

Abstract: Pilot Project To Enhance Identification of Needs for Early Palliative Referral of
Chronically Ill Patients Through Nurse Driven Frailty Screenings

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On my honor I pledge that I have neither given nor received any unauthorized assistance
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Abstract

Objective: Chronically ill non-malignant patients are frailer, have higher symptom burdens, and increased risk of mortality. However, in the absence of rapid assessment bedside tools and knowledge gaps among generalist health providers, this population often has delays in palliative interventions. This quality improvement project sought to enhance early identification of palliative needs among chronically ill patients through nurse driven frailty screenings and palliative education. The project was conducted on an Intermediate Care Unit (IMC) at a 300-bed acute care hospital.

Methods: This project utilized a pretest–posttest design to determine the effects of a three week online educational intervention on nursing knowledge and confidence in palliative care. The five question FRAIL Scale was utilized for nurse driven frailty screenings in IMC patients. A FRAIL score of ≥ 3 indicated frailty requiring a palliative referral. Convenience samples for the education and FRAIL scale use consisted of direct care IMC nurses (n= 57) and patients (n=111) admitted or transferred to the unit between December 1, 2019 – January 31, 2020.

Results: The project found no statistically significant increase in nursing knowledge of palliative care post educational intervention. However, nurses expressed increased confidence discussing difficult topics like death and grieving. Following the utilization of the FRAIL Scale palliative referrals from the IMC increased by 66% indicating that it is an effective rapid assessment bedside tool to identify palliative needs in chronically ill patients.

Conclusions: This quality improvement project demonstrates that teaching nurses to use the FRAIL Scale and implementing nurse driven frailty screenings significantly increases patient referrals for early palliative consults among chronically ill patients.