Palliative Care Consultation by Advanced Practice Nurses Improves the Quality of Life in Congestive Heart Failure Patients

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Introduction
Patients with congestive heart failure (CHF) experience physical, psychological, and social distress and require significant symptom management. Patients who receive only curative care are deprived of palliative care by certified Palliative Advanced Practice Nurses (PAPNs), such as how to manage their disease throughout the continuum of their illness, supportive care, symptom management, and treatment plans. This project aimed to discover whether initiating early palliative care consultations, at the time of admission to the hospital, would (1) improve the quality of life (QoL) and (2) reduce the number of hospital readmissions for patients with CHF.

Background and Significance
Palliative care is a medical subspecialty that focuses on providing symptom relief and stress from serious illnesses. One goal of palliative care is to improve QoL for both patients and their family members, although palliative care also improves QoL by reducing hospital costs. Palliative care is appropriate across the life span, can be provided in conjunction with every other medical treatment, and is needed to complement medical management (Meister, 2012). Early palliative intervention should be considered for patients with CHF.

Problem Statement
Early initiation of a palliative care consultation by a PAPN through the use of a computerized trigger will improve the QoL for the medically complex patient.

Theoretical Framework
Chronic Care Model

Aim and Objectives
To prompt appropriate care in the right place at the right time, this project proposed to use a computerized trigger for palliative care consultation upon patient admission at an academic acute care medical center in Middlesex County, New Jersey. A trigger-based referral system can enhance the medical center’s current consultation requests, improve timeliness and appropriateness of consults, and bridge clinical care providers’ gaps in communication.

The aim of this project was to determine whether early initiation of palliative care consultations by a PAPN, triggered by admission to the hospital, would improve the QoL for the medically complex CHF patient. The objectives of this proposal were to:
1. Develop a computerized trigger to notify PAPNs when a patient with CHF was admitted.
2. Evaluate patients’ QoL via the Minnesota Living with Heart Failure Questionnaire (MLHFAQ) at time of admission to the hospital and 30 days after palliative care consultation with PAPN.
3. Determine whether palliative care consultations reduced the number of acute care hospital readmissions within 30 days of hospital discharge.

Review of Literature
Serving a life-limiting event can be uplifting and devastating at the same time; such is the case for CHF patients (Evangelista et al., 2012). While living with their chronic disease, patients with CHF experience countless symptoms associated with marked distress and poor QoL (Bakitas et al., 2013). One approach for meeting the needs of patients with CHF is integrating palliative care with CHF care.

Purpose of Palliative Care
A review of literature revealed two quantitative studies by researchers who used different methods to study palliative care in the CHF population, both examined patients and their healthcare professional providers. Rodrigue, Barut, & Arnold (2007) characterized patients with CHF who received palliative care consultations and identified barriers that limited the initiation of palliative care by their healthcare professionals. Rodrigue et al. performed a qualitative analysis of patient interviews (n = 31) and found that palliative care consultations served as a transition from treatment to comfort care prior to patients’ deaths. Study results revealed that among healthcare professionals, nurses had the greatest influence on facilitating palliative care consultations; nurses were the most resistant to facilitating palliative care consultations; and intensive care specialists viewed palliative care as falling within their purview.

Early Initiation of Palliative Care
In the aforementioned studies, palliative consultations were triggered within specific time frames. In Evangelista et al.’s (2012) study, where patients with CHF fared better on measures of depression, anxiety, symptom burden, and QoL, outpatient palliative care consultations were initiated after discharge. In the studies by Rodrigue et al. (2007) and Bakitas et al. (2013), where patients with CHF showed improved measures of QoL, palliative care was initiated when patients were well into their hospital stay or at end-of-life. Researchers in both of these studies concluded that providing earlier palliative care services may have improved patients’ QoL.

Triggering Early Referral
A need exists to initiate palliative care early in the treatment of patients with CHF. Implementing an automatic trigger in the EMR to refer patients for palliative care consultations can illuminate the role that PAPNs play in symptom management and in educating patients on how to adapt goals for their care.

Methodology

Quality Improvement Project
• Convenience Sampling of CHF patients
• Improving QoL
• Reducing readmissions

Setting
625-bed tertiary acute care academic medical center located in central New Jersey.

PAPN established in 2006 and consultative referral
Current palliative program has not been evaluated

Population Project
• Adults with diagnosis of CHF and age ≥21 years old
• Sample size - minimum of 30 patients - Male or Female
• Identified through electronic trigger

Project Interventions
• Develop palliative care trigger
• Minnesota Living with Heart Failure Questionnaire (MLHFAQ) QoL survey (Rector, 2017) – on admission and 30 days
• CHF symptom management education and advanced care planning goals of care

Benefits and Risks
• No risks
• Trigger program activated on admission
• Advantages consult with PAPN.
• Model requires education and participation

Data Analysis
Palliative care trigger created/activated - November 2019
Trigger activated on admission
November 3rd, 2019 to December 1st, 2019 - No trigger activation
IT widened trigger - 3,487 activations
One response to perform consult

Findings

Number of Patients Admitted with CHF by Disposition and Specialty Group

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>37</td>
<td>46.25</td>
</tr>
<tr>
<td>Cardiology</td>
<td>19</td>
<td>25.75</td>
</tr>
<tr>
<td>Surgery</td>
<td>6</td>
<td>7.75</td>
</tr>
<tr>
<td>Critical Care</td>
<td>7</td>
<td>8.75</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>7</td>
<td>8.75</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>5</td>
<td>3.75</td>
</tr>
<tr>
<td>Medical Oncology</td>
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<td>1.25</td>
</tr>
</tbody>
</table>

Note: N = 80 physicians in seven specialty groups.

Number of Bypassed Patient Referrals to Palliative Care by Specialty Group

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>2,207</td>
<td>69</td>
</tr>
<tr>
<td>Cardiology</td>
<td>282</td>
<td>8.5</td>
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<tr>
<td>Family Medicine</td>
<td>146</td>
<td>4.4</td>
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<tr>
<td>Critical Care</td>
<td>67</td>
<td>2.1</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>54</td>
<td>1.6</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>6</td>
<td>0.18</td>
</tr>
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Note: N = 1,327 patients admitted with a diagnosis of CHF.

Discussion
This DNP project set out to discover whether providing palliative care consults within 24-48 hours of hospital admission for CHF improved QoL, and reduced hospital readmissions for those patients. Indeed, it is human nature to assume that patients diagnosed with CHF are not expected to be in a state of healthy. Despite 3,487 triggers alerting physicians when their patient with CHF were admitted, no patients were referred to palliative care, so no conclusions could be made about the impact of early palliative care on CHF, and hospital readmissions. In future projects, triggers could directly refer patients for palliative care consult without requiring MD referral.

Strengths
• PAPNs’ credentials/knowledge of chronic illnesses
• Project IT team
• Administration andMission data

Limitations
• Physician remains control of trigger
• Trigger-based referral in EMR must go directly to PAPN on admission
• Physician knowledge of palliative care
• Organizational culture
• Organizational policy
• Incentive program

Recommendations
• Educate healthcare providers on chronic illnesses
• Engage healthcare providers to become advocates
• Performance incentives to physicians
• Develop system-wide policies to integrate IT into the EMR
• Create system-wide culture that promotes palliative care
• Electronic trigger fuel staff buying reports
• Utilize trigger to identify CHF on admission and categorize high or low risk (Bakitas et al., 2020)
• Name-field model (Bakitas et al., 2020)
• Organizational culture

Conclusion
The benefits of palliative care as an symptom management, depression, and QoL must be examined further on a larger scale through additional research. How? To conclude the potential impact of implementing palliative care consults, many stakeholders must be involved, including healthcare workers, patients, families and communities.

References
Evangelista, S. A., Smith, D., Schmieder, R. E., Pola, A., Leibman-Meyler, E., Lopiccolo, A., Soni, R., & Liao, R. Y. (2012). Symptom burden, and QoL, outpatient palliative care consultations were initiated after discharge. In the studies by Rodrigue et al. (2007) and Bakitas et al. (2013), where patients with CHF showed improved measures of QoL, palliative care was initiated when patients were well into their hospital stay or at end-of-life. Researchers in both of these studies concluded that providing earlier palliative care services may have improved patients’ QoL. (2012). Symptom burden, and QoL, outpatient palliative care consultations were initiated after discharge. In the studies by Rodrigue et al. (2007) and Bakitas et al. (2013), where patients with CHF showed improved measures of QoL, palliative care was initiated when patients were well into their hospital stay or at end-of-life. Researchers in both of these studies concluded that providing earlier palliative care services may have improved patients’ QoL. (2012). Symptom burden, and QoL, outpatient palliative care consultations were initiated after discharge. In the studies by Rodrigue et al. (2007) and Bakitas et al. (2013), where patients with CHF showed improved measures of QoL, palliative care was initiated when patients were well into their hospital stay or at end-of-life. Researchers in both of these studies concluded that providing earlier palliative care services may have improved patients’ QoL.