INTRODUCTION
Early palliative interventions benefit chronically ill non-malignant patients who have higher symptom burdens, are frailer and have increased risk of mortality.

Problem
Palliative consultations related to goals of care, symptom management, and disease prognosis delayed in patients admitted to non-critical, non-oncology units.

Causes
- Knowledge deficiencies about palliative care among bedside nurses and hospitalists.
- Absence of rapid assessment palliative tools.

OBJECTIVES
Enhance early identification of palliative needs among chronically ill patients, by bedside nurses, through nurse driven frailty screenings and palliative education.

Aim 1: Evaluate efficacy of the FRAIL Scale as a bedside nursing assessment tool to identify palliative needs in chronically ill patients.

Aim 2: Assess nursing knowledge and confidence of palliative care prior to and after educational intervention.

METHODS
Design
Pre-Post Intervention quality improvement project study.

Setting
A 24 bed Intermediate Care unit (IMC), at a tertiary level acute care 300 bed district hospital in Southern California.

Interventions
- Two online education modules related to palliative care and FRAIL Scale use disseminated to IMC nurses.

Sample 1
- 57 IMC nurses received online education and utilized FRAIL scale.
- 34 nurses participated in pre-post intervention surveys (Table 1).

Sample 2
Patients admitted/transferred to the unit between December 1, 2019 – January 31, 2020 (Table 2).

RESULTS

Aim 1: Nursing Driven Frailty Screening
- Patients correctly identified as frail following educational intervention – 79% (Table 3).
- Increase in nurse driven identification of palliative needs and referrals - 66% (Table 4).

Aim 2: Nursing Knowledge, Confidence (Paired Data)
- Cumulative data indicated increased knowledge and confidence pre-post education (Fig. 1).
- However, Willcoxon signed-rank test indicated change in palliative nursing knowledge not statistically significant.
- Statistically significant increase in nursing confidence to discuss issues like death and grieving.

AIM 2. Nursing Knowledge, Confidence (Unpaired Data)
- Some change in knowledge and confidence pre-post intervention (Fig. 2a., 2b.).
- Increase not statistically significant - Independent T-Test with 95% confidence interval (CI).
- Low statistical knowledge and confidence change likely due to prior palliative experience (personal or professional) and education among IMC nurses.

DISCUSSION
- Supports existing research regarding nursing misconceptions about compatibility of palliative care with aggressive treatment (70%).
- Nurse driven frailty-based palliative care consults results in early palliative interventions.
- Early frailty assessments assist clinicians to identify high risk patients and those who may respond positively to targeted interventions such as palliative care.

LIMITATIONS
- Single site, single unit - limits generalizability.
- Lack of pre-intervention frailty data.
- Implementation period (Dec. – Jan.) and correlation to increased referrals.

RECOMMENDATIONS TO PROJECT SITE
Inclusion of FRAIL Scale into electronic charting system allowing for automatic triggering of palliative consultations for patients with a ≥3 frailty score.

* Retrospective data from admission documents.