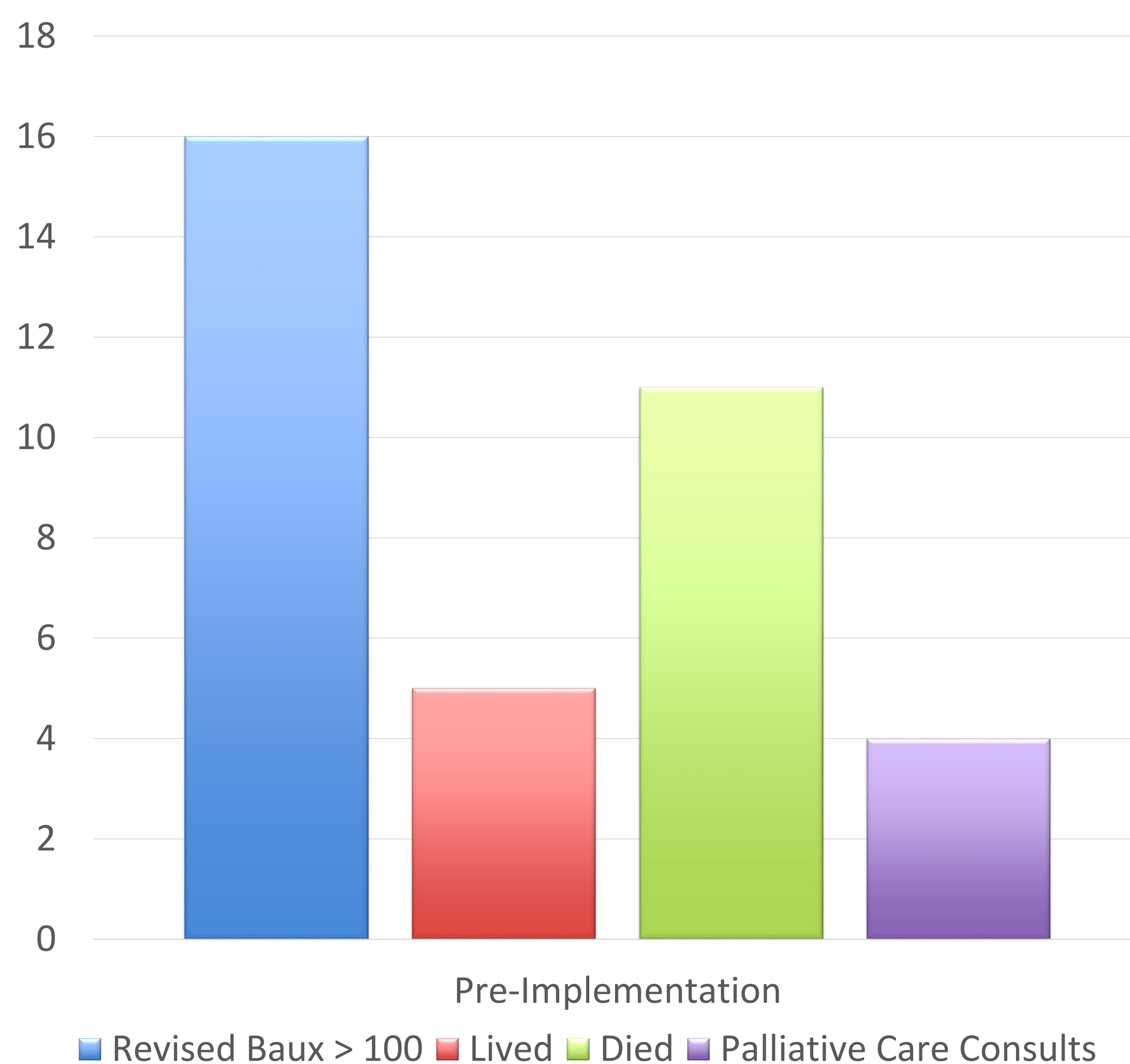
The Advanced Care Planning Trigger Tool (ACPTT) was designed to help bridge the gaps in goals of care discussions identified in burn patients with a high risk of mortality. The goals of the ACPTT are to increase the involvement of the Palliative Care team in the care planning of patients with burn injuries and a high risk of mortality, facilitate earlier goals of care discussions led by the Palliative Care team, and to improve communication with families of patients being treated in burn center.

Introduction

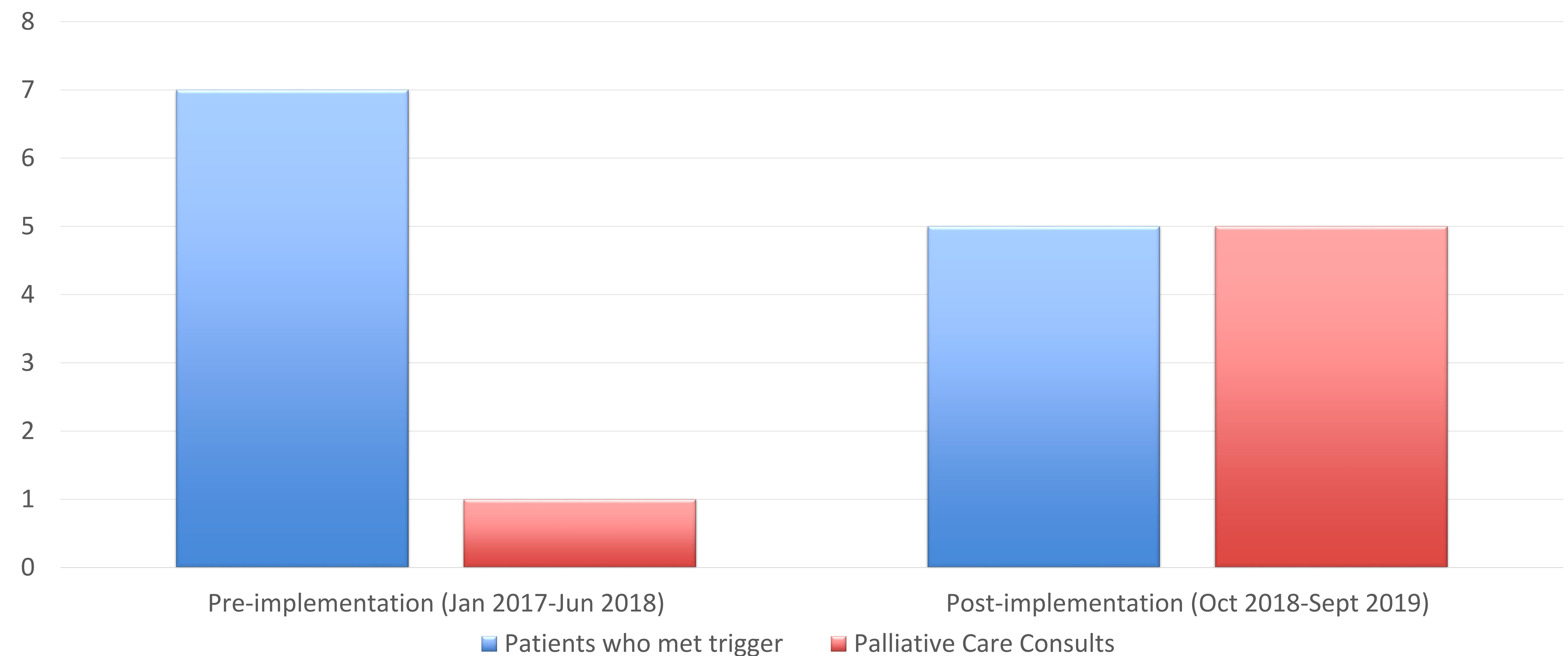
The ACPTT utilizes the Revised Baux Score, a burn mortality scoring system, which is calculated by adding the patient's age, total body surface area (TBSA) of the patient's burn as a whole number, and adding an additional 17 points if the patient has an inhalation injury. Patients with a higher Revised Baux Score have a higher risk of dying from their injuries.

From January 1st, 2017 to June 1st, 2018 16 patients were admitted to the Burn Center with a Revised Baux Score of over 100. Of those 16 patients, 11 died due to their injuries during admission, equaling a 69% mortality. Palliative Care consults were triggered for 4 out of the 16 patients (25%), and all 4 of these patients passed away during their hospital stay.

Advanced Care Planning with the Palliative Care Team Pre-ACPTT Implementation



Advanced Care Planning Trigger Tool Pre and Post Implementation



Materials and Methods

Revised Baux Score is calculated on each new burn admission. A consult to the Palliative Care Team for Advanced Care Planning is triggered within 48 hours of admission, if a patient's Revised Baux Score is above 110 and they are greater than 60 years old; or any adult patient (>18 years old) with a score of 130 or greater.

Revised Baux Score Calculation

$$\text{Age} + \%TBSA + \text{Presence of Inhalation Injury} \\ (\text{Yes} = 17, \text{No} = 0)$$

Prior to initiation of the ACPTT, feedback was requested from all ABA verified burn centers in the US and Canada via email regarding their relationship with the palliative care team and advanced care planning. Overall, no such tool has been utilized successfully in any burn center that responded.

The ACPTT was implemented in October 2018 and data was tracked until September 2019. Prior to initiation of the trigger tool, education was provided to all nursing staff during the annual Burn Skills day.

The ACPTT was also featured in the health system's Palliative Care Committee's quarterly newsletter in Fall of 2019. This newsletter was disseminated in all patient care units.

Results

From October 2018 to September 2019, five patients triggered using the ACPTT. Out of those five patients, () received palliative care consults within 48 hours of admission and () passed away during admission.

This tool led to an increase in Palliative Care team involvement early on for patients with a high risk of mortality from their burn injury, more effective care planning discussions with families and improved collaboration between the Burn team and Palliative Care team.

Conclusion

All patients with a Revised Baux Score that triggered the Advanced Care Planning Tool for a consult were ordered palliative care consults within 48 hours of admission. Advanced Care Planning with the Palliative Care team leads to increased communication and more effective care planning for patients with a high risk of mortality.

References

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