

View Screening Tool Here

Introduction

Palliative care is a specialized service that aims to improve the quality of life of patients and their families who are dealing with the issues of suffering from serious illness (World Health Organization [WHO], 2018). Palliative care has the potential to improve the care of patients at any age or stage of illness alongside curative treatment and therapies. Palliative care remains an underused resource and it is commonly introduced to patients late in the course of their illness, if at all.

Multiple single-institution studies suggest that the use of a palliative care screening tool in the intensive care unit (ICU) can increase palliative care consults (McCarroll, 2018). A timely palliative care consult can lead to an improved quality of life, effective symptom management, clarification of goals of care as well as resuscitation status, and a decrease in the financial burden of hospital systems by reducing hospital length of stay and medically inappropriate treatment plans (Aslakson, Curtis, & Nelson, 2014).

Background and Significance

- Approximately six million patients in the U.S. are admitted to an ICU annually, and between 10% and 29% die there (Constantine, 2016), with more deaths occurring in the ICU than any other setting in the hospital (Aslakson et al., 2014).
- Hospital stays that involve ICU services are approximately 2.5 times more costly than other types of hospital stay, averaging \$61,800 per stay (Constantine, 2016).
- A propensity score-matched study found a significant reduction in future acute care use and costs following an inpatient palliative care consultation, with a savings of more than \$6,000 per patient (O’Conner, Junker, Appel, Stetson, Rohrbach, & Meghani, 2018).
- A systematic review surveying ICU length of stay consistently showed that palliative care interventions across 22 studies reduced ICU length of stay (Khandelwal et al., 2015).
- An increase in the number of patients who receive palliative care treatment can lead to an improvement in patient and family outcomes such as improved symptom control, better quality of life, and reduced stress and dysfunctional grief (Kyeremanteng et al., 2018).
- Evidence shows standard criteria that trigger palliative care consults can increase consultation rates from 41% to 82% (Perrin & Kazanowski, 2015).

Purpose

The purpose of the project was to address unmet palliative care needs in the ICU by implementing a palliative care screening tool.

Clinical Question

Will the implementation of a palliative care screening tool compared to current practice increase rates of referral to palliative care for patients admitted to the intensive care unit over 12 weeks?

Methods

Design: A quality improvement project with a pre- and post-intervention chart review.

Setting: ICU of a private, not-for-profit hospital in Monmouth County, NJ

Population: Convenience sample of full-time, part-time, and per diem nurses

Recruitment and Informed Consent: Staff meetings, consent obtained

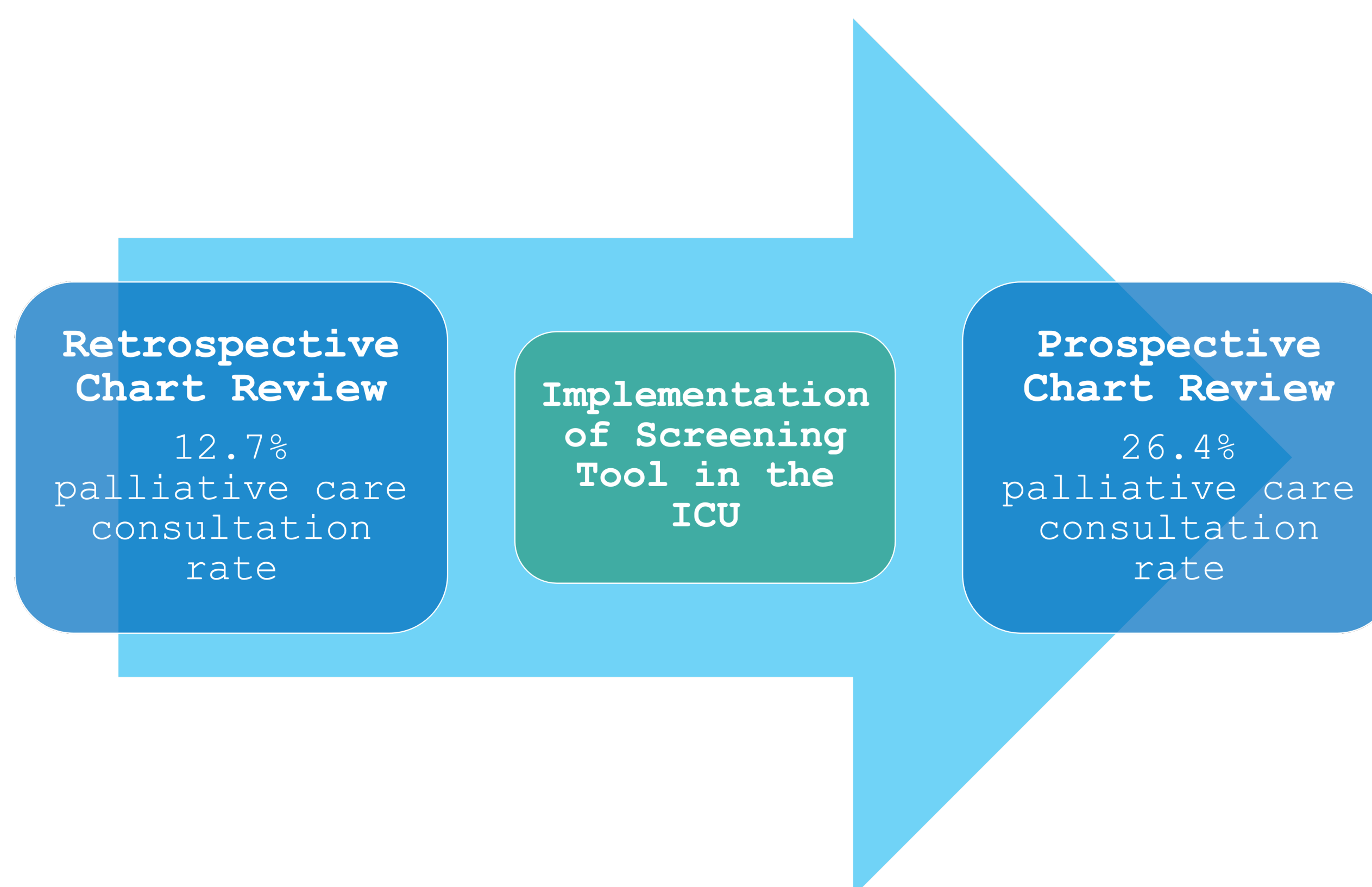
Intervention: Implementation of a palliative care screening tool upon ICU admission, between August 24th and October 4th.

Measurable Outcomes: # of palliative care consults over six weeks before implementation of study intervention compared to the # of palliative care consults for six weeks after implementing the study intervention.

Results

- 34 nurses agreed to participate in the study and signed informed consent.
- Retrospective chart review from July 13th, 2020 – August 23rd, 2020
 - # of ICU admissions: 165
 - # of palliative care consults: 21
- Prospective chart review from August 24th, 2020 – October 4th, 2020
 - # of ICU admissions: 239
 - # of palliative care consults: 63

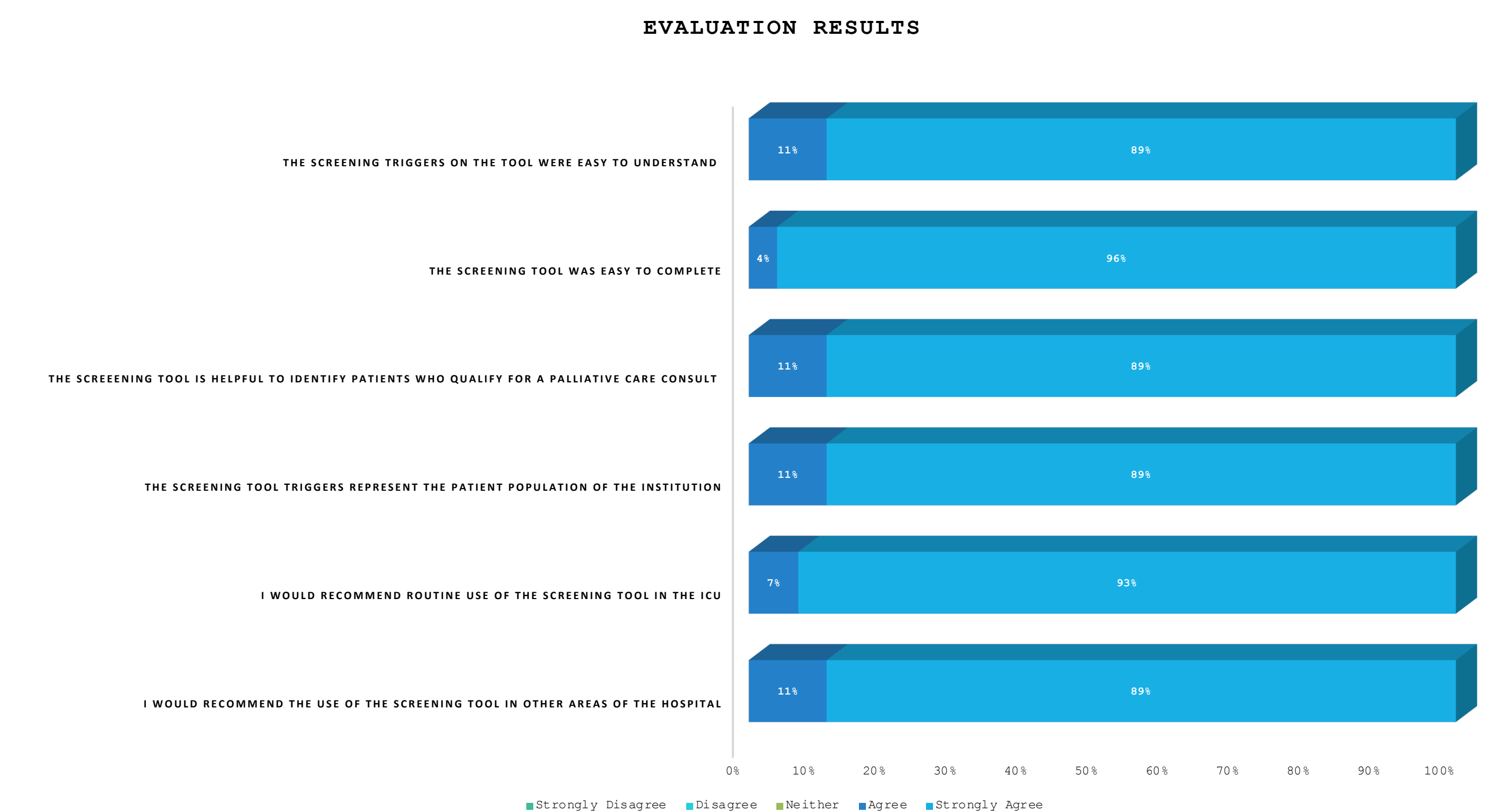
A chi-square test was used to calculate statistical significance. There was a statistically significant difference between the observed and expected palliative care consults with the implementation of a screening tool. $\chi^2(1) = 41.51, p < .001$



Conclusions

- Based on the pre-intervention data, at a 12.7% consultation rate, it was expected that there would be 30 palliative care consults for the 239 admitted patients. Data collection revealed a total of 63 palliative care consults with the implementation of the screening tool.
- Completing a palliative care screening tool leads to an increased consultation rate for palliative care services.

Evaluation Survey Results



Implications

Healthcare Policy: One of the healthcare policy goals for this QI project is to integrate the palliative care screening tool into the existing palliative care policy.

Clinical Practice: Integrating a palliative care screening tool into the existing palliative care policy will impact practice in the ICU by improving the proper recognition of patients by the nurses.

Patient Care: Identifying patients who qualify for palliative care services early in their ICU stay can assist in clarifying goals of care, potentially preventing unwanted tests and treatments, and providing effective symptom management.

Economics: Although this study did not measure cost savings, it can be inferred that a palliative care consultation can decrease the use of acute care resources, which can reduce hospital costs.

Education: Although this project did not specifically evaluate the impact on nursing knowledge of palliative care and screening for palliative care, the nurses who participated in the study found the triggers on the tool easy to understand and the tool easy to complete. The nurse's evaluation of the tool makes recommending the continuation of the screening tool in the ICU achievable.

Reference List & Contact Information

