Balancing Patient Needs and Team Self-Care: A Standardized Triage Tool

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Abstract

Professional burnout is prevalent in hospice and palliative medicine (HPM). Amongst an inpatient pediatric palliative care (PC) team, substantial growth can be an additional stressor. A triage tool can guide inpatient PC services on optimal identification of patient PC needs while both recognizing team bandwidth and optimizing self-care.

Objectives

- To share a triage tool for an inpatient HPM consult service that assists in identifying PC needs and staffing allocation.
- To describe the tool’s contribution to team members’ wellness while maintaining provision of high quality palliative care.
- To describe the tool’s use as a means to quality metrics

Methods

A triage system tailored to meet the needs of a pediatric PC population was created to better identify needs following consultation. A triage tool was then created using common spreadsheet software to not only identify patients by these needs, but also to track interdisciplinary team (IDT) members’ visits over time to better ensure needs were adequately met. A survey assessing the triage tool’s impact on stress, self-care, and understanding of needs using a 5-point Likert scale was distributed to team members.

In Summary, The Triage Tool:
- Tracks census over time (e.g. consults, discharges, etc.)
- Tracks patient encounters by discipline
- Identifies patients by level of acuity during hospitalization
- Allows IDT members to track visitation patterns
- Promotes team self-care
- Provides evidence to support staffing needs
- Is a data source for quality and process improvement

Results

The survey response rate was 100% (n=6). 100% (n=6) of the PC team (AIM Team) felt it stressful to manage a growing census of patients prior to initiating the Triage Tool. 100% (n=6) of the IDT expressed greater ease in managing one’s own role following implementation. 83.3% (n=5) of team felt it helpful to have a visual reference of which patients had been seen by team members each week. 66.7% (n=4) felt the Tool facilitated self-care in the workplace; 33.3% (n=2) felt neutral. 100% (n=6) felt the Tool allowed for a better understanding of patients’ needs.

The Tool can assist in providing valuable patient level quality metrics. For example, from 7/4/16 to 7/2/17, AIM team received 516 consults for 354 patients, 77 of whom died in the hospital. Median age at death was 0.69 years (IQR, 0.11-8.49). The AIM team was initially consulted, on average, 41% (SD 33%) of the way through the terminal hospitalization. An AIM team member visited patients within a median 1 (IQR 0-2) day of death. The mean AIM team triage number at the time of death was 1.9 (SD 0.9).

Discussion & Conclusion

This tool was created for an inpatient pediatric PC team experiencing significant growth, but principles related to triage and workflow management remain applicable to any inpatient PC service. Our initial results suggest the tool decreased workplace stress, improved workflow, and provided significant quality metric data at the patient level.

When tailored to meet specific team needs, the Triage Tool can provide PC teams with a more structured guide to managing growth while preserving patient care and team wellness.

Considerations

- Accuracy depends on IDT’s commitment to utilize Tool routinely
- Maintenance of Tool requires individual who is spreadsheet savvy
- Utilization requires shared drive availability or similar