Improving Collaboration With Palliative Care (PC): Nurse-Driven Screenings for PC Consults

(C833)

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Objectives

• Discuss how to integrate palliative care into intensive care units.
• Review various perspectives on implementation and success of an ICU palliative care program.
• Discuss the impact of futility of care on nursing morale.
• Review how to translate your palliative care journey into a high quality Magnet story.

Polling Instructions

• App on cell phone-poll everywhere
• Create log in and password with initial use
• Poll name:

Poll questions

What is your current position?

• Clinical nurse
• Nurse manager
• Magnet program director
• Advanced practice nurse
• other
Poll questions
Do you have a PC program?
• Yes
• No
• Developing a program

Poll questions
Do you have a nursing tool for PC consults?
• Yes
• No
• Developing a tool

Poll questions
Are you faced with challenges regarding the need for PC involvement and physician agreement?
• Frequently
• Occasionally
• Rarely
• Never
Poll questions
Does a lack of PC impact nursing moral distress?

- Frequently
- Occasionally
- Rarely
- Never

What is Palliative Care

- Palliative Care (PC) is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual (World Health Organization)

Palliative Care

- Palliative care (PC) services are more than end of life care. They offer a multidisciplinary approach, including a direct link to nursing staff to identify patient needs. PC providers primarily focus on complex pain and symptom management, discussion of care goals, patient preference and family support (Nelson et. al, 2011).
PC Goals
Effective palliative care services can provide the following:
• Improve patient and family-centered care and optimize quality of life
• Reduce avoidable patient suffering and distress from physical and psychological symptoms
• Reduce intensive care unit (ICU) length of stay for complex, seriously ill patients
• Improve discharge planning efficiency
• Reduce readmissions
• Improve both survival and quality of life in cancer patients
• Prevent adverse events and lead to better outcomes, fewer readmissions and shorter hospital stays

Benefits of PC
• Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
• Provides relief from pain and other distressing symptoms
• Affirms life and regards dying as a normal process; intends neither to hasten or postpone death
• Integrates the psychological and spiritual aspects of patient care
• Offers a support system to help patients live as actively as possible until death
• Enhances Quality Of Life

PC versus Hospice
❖ Palliative care is accessed at any point in an illness and is therefore different from hospice.

❖ Hospice always provides palliative care, but hospice is targeted care for those patients who are no longer seeking curative therapy.
Hospital wide PC committee

- Hospital wide Palliative Care committee began in 2008
- Need for hospital-wide education on Palliative Care
- Palliative Care workshops given over two years
- Group disbanded

Creating a Critical Care PC Committee

- Brainchild of the AVP of adult critical care
- PC chairs from the 4 adult ICUs
  - Goal: create triggers for PC consults
- Leadership turnover
  - Expanded to a multidisciplinary group
- Triggers created as PC screening tool
  - Goals: improve quality of care, empower nursing, improve morale of ICU team

Comparison

Usual Practice= Few PC consults/consulting too late
Does empowering the nurses to use a Palliative Care screening tool increase the number of Palliative Care consults?

Roll out of the Palliative Care screening tool

Screening Tool
- Hospital stay >1 month
- Cardiac arrest requiring ACLS
- Family request
- Multi-system organ failure of 3 or more systems
- Patient/family disagreement with each other, team or patient’s advance directive
- Stage IV malignancy/refractory hematologic malignancy
- Poor neurological prognosis with inability to wean from vent
- Non transpalntable liver failure
PC Consults

- FY13 (July 2012 to June 2013)
  - 316 total ICU consults
- FY14 (July 2013–June 2014)
  - 368 total ICU consults
  - Screening tool resulted in 37 consults (Feb–June)
  - 411 total ICU consults
  - Screening tool resulted in 88 consults
Nursing Morale

Have you seen this before?
- Admission for liver transplant 4/11/10
- 38 year old male
- PMH-hepatitis, ETOH abuse, esophageal varices, alcoholic cirrhosis, anemia
- Intra-op cardiac arrest
- Second transplant on 5/22/10
  - Initially improved then developed sepsis
  - Second liver transplant failed to recover
- Persistent pseudomonas pneumonia-resistant to all antibiotics
- 8/30/10-significant bleeding (on dialysis)
- 9/2/10-withdrew care

Have you felt like this???

SICU Morale Study

- Descriptive study using survey research
  - Pre-survey was completed July 2013 (75% response rate)
    - top 3 ranked items workload, futility of care and performing non nursing tasks
  - Action plan
    - development of a change of shift checklist titled "bring out the best in you"
    - creating a "nurses helping nurses" foundation
    - hiring additional nursing assistants
    - performing an 11pm ICU resident "final check-in" with all nurses
    - improving code blue debriefs
    - implementing nurse driven palliative care screenings for consults
  - The post survey was completed in April 2014 (69% response rate)
  - When comparing pre and post surveys, the following improvements were seen
    - perceived workload decreased from 78% to 63%
    - unit management positively impacting the unit increased from 22% to 51%
    - overall morale ratings of very good/good increased from 25% to 51%.
Nurse Feedback on Screenings

Surgical Buy In
Margaret L. Schwarze et al

Surgeons Expect Patients to Buy-in to Postop life Support Preoperatively: Results of a Nat’l Survey

January 2013
doi: 10.1097/CCM.0b013e31826a4650
Nursing at Rush

Physician Buy-In

PC as a Magnet Story

• EPS-care delivery system
• Nurses are involved in interprofessional collaborative practice within the care delivery system to ensure care coordination and continuity of care

PC as a Magnet Story

Interprofessional collaborative practice and care coordination:
• Care coordination occurred with LW—multiple cardiac arrests
  – Positive screen suggested a need for a consult
  – PC NP involved in care due to positive screen
  – NP coordinated the first interdisciplinary team meeting to establish goals of care
  – Discussed possible approaches to care
  – Family having difficulties agreeing on a decision and NP facilitated identification of the appropriate surrogate decision maker
  – The team met with the family again and the daughter decided to continue full support
  • including trach and peg and the patient was ultimately discharged to a long-term care facility
  – Based on the NPs’ care coordination, she was able to pull together the interdisciplinary team of the ICU service, neurology and palliative care and enable the family to make the best decision for themselves and LW.
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