Palliative Care in the Acute Care Setting

Houston Methodist Hospital WB, 18220 Tomball Parkway, Houston, TX 77070
281-737-1923
Sharon Cash, DNP

BACKGROUND

- This Quality Initiative (QI) project focused on the development of a palliative care (PC) assessment screening tool to determine if patients were appropiate for palliative care services. Adult patients, with advanced cancer was the targeted population. Palliative care programs in the acute care setting have increased from 15% to 53% in 2001 (Roger and Meier, 2015). Evidence-based research shows that PC screenings produces early identification and can impact hospital cost, readmissions, and overall patient/ family satisfaction (Glascow et al., 2019).

GAPS IN PRACTICE

- No standardized screening process was identified
- Symptoms of patients with life-limiting illnesses were not effectively managed resulting in 30-day readmissions
- Notable knowledge deficits concerning concepts of palliative care were identified

SPECIFIC AIM

This Quality Initiative sought to ensure each palliative care patients with advanced cancer was screened on admission and referred to the palliative care program if appropriate.
Focus was to energize front-line staff through education to become advocates for potential palliative care patients to receive the care palliative care offered.

Palliative Care Screening Tool

•Criteria: Please consider the following criteria when determining the palliative care score of this patient

•*Basic Disease Process* ***Score 2 points***

•Cancer** _____

•*Concomitant Disease Process* ***Score 1point ea.***

•a.) Liver Disease b.) Moderate Renal Disease c.) Moderate COPD

•d.) Moderate Congestive Heart Failure e.) Other condition complicating cure

Functional status of patient ***Score as specified below***

•ECOG Grade Scale _____

•Fully active, able to care on all pre-disease activities without Score 0
•restriction.

•Restricted in physically strenuous activity but ambulatory Score 0
•and able to carry out work of a light or sedentary nature.
•e. g. light housework, office work.

•2 Ambulatory and capable of all self-care but unable to carry Score 1
• out any work activities. Up and about more than 50% of waking hours.

• Capable of only limited self-care: confined to bed or chair Score 2
• more than 50% of waking hours.

• Completely disabled. Cannot carry on any self-care. Score 3
• Totally confined to bed or chair.

•Other criteria to consider in screening ***Score 1 point each***

•The patient:

•a. has unacceptable level of pain >24 hours _____
•b. has unacceptable symptoms (i.e. nausea, vomiting) _____
•c. has uncontrolled psychosocial or spiritual issues _____
•d. has frequent visits to the Emergency Department (>1 x mo for same diagnosis)
•e. has more than one hospital admission for the same diagnosis in last 30 days
•f. has prolonged length of stay without evidence of progress _____
•g. is not a candidate for curative therapy _____
•h. has a life-limiting illness and choose not to have life -prolonging therapy

•Scoring Guidelines:

•TOTAL SCORE =2 Give patient Palliative Care information, brochure
• TOTAL SCORE=3 Consider palliative Care consult; give info to patient
• TOTAL SCORE=4 Palliative Care Consult recommended (requires provider orders) **Would you be surprised if the patient died in the next 6 months yes or no

Intervention Highlights

A. Created an PC assessment screening tool

B. Piloted a PC Nursing Navigator Role (PCNN)-
to measure patterns, clinical metrics and organizational value within the palliative care program

C. Developed Unit Level PC Nurse Champions- to
ensures process improvement, continued team engagement and prevent service failures

Measured outcomes

- Number of screenings done and accuracy of applied screening tool by nursing staff
- Number of patients screened and confirmed appropiate for palliative care program by nurse navigator
- Number of patients referred to palliative care program by nurse navigator (PCNN)

Results

- High emphasis was placed on how the screening tool was implemented- results showed 43 out of 44 patients or 97% were screened appropriately and according to criteria
- 13.6% or 6 of the 44 patients screened were referred to the hospital's palliative care program. The remaining 77.3% that declined referral were receptive to palliative care information (brochures or informationals)
- PCNN provided a secondary screen. Time from the initial nurse screen to the secondary screening done by PCNN was recorded. Results showed median hours from initial screen to 2nd visit averaged 5.43hrs.

Summary

Prior to the implementation of a palliative care screening tool there was not a standardized way of screening potential patients for the hospital's program. The tool conveyed awareness of the program and its benefits. Most significantly, nurses were able to apply a valid and reliable tool to screen potential palliative care patients. They were able to use their expertise and knowledge coupled with the support of the PCNN to facilitate difficult conversations that surrounded palliative care. The screening tool remains an intricate part of the palliative care assessment process for the hospital's program.

QR Code