

Palliative Care Screening Tool Implementation In Progressive Care Units

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PALLIATIVE CARE SCREENING TOOL IMPLEMENTATION IN PROGRESSIVE CARE UNITS

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BACKGROUND

- Registered nurses on Regional Heart Center (RHC) raised concerns for progressive care patients with end-stage diseases and the number of palliative care consults.
- Identify situations where palliative care would be appropriate for the patient
 - Data gathering practice only, not addressed with care team

"Palliative care is specialized medical care that focuses on providing patients relief from pain and other symptoms of a serious illness, no matter the diagnosis or stage of disease." (from mayoclinic.org)

PICO

In progressive care patients with end-stage diseases, will implementing a palliative care screening tool compared to no screening result in an increase of palliative care consults?

- P** - Progressive care patients with end-stage diseases
- I** - Palliative care screening tool
- C** - No screening tool
- O** - Influence number of palliative care consults

EVIDENCE

- "Patients with critical illness face serious burdens that impose physical and emotional suffering and may require support after intensive care (ICU) discharge." Patients in critical care settings often have consultations to palliative care later than non-critical care patients. (Martz et al., 2020)
- Patients with chronic and progressive illnesses are faced with exacerbations and episodes of symptoms control – most perish in acute care hospitals. 1 in 5 of those deaths occur in or shortly after admission to an ICU. Evidence shows incorporating palliative care results in decreased pain and improved quality of life for those patients and their family. (McCarroll, 2018)
- "Palliative care has been shown to increase patient satisfaction and quality of life while ensuring proper resource utilization, yet many clinicians do not consider it until a patient is actively dying." (Kichler et al., 2018)
- "One of the first steps to bridging the gap [of unmet hospitalized patient palliative care needs] is to be able to easily promptly identify patients who have a higher likelihood of unmet palliative care needs. The needs should be identified early so that timely interventions and appropriate care can be implemented." (Lapp & Iverson, 2015)

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OUTCOMES

- During those two weeks, there were an average of 25 patients present on the unit. None of these patients had palliative care consults ordered by providers.
- Nurses were asked to perform this palliative care consult screening tool for their patients after they were admitted as a data gathering activity only.
 - The tool had two types of criteria:
 - Standalone: one criterion met qualified for palliative care consult
 - Collateral: where at least two criteria needed to be met to qualify for a consult.
- 39 screening tools were completed and 17 patients qualified for palliative care consults.
 - Of the 15 patients (38% of the patient sample) meeting standalone criteria, 8 patients met 1 criterion, 4 patients met 2 criteria and 3 patients met 4 criteria.
 - 9 had two or more life-threatening comorbidities.
 - None of these patients had active palliative care consults this admission.

Patient Care Label or MR # _____		Palliative Care Screening Tool LVHN Nurse Residency Project	
Review patient active problems/medical history and mark the criteria the patient meets.			
Stand-alone means one criteria met means the patient could benefit from palliative care service, whereas, collateral means the patient would need to meet two or more criteria for palliative care consideration.			
Stand-alone Criteria: (e.g. patient meets one of the following)			Check if Met
1. ICU admission following a current hospital stay of greater than 3 days			
2. Active Stage IV Malignancy			
3. Status post cardiac or respiratory arrest			
4. Presence of two or more life-threatening co-morbidities (e.g. end stage renal disease, heart failure, septicemia, respiratory failure refractory to treatment)			
5. Diagnosis of an intra-cerebral hemorrhage requiring mechanical ventilation			
6. DNR (CC or CC Arrest) status established or requested			
7. Currently enrolled in a community hospice			
8. Actively dying in pain & discomfort			
9. Patient / family needs or requests help with complex decision making, palliative consultation, or hospice referral			
10. Re-admitted from LTACH			
11. Stay in ICU greater than 5 Days			
Collateral Criteria: (e.g. patient meets two or more of the following)			Check if Met
1. Resides in a skilled nursing facility			
2. Multiple readmissions to the hospital for same problem (2 or more within 6 months)			
3. Frequent systemic infections with advanced disease			
4. Nutritional complications with albumin of less than 2.5mg/dl			
5. Primarily bed-bound with advanced disease			
6. Enteral feeding in place or considering enteral feeding tube or tracheostomy placement			
7. Need for ventilator withdrawal			
8. Pain and other symptoms not resolved by current treatment plan			
9. Being evaluated for LTACH placement			
10. Patients has frequent visits to Emergency Department			

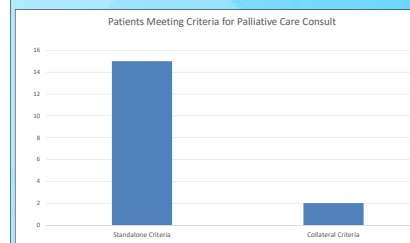
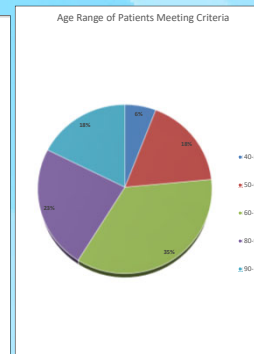
Disclaimer: This tool provided by Mount Carmel Health is being used in a LVHN Nurse Residency project with free access through LVHN's active membership to the Center to Advance Palliative Care (CAPC). This survey is to identify if an increase in palliative care consults would occur and not to change existing process in place.

IMPLEMENTATION

- The palliative care screening tool was utilized for two weeks on RHC progressive care unit
- Palliative care screening tools were printed and explained to nursing staff during safety huddle and through email
- RHC nursing staff will complete survey upon admission on patients with end stage diseases
- Data was compiled to measure if notable increase in consults would occur

NEXT STEPS

- Palliative care screening tool would need to be used over a long period of time to get more data.
- Additional follow-up on patients later on during their hospital admission could show palliative care consults ordered at a later date



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