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Introduction

- Terminally ill patients who are at the end of life (EOL) have multiple needs and require specialized care.
 - As the number of Americans aging continues to increase, more patients will present to the Emergency Department (ED) with serious illness and disease (Lee et al., 2020).

Purpose

To improve recognition of palliative eligible patients and increase the use of a preexisting palliative care screening, a quality improvement program was initiated in a level 1 trauma ED in Northern New Jersey (NJ).

Background & Significance

-The use of palliative care screening is encouraged to help ED nurses and physicians facilitate palliative care efforts (Lee et al., 2020).
 -Although early identification of palliative care patients in the ED is essential for timely treatment and relief of pain and suffering, ED Registered Nurses (RNs) and physicians infrequently screen patients using a palliative care screening tool (Bowman et al., 2015; Chor, et al., 2019).
 -A palliative care consultation generated from the ED helps the patient and healthcare provider establish goals of care (Zeng et al., 2020).

Methodology

Design: 2-part QI project + retrospective chart review
Setting: Large Level 1 Trauma ED in New Jersey
Population: 125 Eligible ED Nurses
Aim/Goals:

- Identify perceived barriers
- Assess how demographics are associated with barriers
- Deliver education to ED nurses via lunch & learn
- Assess if education influenced the use of palliative care screening tool


Consent/Ethics: minimal risk, waiver of informed consent

Intervention: 3 lunch & learns, huddle topic, Qualtrics questionnaires

Outcome Measures: pre/post survey responses, measurement of # uses of the palliative care screening tool



The Palliative Care Screening Tool: Why aren't Emergency Department nurses using it?



Barriers to Implementation of a Palliative Care Screening Tool in the Emergency Department

The aim of this study is to identify actionable changes that contribute to increased referral to palliative care services for palliative appropriate adults who present to the Emergency Department.

Intervention: Educational Lunch & Learns, Huddle Topic
 *Nurses will be invited to participate in 3 questionnaires and attend 1 lunch and learn.
 *All responses are confidential and voluntary.
 *Nurses who attend the lunch & learn will be entered into a raffle to win a \$10 FIGS gift card.

Eligibility: ED nurses who work more than 2 shifts a month who have been employed in the ED for greater than one year (agency/orientation are not eligible).

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Results

Results – Unpaired Analysis

Demographics	Pre (n=40)	Post 1 (n=34)	Post 2 (n=29)
Bachelor's	70%	68%	55%
Knowledge	68%	36%	68%
CEN status	64%	29%	48%

Mean Score	Pre (n=40)	Post 1 (n=34)	Post 2 (n=29)
Knowledge	3.6	3.2	2.8
Likert	12.9	12	13.3
ENA Barriers	Time constraints	Prioritization of care	Lack of Staffing

Results - Chart Review

- # of uses of palliative screening tool
- Pre: 8/31 (25%) consult requests
- Post: 9/30 (30%) consult requests
- 5% increase in recognition of palliative eligible patients through use of the screening tool based on the total number of consultation requests from the ED.



Intervention did not change mean knowledge or attitude scores but increased use of the screening tool by 5%.

Discussion

Limitations: paired responses (limited # that answered pre and post), distracting environment, increased volume/acuity
Unintended Consequences: "make it mandatory in triage", physician attendance at lunch and learn
Facilitators: team leader on site, supportive leadership, monthly palliative meetings
Barriers: RN turnover (agency + absenteeism), incomplete survey

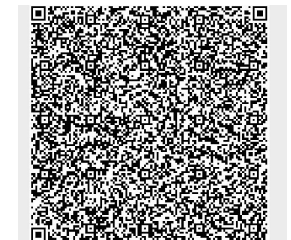
Implications

Clinical Practice: ED RN placed in position to identify patients eligible for palliative care, relief of pain and suffering, improve knowledge of palliative care
Healthcare Policy: Opportunity to adapt policy based on identified barriers to use, facility equipped to support NJ legislation that suggests use of tool.

Quality & Safety: Palliative care consults have been shown to improve the patient experience and relieve pain and suffering at the end of a patient's life (Lee, et al., 2020).

Education: call attention to the fact that ED nurses need education on provisions for the palliative care patient in the ED.
Economic: Palliative care screening tools have been associated with a decreased length of stay in the hospital and a decreased consumption of resources (Sullender, 2016).

References



ED Palliative Screening Tool

Serious Life-limiting Disease	PLUS	Any one of following criteria
<input type="checkbox"/> Stage 4 Cancer <input type="checkbox"/> COPD on Home oxygen <input type="checkbox"/> CHF <input type="checkbox"/> Dementia or neurological disease (non-ambulatory) <input type="checkbox"/> Cirrhosis <input type="checkbox"/> ESRD	<input type="checkbox"/> Multiple recent hospitalizations/ED visits with same symptoms/problems <input type="checkbox"/> Difficult to control symptoms related to serious medical illness such as pain/dyspnea/psychological or spiritual distress	<input type="checkbox"/> Patient or family requests for specialty palliative care <input type="checkbox"/> DNR orders/goals of care conflict <input type="checkbox"/> Patient with a serious illness and technology/care dependent (acute/chronic infections, hemodialysis, oxygen, artificial nutrition, bed/chair bound)

Clinical Question

What are emergency department nurses' perceived barriers to implementing a palliative care screening tool in patients who present to the emergency department with palliative care needs and what modifications can be made that may change attitudes, and potentially contribute to an increase in palliative care referrals?