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Increasing Inpatient Access to Palliative Care Consultations: A Pilot Quality Improvement Study

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Increasing Inpatient Access to Palliative Care Consultations

A Quality Improvement Study



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Background

Palliative care is focused on providing relief of symptoms and the stress of chronic illness, providing an improved quality of life for both patient and family (CAPC, 2020). Eighty percent of consumers who receive information about palliative care say they would choose it for themselves or their loved ones, however, 60% of those consumers never actually receive those services (CAPC, 2020; Compton-Phillips, 2020).

Aims

- ❖ Increase the number of palliative care consultations for decompensating, chronically ill patients on an Adult General Medicine Telemetry Unit.
- ❖ Educate and support 100% of unit staff nurses to perform a palliative care screening assessment and use a nurse driven protocol (for recommending palliative care consultations to the medicine team) on all admitted patients.

Interventions

Nursing staff (N=58) were educated with paper handouts, emails, staff meetings, and 1:1 education to use the palliative care screening assessment and the nurse driven protocol for all patients on the inpatient general medicine unit on admission, Tuesdays, and Fridays.

Palliative Care Screening Assessment			
BASIC DISEASE PROCESS			
≥1	Cardiac	Advanced Cardiac Disease (CHF, severe CAD, CM LVEF <25%)	
	Resp.	Advanced COPD Oxygen Dependent >3 Liters	
	Renal	New ESRD Requiring Dialysis	
AND			
OTHER CRITERIA TO CONSIDER			
≥1	Current or past hospice program enrollee		
	Two or more Rapid Response Calls (Nurse only or Full Calls) in LOS		
	Acute or progressive decline in function, feeding intolerance, or persistent delirium with or without advanced dementia		
	Uncontrolled or unsatisfactory symptom control of pain, nausea, dyspnea, delirium, etc >24 hours since admission		
	Patient/family has voiced a desire or has questioned a change to goals of care ("I don't want to do this anymore")		
	Patient/family/physician faces uncertainty regarding prognosis		
Patient/family psychological or spiritual/existential distress			
Total			

Created by: Tyler Wilson, RN and the UVMCC Palliative Care Team

References: Center to Advance Palliative Care, 2020, Janssen DJ, Spruit MA, Uszko-Lencer NH, et al, 2011, Kistler, E. A., et al, 2020, Martz, K., Alderden, J., Bassett, R., & Swick, D., 2020, Weissman, D. E., & Meier, D. E., 2011

Nurse Driven Protocol: Score Interpretations

Negative <2 – No action required. Repeat assessment on next assessment day.

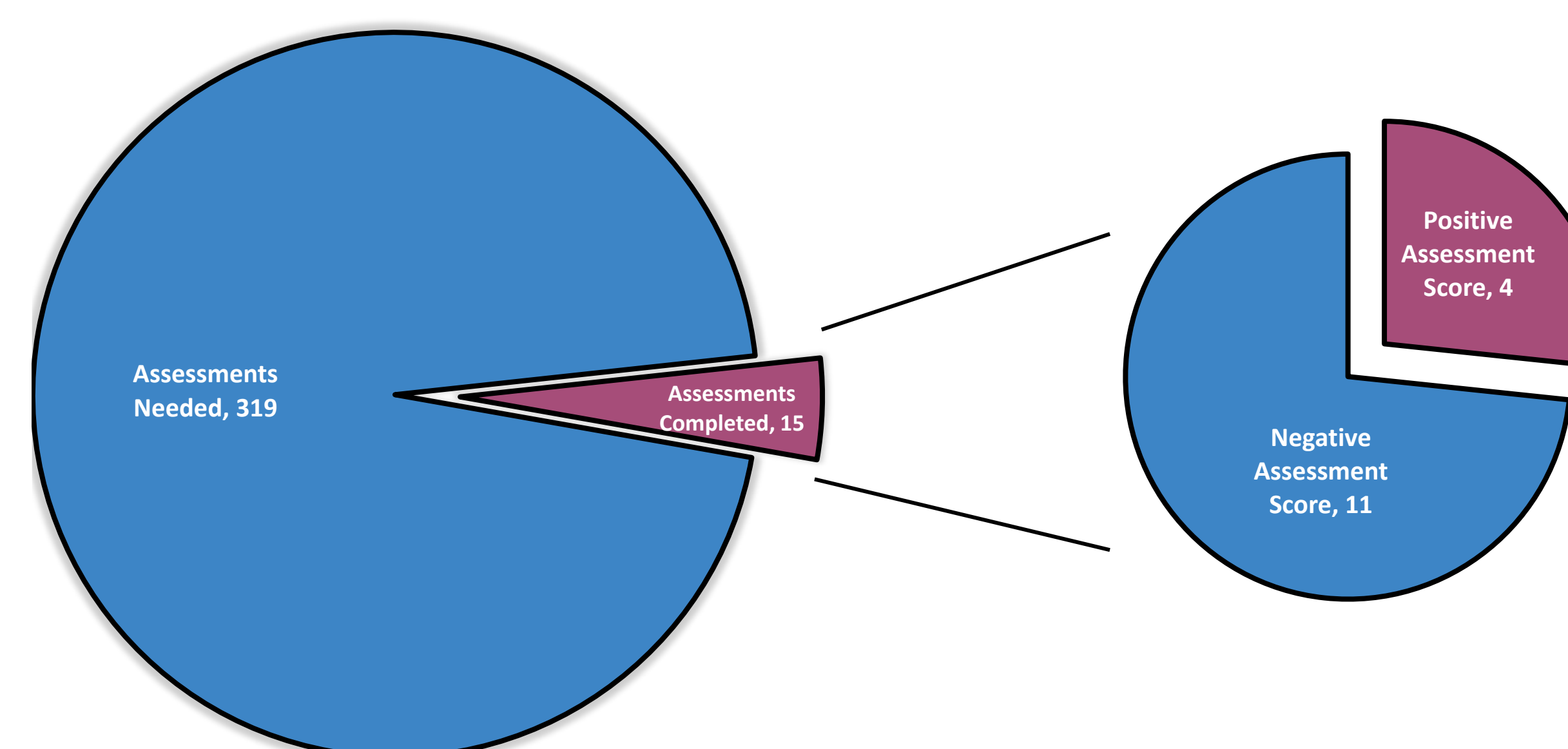
Positive ≥ 2 – Contact primary team. Report the score and recommend that a Palliative Care Consult be called.

Results

The average completion rate of the palliative screening assessment over a 5 week period was only 4%, with no individual week reaching 10% completion.

Three palliative care consultations were called as a direct result of the 5 positive screening results (60%).

Palliative Screening Assessments

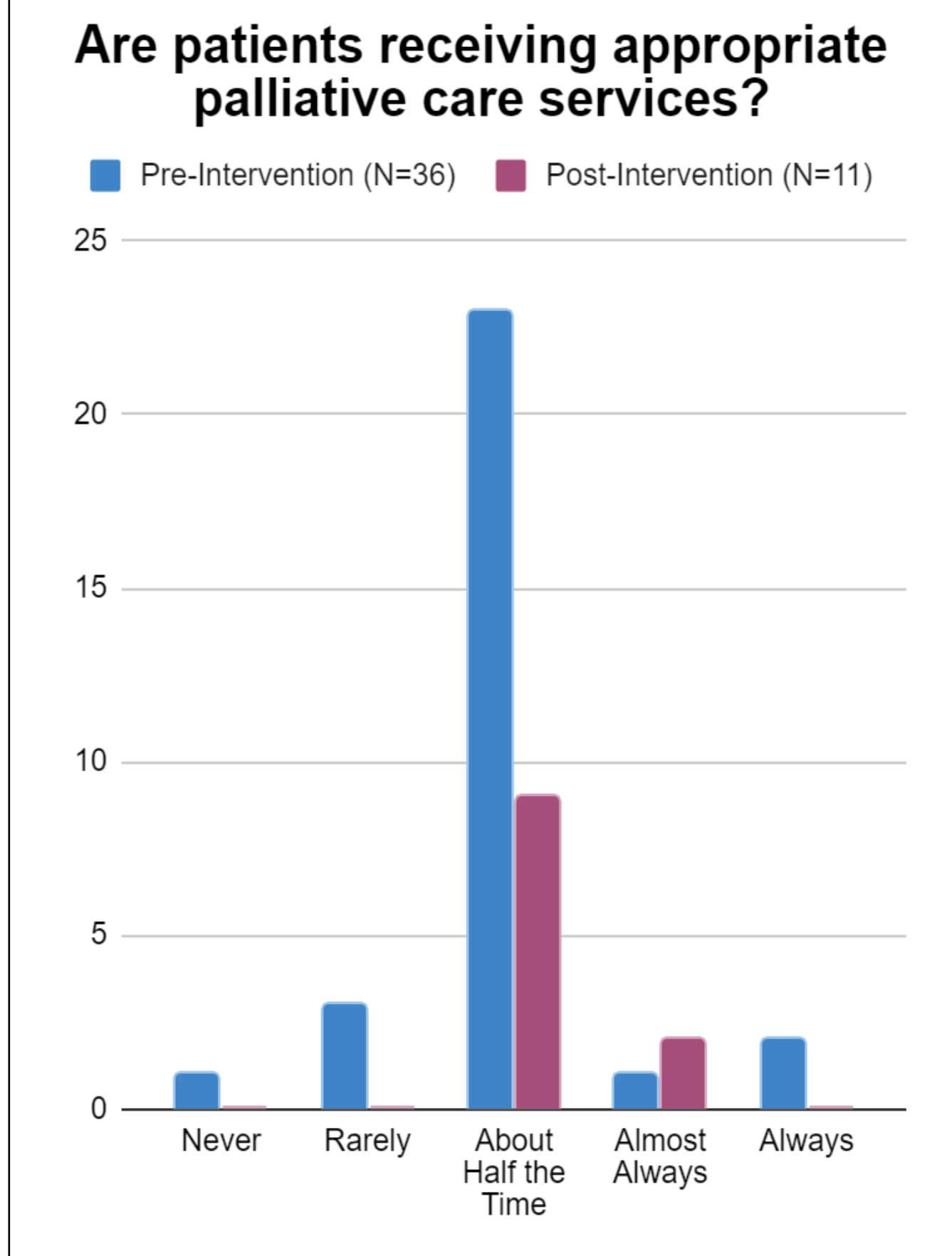


Of the 319 eligible assessments, 15 (4.7%) were completed. Four of the completed assessments (27%) yielded a positive result.

Nursing Survey Feedback

“Knowing more about the process and benefits of beginning these conversations early, I began to see more and more patients who could potentially benefit.”

“I began to incorporate this into my workflow and talked with providers when it was possible.”



Conclusion

The primary aims of this quality improvement study were not achieved. Although the rate of screening assessments was minimal, three palliative care consultations were called as a result of the 15 completed assessments that may not have occurred otherwise. The nursing staff did find the palliative screening assessment useful and nursing staff asked to continue the project and expand to another unit once the nurse driven protocol and screening assessment become more accessible in the EHR.

Limitations

- ❖ COVID-19: Nursing staff out sick and in isolation
- ❖ Increased unit census above maximum capacity
- ❖ Staffing shortages: both support staff and nursing
- ❖ Large turnover of staff

Next Steps

- ❖ Night Shift nurses to complete the assessment for day shift
- ❖ EHR integration of screening assessment and protocol

References