Title:
The Impact of a Structured Palliative Care Program

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Rising Stars of Research and Scholarship Invited Student Posters

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References:


Abstract Summary:
In September 2016, hospital readmission rates were on the rise at 16.8%, with COPD and CHF rates above benchmark at 15% and 19.5%. A structured palliative care program was developed to decrease fragmentation in healthcare practices. After implementation, COPD readmission rates decreased to 8.3% and CHF to 13.2%. 
Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>The learner will be able to describe the importance of a structured Palliative Care</td>
<td>The importance of reducing the variance in practice drives quality outcomes will be</td>
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<td>consults in end stage COPD and CHF patient care.</td>
<td>described.</td>
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<td>The learner will be able to identify the impact of Palliative care consults on</td>
<td>The increase of the use of the palliative care tool and consults have resulted in monthly</td>
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<td>readmission rates.</td>
<td>decline in overall readmission rates.</td>
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Abstract Text:

In September 2016, hospital readmission rates were on the rise at 16.8%, with COPD and CHF rates above benchmark at 15% and 19.5%, respectively. A microsystem analysis was conducted to identify gaps in treatment for this patient population. The evidence exposed care differences provided to inpatients with end-stage COPD and CHF. These variances have demonstrated the importance of streamlining a standard of work when caring for this population founded on evidence-based processes. Based on the literature, an evidence-based practice will be executed to this population from admission to discharge. With a review of the readmission data, current evidence-based practices, and feedback from the interdisciplinary team members, the importance of a structured palliative care consult was deemed to be key to reducing readmissions in this at-risk population. National guidelines and related journals were reviewed to develop a list of evidence-based practices that could be implemented on all end-stage COPD and CHF patients. The readmission rate for this population will also be appraised by the CNL student to identify current risk factors and preventable readmission trends. Hospital readmission data will be reviewed to assess our progress. The goal of implementation of this palliative care tool is to decrease fragmentation in healthcare practices and improve quality and safety in caring for our patients. The palliative care team is now involved in the monthly readmission meetings. The interdisciplinary team was educated on palliative care and what resources they offer. All bedside nurses were also educated on palliative care and how it is different from hospice. A proactive palliative care tool was introduced to team members. This proactive palliative care tool offers a checklist to trigger any of the interdisciplinary team members to assess the need and obtain a palliative care consult when warranted. After the structured palliative care program was implemented in September 2016, readmission rates have been steadily declining. April 2017 readmission rates are 11.11%. Currently, the COPD readmission rate is 8.3% and the CHF readmission rate is 13.2%.