

Enhancing Identification of Early Palliative Needs Among Chronically Ill Patients Through Nurse Driven Frailty Screenings

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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.

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).

Education Level, n(%)	Personal Palliative Experience, n(%)
Associates 4(11.8)	Yes 15(44.1)
Bachelors 28(82.4)	No 19(55.9)
Masters 2(5.9)	
RN Experience n(%)	Professional Palliative Experience, n(%)
< 1 Year 3(8.8)	Yes 23(67.6)
2-5 Years 8(23.5)	No 11(32.4)
6-10 Years 10(29.4)	
>10 years 12(35.3)	
Unknown 1(2.9)	
Years at Project Site, n(%)	Formal Palliative Education n(%)
< 1 Year 6(17.6)	Yes 21(61.8)
2-5 Years 14(41.2)	No 13(38.2)
6-10 Years 2(5.9)	
> 10 years 12(35.3)	
	Continuing Palliative Education, n(%)
	Yes 8(23.5)
	No 26(76.5)

Sample 2

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

Age, mean(*SD)	*LOS, n(%)
70.9(15.81)	1-7 days 57(51.4)
Age Range n (%)	7-14 days 32(28.8)
20-35 years 4(3.6)	14-30 days 19(17.1)
35-50 years 10(9.0)	> 30 days 3(2.7)
50-65 years 17(15.3)	
65-80 years 47(42.3)	
> 80 years 33(29.7)	
Sex, n(%)	LOS, mean (SD)
Male 69(62.6)	10.23(9.95)
Female 42(37.8)	

*LOS = Length Of Stay. *SD=standard deviation

MEASURES

Clinical Intervention

FRAIL Scale assessment tool

Educational Intervention

- Nursing knowledge: PCQN – 20 item questionnaire
- Nursing confidence: PCSE – 12 item questionnaire

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).

Frail (with scores ≥ 3) n(%)	88(79)
False Positives n(%)	25(28)
Palliative consult received n(%)	35(40)
Palliative consult not received n(%)	53(60)
Causes for No Consults (n)	23
Requested Hospice n (%)	13(24)
Refused (%)	6(11)
Transferred to different hospital (%)	4(7)

*Preintervention Palliative Referrals (Oct. 1 – Nov. 30, 2019).	21
Post intervention Palliative Referrals (Dec. 1, 2019 – Jan. 31, 2020)	35
Increase in referrals, n(%)	14 (66)

* Retrospective data from admission documents

AIM 2. Nursing Knowledge, Confidence (Paired Data)

- Cumulative data indicated increased knowledge and confidence pre-post education (Fig 1).
- However, Wilcoxon 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.

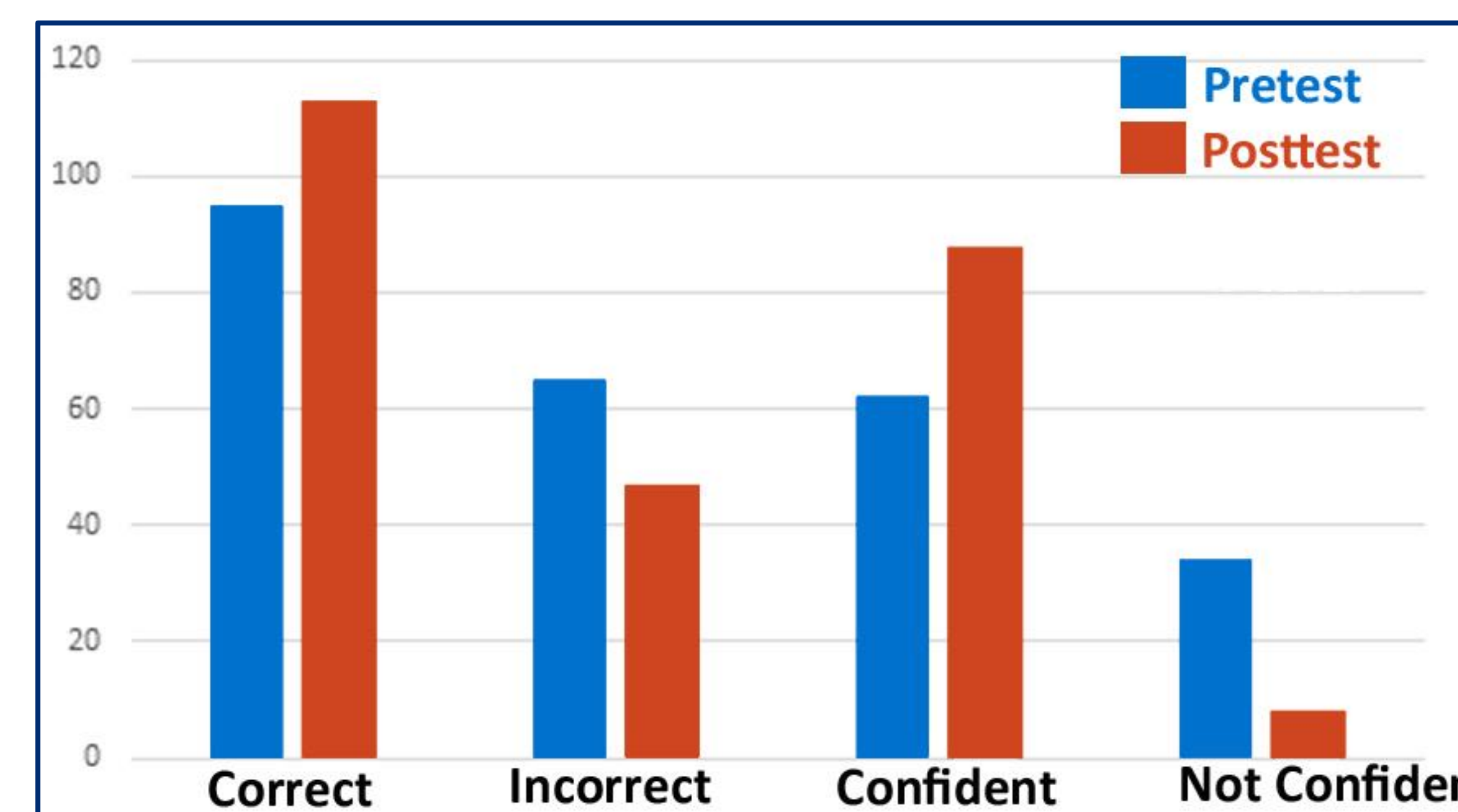


Fig.1 - Pre-Post Knowledge and Confidence - Cumulative Paired Data

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

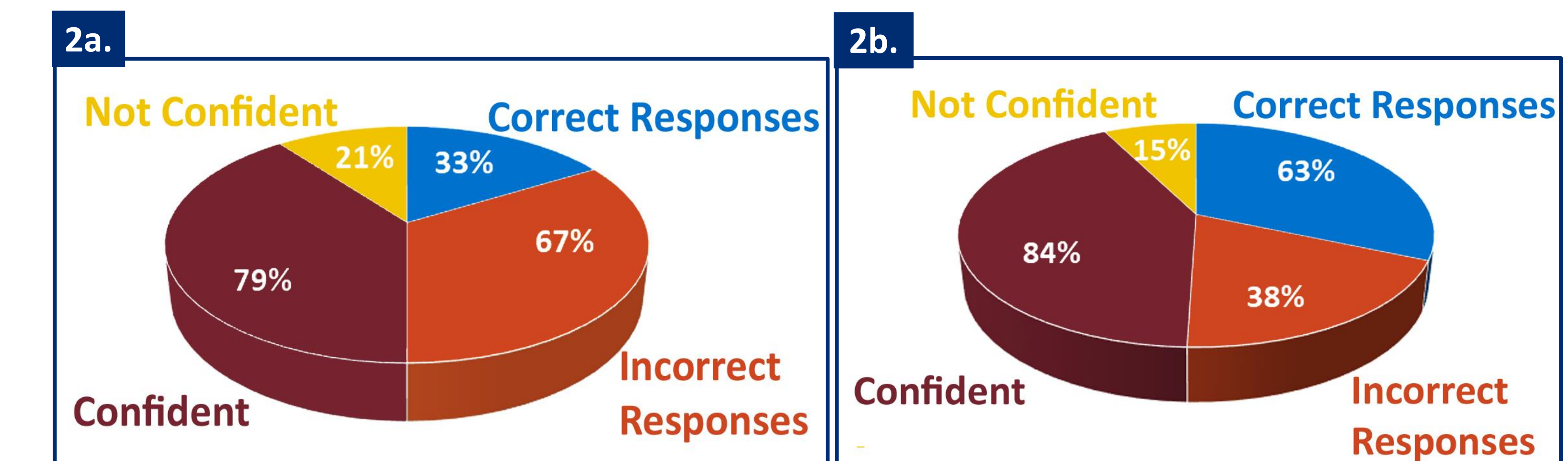


Fig. 2a. Unpaired Data: Pretest Knowledge and Confidence (n =14).
2b. Unpaired Data: Posttest Knowledge and Confidence (n =6).

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.
- Small sample size of nurses responding to both pre-post surveys.
- Lack of pre-intervention frailty data.
- Screening conducted during admission and transfer to unit. Discounts variations in patient conditions during hospitalization.
- 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.