

INTRODUCTION/BACKGROUND

- ❖ Palliative care (PC) offers relief from pain and distressing symptoms and has been associated with lower readmission rates, decreased length of hospital stay and improved quality of life for patients suffering with end stage illnesses
- ❖ Palliative care is underused in management of end-stage illness (CAPC, 2016)
- ❖ Only 14% of people needing palliative care at the end of life receive it (Al-Mahrezi & Al-Mandhari, 2016)
- ❖ 80% Americans prefer to die at home but 60% of Americans die in acute care hospitals, 20% in nursing homes, and only 20% at home (Bailey, 2018)
- ❖ Palliative care screening tools facilitate earlier provision of palliative care (CAPC, 2016)

PURPOSE

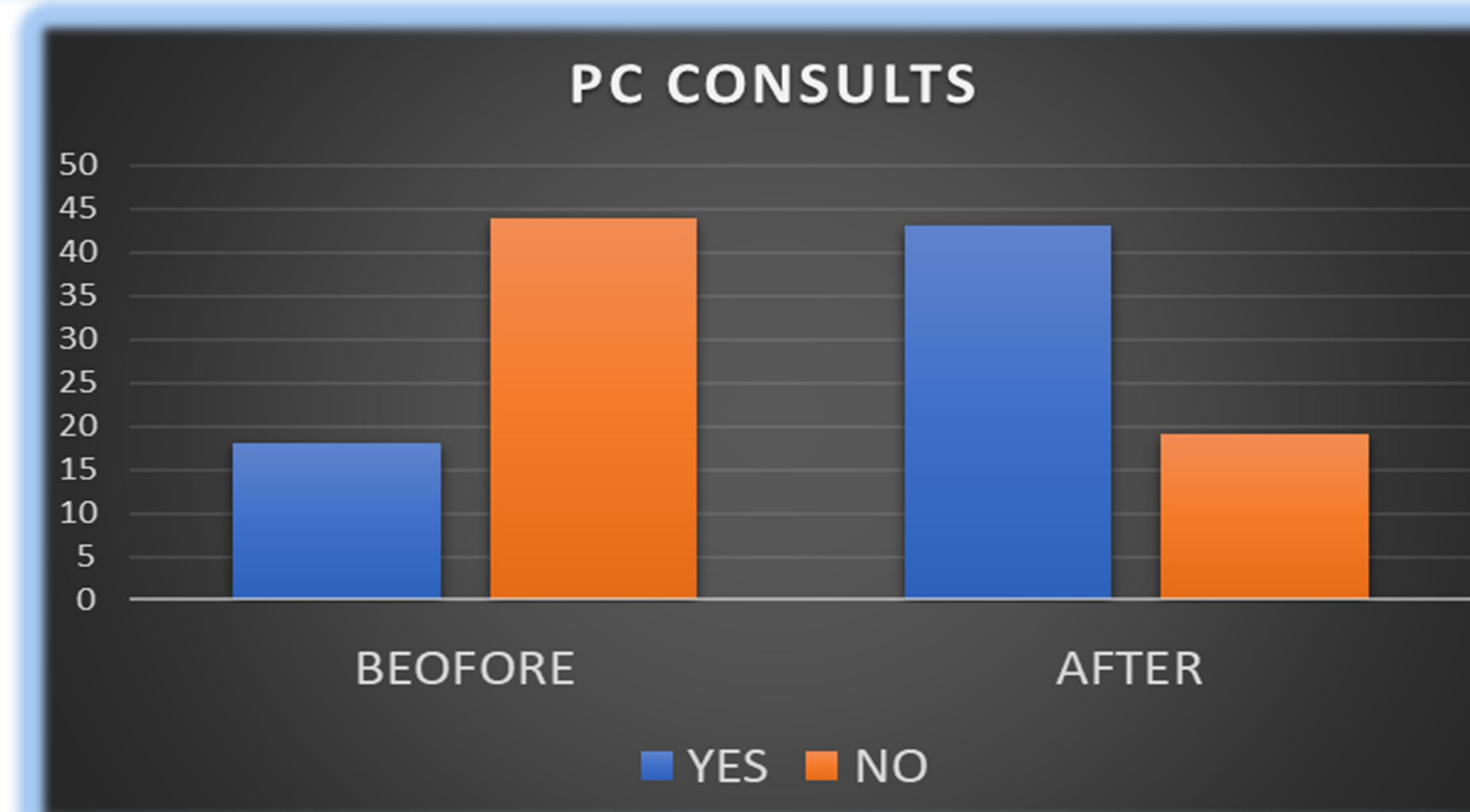
The goal of this study is to identify patients with unmet palliative care needs and increase palliative care consultations for patients with end-stage illnesses through the implementation of a screening tool.

METHODOLOGY

- ❖ **Design:** Quality improvement project, using a single-site retrospective and prospective chart review
- ❖ **Setting:** Four inpatient units at small North Jersey 145-bed community hospital
- ❖ **Study Population:** Four nurse case managers review charts and order palliative care consult as triggered by the screening tool
- ❖ **Recruitment period:** 4-month study period
- ❖ **Sample:** 124 medical charts between July 1, 2020-November 30, 2020. 62 charts reviewed before and 62 charts after the implementation of the screening tool. Charts for review: 50-100 years old +end-stage illness
- ❖ **Data analysis:** SPSS software and percentage change were used to evaluate the data collected. Descriptive statistics evaluated demographic data, percentage change was used to address difference between pre and post intervention consultation rates, and Mann-Whitney test was used to compare the difference of length of stay between the groups

RESULTS

PC consults increased by 40% after the implementation of PC screening tool.



Patients who received PC consult had significantly reduced length of stay ($p=0.000$). 43 patients who received PC consult had LOS=5.56 days and 19 patients who did not receive PC consult had LOS=10.58 days.

DISCUSSION/IMPLICATION

- ❖ Use of a PC screening tool can improve early identification of unmet palliative care needs
- ❖ Improving patient functioning and quality of life
- ❖ Reducing the cost of care
- ❖ Future studies can be developed to measure readmissions, length of stay, cost savings
- ❖ The proposed palliative care project could become a standard hospital protocol
- ❖ Project has the potential to be expanded to other sister hospitals

LIMITATIONS

- ❖ Limited number of palliative care providers
- ❖ Delay in implementation of the project
- ❖ Limited information technology (IT) support
- ❖ Consultation report discrepancies

CONCLUSION

- ❖ Use of a PC screening tool has potential to increase palliative care consults
- ❖ The use of PC screening tool hospital-wide can help clinicians to identify patients in need of PC in a standard and objective manner to foster early PC consultation, which can potentially improve financial and non-financial aspects of a patient's care

SCREENING TOOL

PALLIATIVE CARE SCREENING TOOL for patients 50-100 years old	
CRITERIA	SCORING
End Stage (cancer, COPD, ESRD, etc.)	2 points
Concomitant Disease Process (liver disease, moderate CHF, moderate COPD, etc.)	1 point
Functional status of patient	0-4 points
Other criteria (not a candidate for curative therapy, life-limiting illness, prolonged ICU stay, etc.)	1 point
SCORING GUIDELINES:	Total Score =1 No intervention need Total Score = 2 Observation only Total Score = 3 Consider Palliative Care Total Score = >4 Palliative Care Consult

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