

Educating the Interdisciplinary Team about Palliative Care: An Evidence-Based Project

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DESIGN AND PURPOSE

A Needs Assessment (n=66) identified that additional Palliative Care (PC) consultative needs in terms of frequency and referral timeliness were present in the targeted hospital. It also identified that additional PC education was needed by the hospital patient care staff. This quantitative study was to determine whether presenting educational content on PC to the hospital patient care staff would increase the number and timeliness of PC consults. The PC education was also evaluated by those who attended the presentation.

METHODS

An educational project was implemented at St. Joseph's Hospital North (SJN), a small community-based hospital with 139 beds in Tampa, Florida in December 2013.

The Stetler Model of Evidence-Based Practice was used to guide the development and implementation of this program. The curriculum content was presented to 19 staff members and addressed the following topics: differences between PC, hospice, and comfort care; appropriate timing and indications for PC consultation; benefits of PC for the patient, hospital, and hospital patient care staff; symptom management; cultural, spiritual, and ethical aspects of PC; advanced care planning and the family meeting. SurveyMonkey was utilized to evaluate the PC education for those who attended the program.

PC consults completed from January 2014 through May 2014 were compared to consults completed for five months prior to January 2014. In addition, in order to assess for seasonality, those consults completed in January 2014 through May 2014 were also compared to those completed in the same months one year prior. The Wilcoxon Test was used to determine statistical differences in the number of consults before and after the intervention. The timeliness of PC consults was tested by evaluating the length of stay prior to the consult to the length of stay after the consult for two months before and after the educational intervention.

RESULTS

Ninety four percent of the those attending the educational intervention thought that the program enhanced their knowledge about PC and they had a better understanding of what PC could do for their patients.

Data Analysis: Wilcoxon test scores where sum of rankings $T_B \leq 16$ or $T_A \geq 39$ included a statistically significant increase in the number of PC consultations after the educational program was implemented (29.6 pts/months vs. 13.2 pts/month) ($p < 0.05$) (Table 1). Findings were also similar when evaluating for seasonality in that $T_B \leq 15$ or $T_A \geq 40$ (29.6 pts/month vs. 4 pts/month) ($p < 0.05$) (Table 2).

Table 1. Number of Patients Receiving PC Consultation Per Month Before and After Educational Intervention

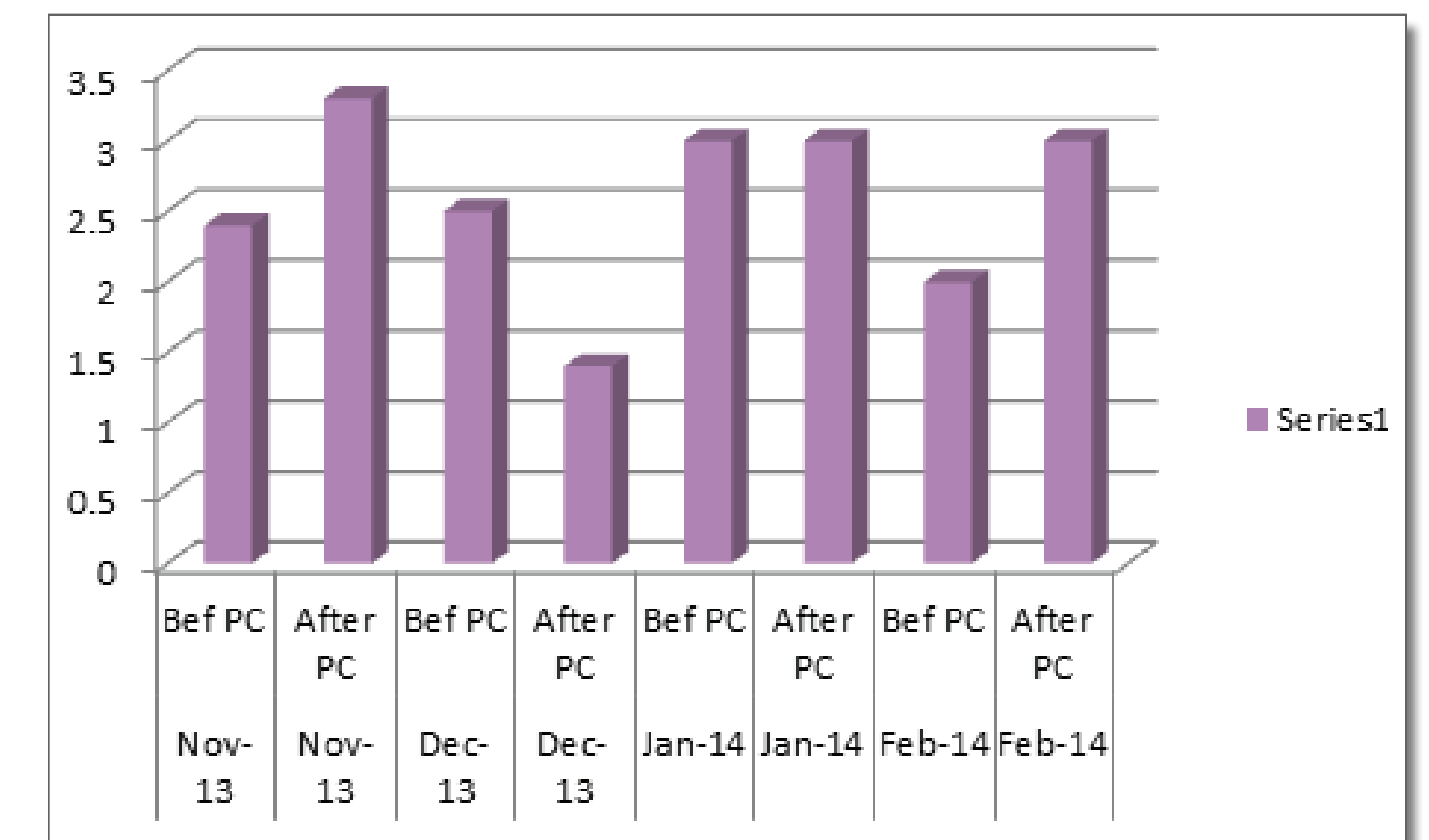
Serial months	Enrollment size before (N_B)	Rank Before	Enrollment size after (N_A)	Rank after
1	8 (Aug 13)	2	26 (Jan 14)	7
2	7 (Sep 13)	1	38 (Feb 14)	10
3	21 (Oct 13)	6	36 (Mar 14)	9
4	14 (Nov 13)	3	17 (Apr 14)	5
5	16 (Dec 13)	4	31 (May 14)	8
	$X_B = 13.2$ pts	Sum of rank before $T_B = 16$	$X_A = 29.6$ pts	Sum of rank after $T_A = 39$

Table 2. Number of Patients Receiving PC Consultation Per Month Matched by Prior Year Month

Serial months	Enrollment size before (N_B)	Rank Before	Enrollment size after (N_A)	Rank after
1	3 (Jan 13)	3	26 (Jan 14)	7
2	5 (Feb 13)	4	38 (Feb 14)	10
3	2 (Mar 13)	1.5	36 (Mar 14)	9
4	2 (Apr 13)	1.5	17 (Apr 14)	6
5	8 (May 13)	5	31 (May 14)	8
	$X_B = 4$ pts	Sum of rank before $T_B = 15$	$X_A = 29.6$ pts	Sum of rank after $T_A = 40$

The timeliness when comparing the length-of-stay (LOS) prior to and after the PC consult remained the same after the curriculum was presented (see Figure 1).

Figure 1. LOS before and after Consults in the Two Months Before and After the Intervention



DISCUSSION

Hospital patient care staff reported increases in their knowledge of PC and its applicability to their patients from the PC educational intervention. This was demonstrated by the increase in the number of PC consults requested in the months after the PC intervention. Based on the results of this study, a one-time PC staff education may increase the use of PC consultations in a small community-based hospital. This education had no immediate impact on the LOS before or after the educational intervention. It is possible that new clinicians using this service may have referred a different sample of patients for PC consultation, which limited the impact on LOS in this study.

There are potential limitations to this study. Changes in consult rates may have resulted from a greater presence of medical staff who complete the consultations or hospital patient care staff encouragement by administration to utilize available PC services rather than the educational program alone. The educational intervention was provided to a small number of staff that may have also limited the effectiveness of the program. Future studies should compare two interventions (actual vs. sham) to clarify the effect of this educational program. In addition, replication of this interventional study at additional sites would strengthen the generalization of the results.