Impact of Interdisciplinary Rounds on Palliative Care Measures and Patient Outcomes in Non-Intensive Care Settings

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Background
Despite the emergence of Palliative Care (PC) as an essential aspect of comprehensive health care, most people face inadequate access to PC services.

• The greatest need for PC in the Americas is among adults with progressive, non-malignant and non-communicable diseases.
• Delaying or under-utilizing PC may compromise patient outcomes.
• Interdisciplinary rounds (IDRs), as a method to improve communication and collaboration among interprofessional team members, may serve as a mechanism to improve PC service measures and patient outcomes.

To maximize the value of a PC service, it is imperative that mechanisms for early referral be identified.

• Prior studies on IDRs reveal a positive impact on hospitalist service during pre-determined 15 month time frames.
• IRP-approved study (exempt status)

Purpose
The purpose of this study was to explore differences in PC service measures, quality outcomes, and utilization outcomes for hospitalized, adult patients following implementation of a Clinical Nurse Specialist (CNS)-led Interdisciplinary Rounding Program (IRP) in a non-Intensive Care Unit (ICU) setting.

Sample
• Non-probability, convenience sample of acutely-ill, hospitalized adults who met inclusion criteria (N = 800)
• Pre-IRP Group (n = 400)
• Post-IRP Group (n = 400)
• Inclusion Criteria: Age 18 years or older, admitted to and transitioned from a non-ICU setting on the hospitalist service during pre-determined 15 month time frames
• IRP-approved study (exempt status)

Design
• Secondary Data Analysis

Setting
• 145-bed community medical center in eastern Virginia
• ~ 3500 annual admissions to hospitalist service
• ~ 60% admissions are > 65 y/o with multiple comorbidities

Intervention
• Daily IDRs fully implemented January 2015
• Facilitated by CNS, well-attended by all professionals including care coordinators, PC nurse, social workers, and hospitalists

Data Collection/Analysis
• Electronic extraction of data elements from electronic medical records (EMR), administrative database, and billing repositories; all data de-identified by information analyst
• SPSS version 24; Descriptive statistics, Chi-square tests of independence, and Mann-Whitney U tests to explore differences between groups
• Significance level set to 0.05

Results/Conclusion

PC Measures: Differences in rate and timeliness of PC referrals were not statistically significant.

Quality Outcomes: Significant differences in 30-day mortality and transition of care status in the Post-IRP group.

Utilization Outcomes: Patients in the Post-IRP group had a significantly shorter average LOS and total direct costs.

Conclusion
• A more objective method of screening patients for unmet PC needs was warranted.
• The greatest impact of CNS-led IDRs was on quality and utilization outcomes.

References (cont.):