

NURSING at Rush

2015 ANCC National Magnet Conference

***Improving Collaboration With
Palliative Care (PC): Nurse-Driven
Screenings for PC Consults***
(C833)
Oct 8, 2015 at 2pm

Melissa Browning, DNP, ARPN, CCNS
Ann Lough, MSN, RN, CNML
Stacey Harvey, MSN, RN, CCRN

Rush University Medical Center, Chicago IL

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RUSH UNIVERSITY MEDICAL CENTER

Triumphant!

2002 2010 2006



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RUSH UNIVERSITY MEDICAL CENTER

A black and white aerial photograph of the Rush University Medical Center at night. The building is a large, multi-story structure with many windows illuminated from within, creating a bright contrast against the dark sky. The building has a complex, multi-tiered design with several wings. In the background, the city skyline is visible, including the prominent Willis Tower. The foreground shows some lower-level structures and a parking area.

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

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Poll questions

Do you have a PC program?

- Yes
- No
- Developing a program

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Poll questions

Do you have a nursing tool for PC consults?

- Yes
- No
- Developing a tool

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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

American Hospital Association and Center to Advance Palliative Care, Palliative Care Services: Solutions for Better Patient Care and Today's Health Care Delivery Challenges 2012

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.

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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

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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


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Comparison

Usual Practice= Few PC consults/consulting too late




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Does empowering the nurses to use a Palliative Care screening tool increase the number of Palliative Care consults?

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Roll out of the Palliative Care screening tool



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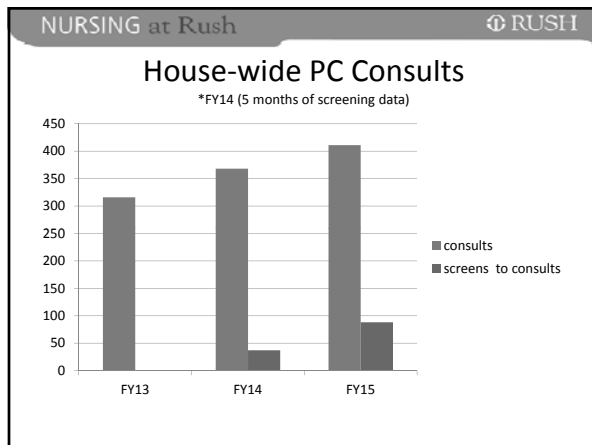
Screening Tool

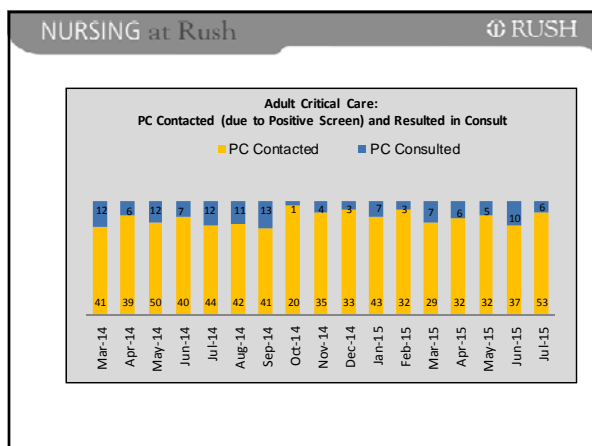
- Hospital stay >1 month
- Cardiac arrest requiring ACLS
- Family request
- Multi-system organ failure of 3 or more systems
- Patient/family disagreement with each other, team or patient's advance directive
- Stage IV malignancy/refractory hematologic malignancy
- Poor neurological prognosis with inability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


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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)
- FY15 (July 2014-June 2015)
 - 411 total ICU consults
 - Screening tool resulted in 88 consults





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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


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Have you felt like this???

Stress Reduction Kit



Disposal instructions:
1. Place in your EHRM bag.
2. Follow directions in circle of kit.
3. Repeat step 2 continuously, or until you are calm.
4. If kit is closed, stress reduction activity is not possible.

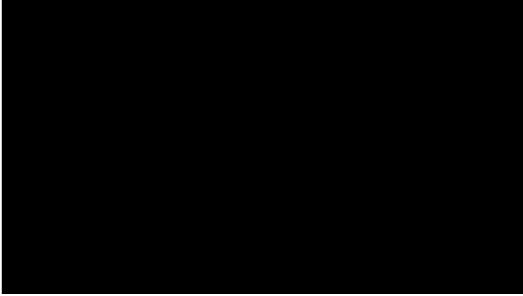
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SICU Morale Study

- 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 32% to 51%
 - overall morale ratings of very good/good increased from 25% to 51%.

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Nurse Feedback on Screenings



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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
Critical Care Medicine 41(1), pp. 1-8.
doi: [10.1097/CCM.0b013e31826a4650](https://doi.org/10.1097/CCM.0b013e31826a4650)

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Physician Buy-In

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PC as a Magnet Story

- EP5-care delivery system
- Nurses are involved in interprofessional collaborative practice within the care delivery system to ensure care coordination and continuity of care

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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 CICU service, neurology and palliative care and enable the family to make the best decision for themselves and LW.

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Contact Information

Melissa Browning
312 942 1434
melissa_browning@rush.edu

Ann Lough
312 947 1190
ann_m_lough@rush.edu

Stacey Harvey
312 942 1090
stacey_harvey@rush.edu