Integration of Palliative Care Practices in an Emergency Department: A Standardized Palliative Care Referral Process

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Structured Abstract

LOCAL PROBLEM
Palliative care (PC) is a medical approach with the intent to provide patients with advanced and still progressing disease treatment care to improve their quality of life. PC is not only comprised of caring for patients but provide care and support for the patients' family in order to help them cope with the disease processes. PC is a progressively crucial issue in emergency departments (ED) worldwide. Often patients present to the ED with a life-threatening illness that necessitate a palliative care consult and initiation of palliative care services. However, the absence of a standardized palliative care consult process and the ED staff's lack of knowledge of palliative care practices results in a discontinuity in care for these patients. When identified, ED patients with palliative care needs experience delay or omission of a palliative care consult until after admission to the hospital. A 2014 meta-analysis surmised that palliative care consultation decreased hospital inpatient costs by 10% to 30%" (Wang, 2017).

PURPOSE
The purpose of this Doctor of Nursing Practice (DNP) project is to address the gaps in the current practice and integrate palliative care practices in the ED by use of education for ED staff and the development of a standardized palliative care referral process.

METHODOLOGY
Rosswurm and Larrabee's model for evidence-based practice change (Rosswurm & Larrabee, 1999) is the theoretical model utilized for this DNP project. The setting included Emory University Hospital ED, a large academic hospital located in Atlanta, Georgia, with 38,000 annual ED visits (Emory University Hospital, 2019). A needs assessment was conducted, a problem was identified, and a multidisciplinary team was formed. The workgroup assessed the need for a practice change, located the best evidence, evaluated the evidence, and conducted several multidisciplinary meetings comparing the current practice to CAPAC practices and recommendations.

RESULTS
The original plan included two 30-minute educations sessions; however, unforeseen conditions and clinical constraints limited the DNP student to conducting one educational in-service. There were five staff members (three nurse practitioners, two registered nurses) in attendance, and all five attendees completed the pretest quiz and posttest quiz. Comparison of pre and post quiz responses of the PCQN were obtained utilizing t-test analysis to determine the difference in the number of correct answers. The results suggested an increase in the number of correct answers to the post quiz following the educational in-service.
**IMPLICATIONS FOR PRACTICE**
The findings of this project could inform the development of educational interventions and implementation of a standardized PC referral process will increase access to PC for patients in the ED with PC needs. The findings were presented to the Director of PC and the multidisciplinary team. A plan was accepted for advancement to the 2nd phase of the project consisting of implementation of an outlined standardized referral process. The evaluation of the implementation of the new standardized referral process will be conducted after the DNP student's graduation by determining the number of referrals initiated through an established tracking system.

*Keywords*: palliative care, palliative care education, hospice care, emergency department, stakeholders

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