

INTRODUCTION

- Palliative care is an evidence-based, multidisciplinary approach to patient care focused on patient and family-centered method to improve quality of life among patients with serious or chronic illnesses.

BACKGROUND & SIGNIFICANCE

- Early access to PC identified as a goal for improvement in healthcare system locally and worldwide. Globally, only 14% of patients have access to PC services among 40 million with PC needs .
- Incorporation of palliative care services is associated with improving patient satisfaction; decreasing cost and resource utilization; and reducing unnecessary hospitalization and emergency room visits.

OBJECTIVES & AIMS

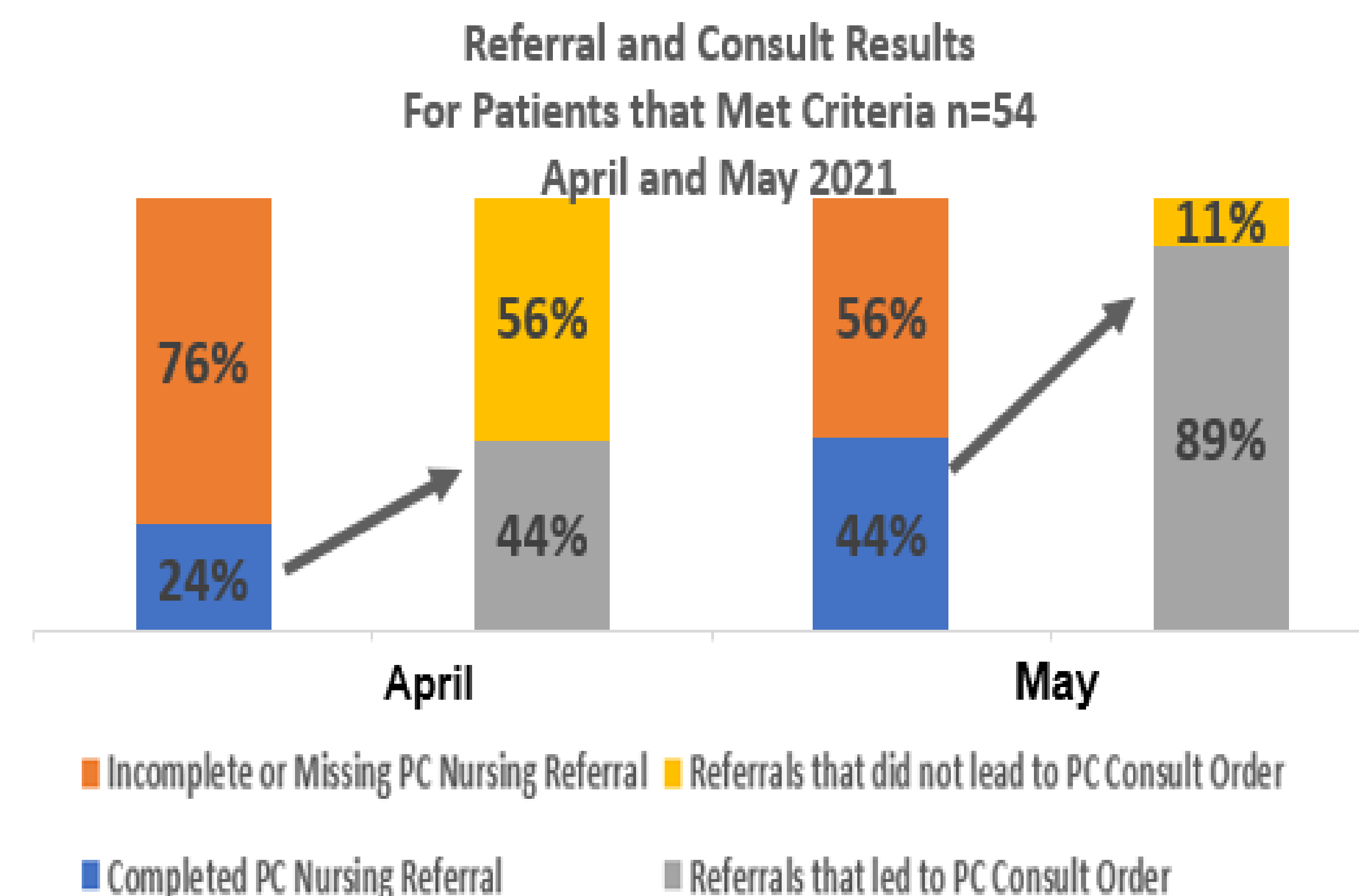
- Standardize the use of a palliative care screening tool to identify patients in need of palliative care services and increase the number of referrals, consultation, and discussion of advance care planning among hospitalized patients.

METHODOLOGY

- Design:** Quality improvement project utilizing a retrospective chart review pre and post intervention
- Sample:** Hospitalized adult patients over the age of 18 admitted to 29-bed telemetry and 36-bed Medical-surgical units
- Setting:** 228-bed community hospital in NJ
- Intervention:** Total of 449 charts reviewed
-242 retrospective review pre intervention
-207 chart review post implementation

Results

- Integration of a standardized PC screening process led to an increase in the number of PC consult orders, referrals, and documentation of advance directives.
- PC consult orders and evaluation by PC nurse practitioner significantly increased from **7.4% pre intervention to 23.2% in May (p=0.0001) post implementation**
- A total of **n=48 in May** were evaluated by the palliative care nurse practitioner and had documentation of advanced directives in comparison to **n=18 in April**



| | Total Census | Completed PC Checklist | Incomplete PC Nursing Referral | Met PC Nursing Referral Criteria | Number of PC Consult Order | Number of PC Consults | Number of Advance Directives | PC score > 3 |
|------------|--------------|------------------------|--------------------------------|----------------------------------|----------------------------|-----------------------|------------------------------|--------------|
| May | 207 | 188 | 30 | 54 | 48 | 48 | 43 | 54 |
| April | 246 | 230 | 31 | 41 | 18 | 18 | 16 | 41 |
| May | 100% | 90.8% | 14.5% | 26.1% | 23.2% | 23.2% | 20.8% | 26.1% |
| April | 100% | 93.5% | 12.6% | 16.7% | 7.3% | 7.3% | 6.5% | 16.7% |
| % Change | 0% | -3% | 2% | 9% | 16% | 16% | 14% | 9% |
| Abs Change | -39 | -42 | -1 | 13 | 30 | 30 | 27 | 13 |

Implications

Clinical Practice

- This QI project used a rigorous method to identify patients in need of palliative care services
- Objectives and achieved outcomes applicable to a variety of inpatient units within the hospital including ER and ICU

Healthcare Policy

- Aligns with National guidelines for PC supporting the need for early integrating screening of patients for PC across all settings

Quality & Safety

- Identified gaps and change in practice to implement high-quality, value-based care
- Met needs of patients with increased PC consults/AD documentation

Education

- Staff education about PC screening checklist in the EMR and criteria for PC consultation can be further evaluated in identifying patients with PC needs.
- The number of PC consult orders and patient consultation increased post implementation with staff education

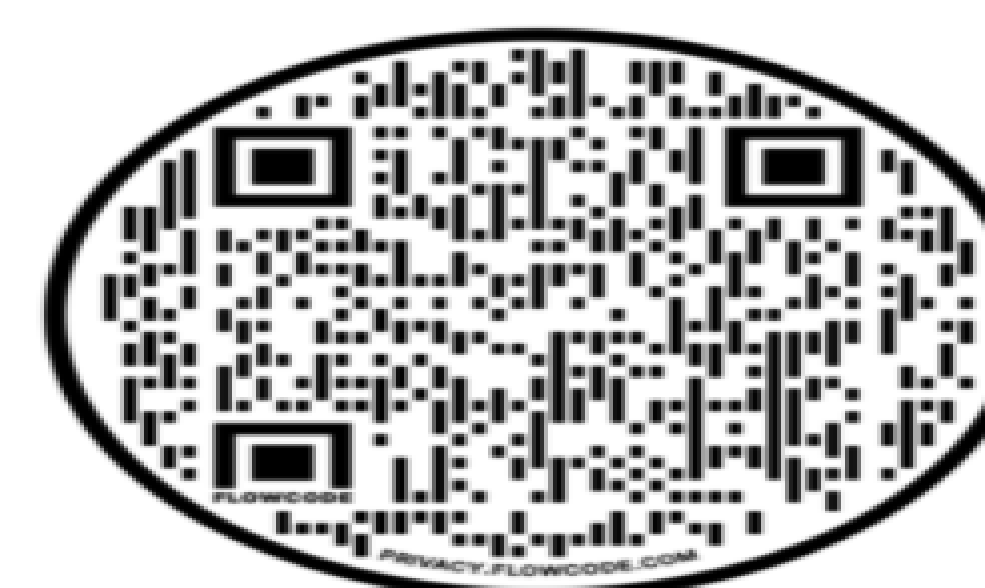
Economic

- Early integration of palliative care services has economic implications and the potential for reducing hospital cost
- Future cost-effectiveness of this project to be considered

Summary

- Following standard of care guidelines for hospitalized patients increased access to palliative care
- This quality improvement project led to a statistically significant increase in the number of palliative care consultation orders and screening of patients in need of palliative care services
- Number of patients evaluated by a palliative care nurse practitioner increased significantly along with advance directive discussion and code status documentation.

References



Contact

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