

Improving Timeliness & Efficiency of Palliative Care Consults in an Adult ICU

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Problem Statement

- **Palliative Care (PC)** is a medical specialty focused on reduction of suffering and improving quality of life and is associated with:
 - Decreased ICU LOS
 - Decreased resource utilization
- Only **12.3%** of all admitted ICU patients received a PC consult annually
- External data suggests that **nearly 20%** of patients would benefit from PC
- Non-standardized consultation methods leads to missed or delayed opportunities for PC services

Purpose of Project & Goals

Purpose: to implement the use of an evidence-based, nurse-driven screening tool algorithm for all patients admitted to the ICU to assist in recognizing those who would benefit from PC services in a timely and efficient manner.

Goals:

- Process Measure- All patients admitted to the unit are screened with the PC screening tool within 24 hours
- Outcome Measure- All patients who screen positive for PC receive an order for consult to PC

Methods

Setting: 24-bed adult ICU of a 230-bed community hospital

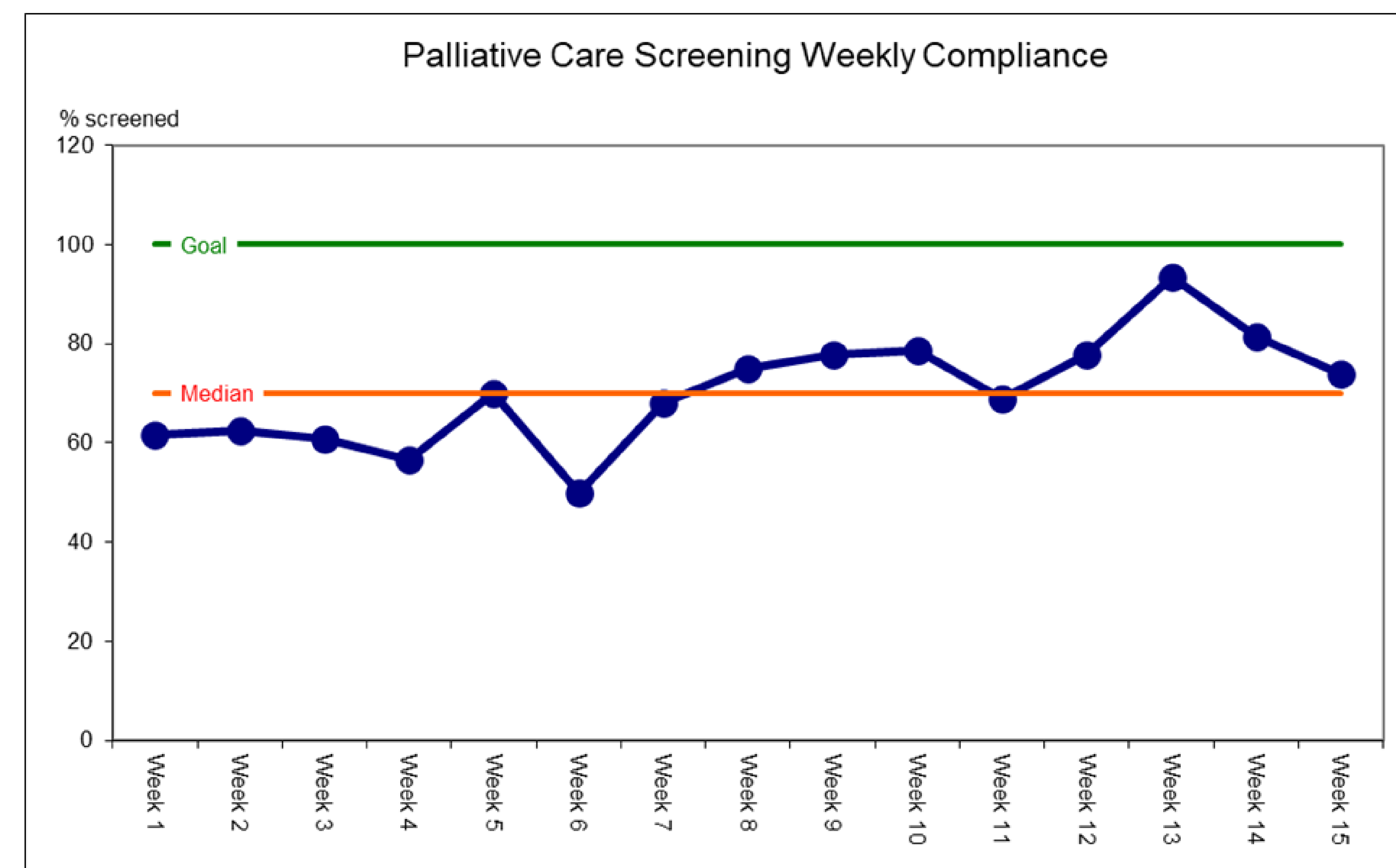
Population: patients 16-99 from mixed specialties including medical, surgical, trauma, neurology, and cardiology. Exclusion criteria: post-operative cardiac surgery patients

Intervention:

- Education provided to all staff nurses and providers regarding the PC screening algorithm
- Bedside nurses screened all patients admitted to the ICU
- Results of the PC screen discussed with ICU provider during multidisciplinary rounds
- Provider decided whether to enter an order for a PC consult

Data Collection: Data entered by staff on paper screening tools which were collected and entered into an electronic database by the project lead. Descriptive statistics were performed, data displayed in run charts for analyses.

Results



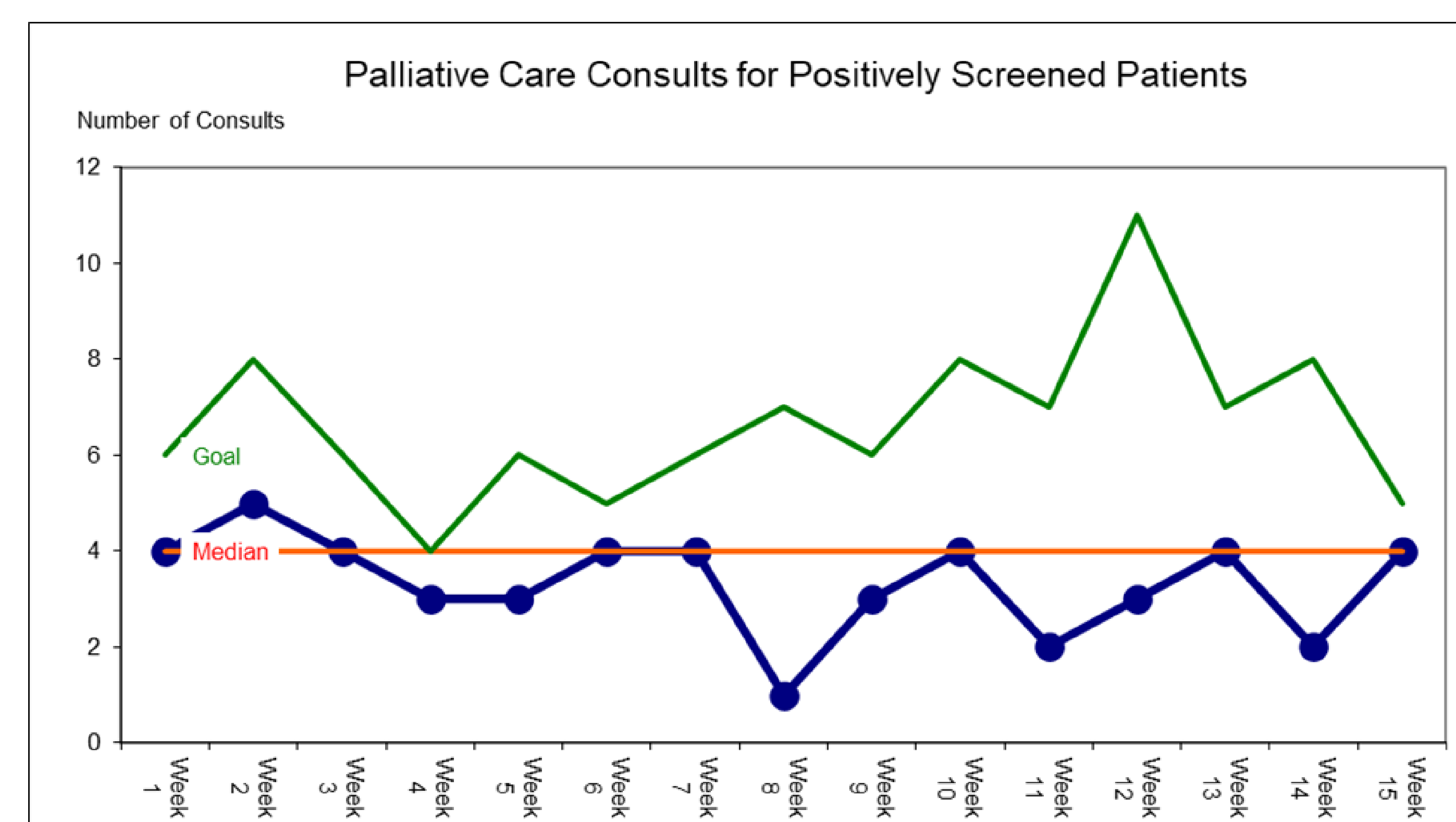
Goal Achievement:

Total Screened: 70.5% (253/359)

Total Screened Positive: 37.5% (95/253)

Received a Consult: 53.7% (51/95) of those positively screened

Total Consults for all ICU patients during the initiative: 23.4% (84/359)

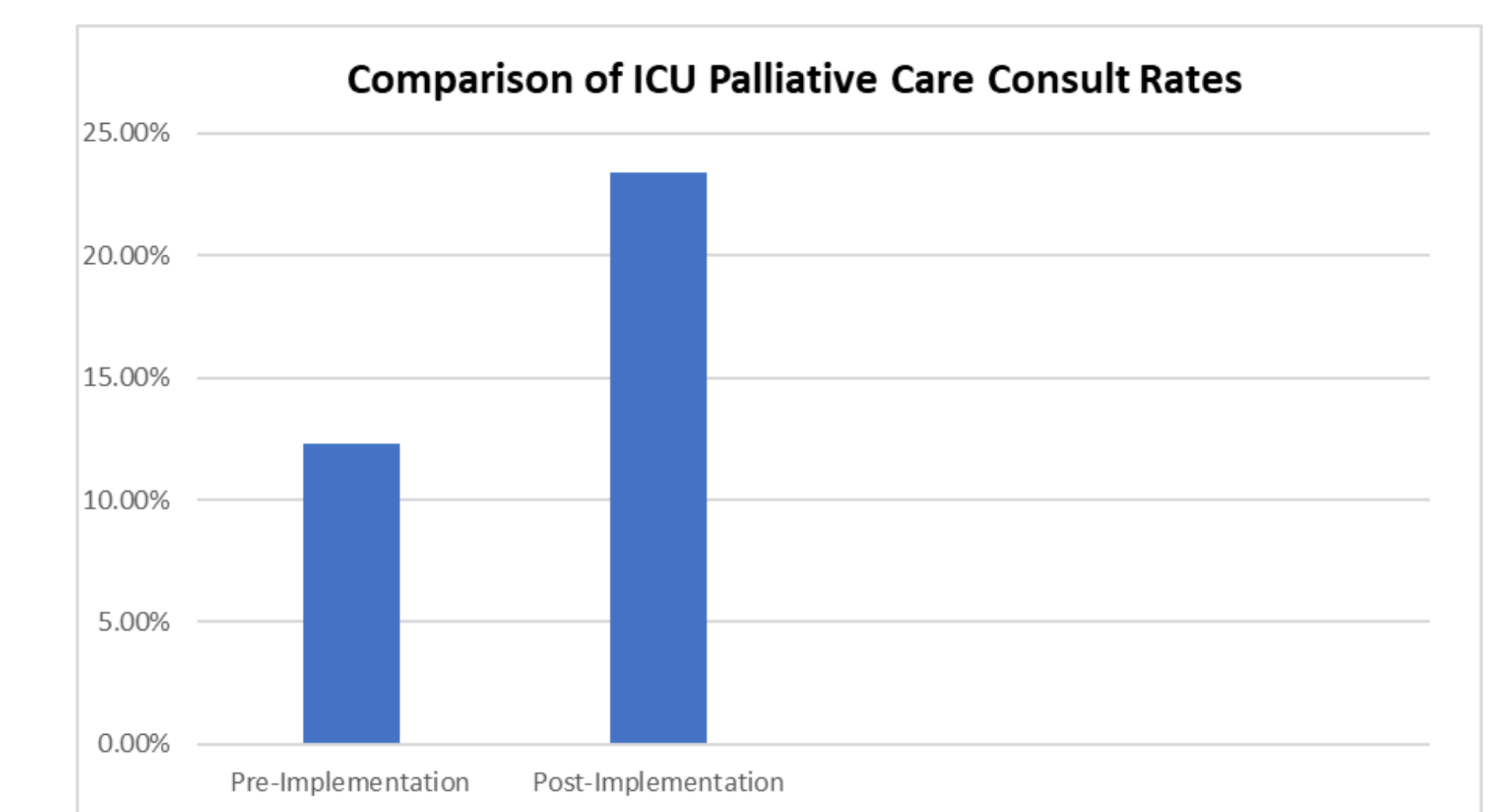


Note: Goal refers to the total number of eligible participants/patients who screened positive each week.

Discussion

Findings: PC education and use of a nurse-driven PC screening tool in the ICU can improve recognition of patients who would benefit from PC

Impact: Overall PC consult rate increased by 90% from pre-implementation to post-implementation



Compared to Literature: Able to obtain near 20% rate of consults; consistent with previous studies

Limitations: Not all who screened positive received a consult

Barriers to Success:

- Use of paper instead of electronic/EMR
- Staff rollover
- Persistent cultural resistance
- Small PC team

Conclusions

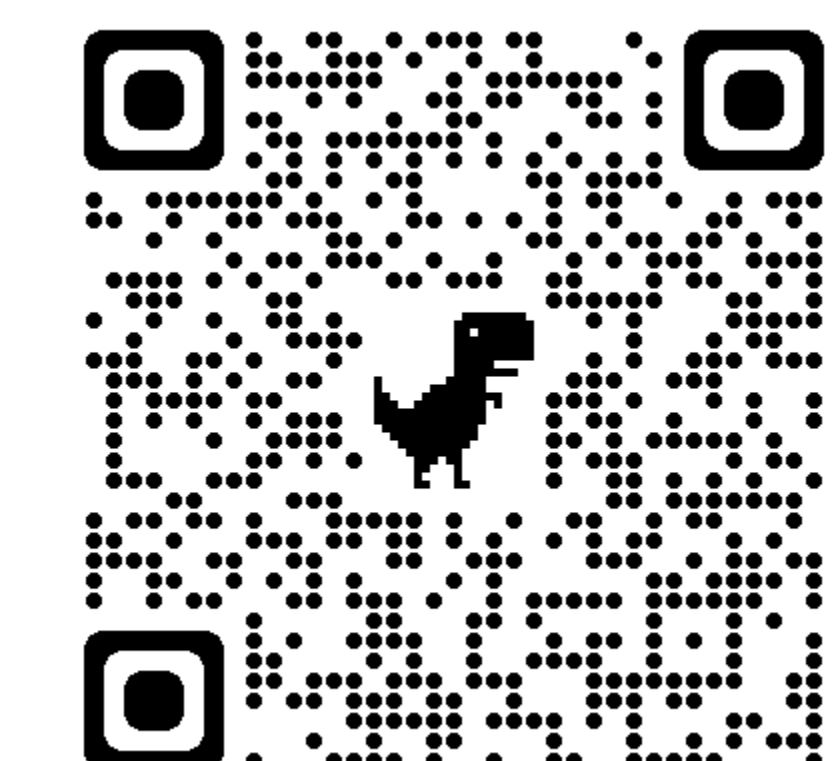
Implications for practice:

- Nurse-driven screening tools can positively impact the quality of patient care through PC
- Simple screening tools can be quickly implemented into nurses' routine
- Paper tools, while still effective, are less desirable than electronic/EMR

Further research:

- Methods to increase acceptance and reduce stigma of PC
- Validated PC screening tool

References



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