Empowering Emergency Department Nurses to Obtain Earlier Palliative Care Consults (Quality Improvement)

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Background

- While the ED staff is trained to deliver acute care, sometimes aggressive care may not be the best way to meet a patient’s goals.
- In 2011, the Center to Advance Palliative Care recommended that every hospital develop a systematic approach to identify patients at high risk for unmet palliative care (PC) needs. This is supported by both ACEP and ENA.
- Literature has shown that earlier referral to PC results in improved outcomes, timely provision of care, reduced hospital length of stay (LOS), improved patient and family satisfaction, less utilization of intensive care and cost savings.
- PC consults were infrequently requested by ED physicians, usually only for those patients suitable for hospice, so there is a great opportunity for improvement in this domain.

Objectives

- Improve comfort level of ED nurses and physicians in addressing a patient’s goals of care, especially in challenging situations.
- Develop an evidence-based, easy to use screening tool to identify patients who would benefit from a PC consult, and use this to initiate palliative care consults while the patient is still in the ED.
- Increase utilization of palliative medicine services to respect patient and family wishes - for those patients nearing the end of life (EOL).
- Secondary objectives include decreased LOS, fewer ICU days, and improved patient quality of life.

Methods

- Educational sessions, both didactic and practical, for ED nurses and physicians, including role play with actors, in order to foster improvement in communication skills in challenging contexts.
- An interdisciplinary group developed screening criteria to identify patients who could benefit from a PC consult.
- The screening tool was added to ED electronic health record. Hospital wide support from management and physicians was obtained.

Results

- In a post implementation survey, staff reported increased confidence in handling discussions with patients and families about EOL issues and expressed interest in additional educational sessions on this topic.
- Statements from staff include: “Nice tool when it works out and the patient ultimately gets what they need”, “It’s really a great resource for nurses…..especially for nurses who don’t feel comfortable approaching the family”.

Sample Scenario

61 yr old female with severe Parkinsons who is bed bound with a PMH of aspiration pneumonia and chronic URTI’s which often turn septic. The patient is cared for by her sister and an aide several times per week. Today she presents with a fever and hypotension, she looks very ill, is able to speak with the nurses. She complains that she is “tired of coming to the hospital again and again.” Her sister is present.

The family member appears to be upset at her comments. “Don’t say that! you just need medicine to get better”.

The patient does not have any advanced directive and the sister had not applied:

- Advanced Dementia (Non verbal or minimally verbal)
- Malignant/ and/or End stage cancer with intractable symptoms
- Severe CNS Disease: Hemorrhagic or ischemic CVA with devastating deficits, inoperable
- Uncontrolled symptoms of dyspnea or pain, in setting of chronic, life limiting disease such as: CIV, CERD, Chronic Lung Disease.
- Nursing Home patient with unclear goals of care
- Poor functional state due to advanced disease, cachexia, decreased Quality of Life
- Patient/Family request

If any conditions above are present, place order for PC Consult and make her better”

Screening Criteria

Assess ED patient for the following conditions and select all that apply:

- Advanced Dementia (Non verbal or minimally verbal)
- Malignant/ and/or End stage cancer with intractable symptoms
- Severe CNS Disease: Hemorrhagic or ischemic CVA with devastating deficits, inoperable
- Uncontrolled symptoms of dyspnea or pain, in setting of chronic, life limiting disease such as: CIV, CERD, Chronic Lung Disease.
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Since Sept 2017, an average of 32 consults were placed per month. Consults are occurring within 1-2 days of arrival (versus 5-7 days prior to initiate).

- 36% of referred patients had end stage metastatic cancer, 21% with CVA and 14% with heart failure. Most common symptoms that triggered a consult were dyspnea, altered mental status and pain.
- ED residents and physicians report satisfaction with a more streamlined process for ordering PC consults.

Conclusions

- Placing PC consults in the ED results in an increase in patients receiving more timely palliative care. Since over 35% have terminal cancer, PC should be introduced earlier in treatment, rather than in an emergent situation in ED.
- Patients receive care which honors their goals & ensures that healthcare decisions are based on their wishes.
- Our palliative team has found a decrease in % patients who expire on inpatient hospice (GIP) within 48 hours. Many patients are discharged to hospice care for those with an end-stage diagnosis, either at home or in a facility.
- Potential for decrease costs and decreased LOS related to less use of ICU/ aggressive

References


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