## Abstract

**Background and Purpose:** Geriatric patients 65 years and older are considered the fastest growing population in trauma admission. Unfortunately, geriatric trauma patients are frail, thus prone to impaired physical function after a traumatic injury. Frailty is an established predictor for poor health outcomes after hospitalization and can benefit from early integration of Palliative Care (PC). The purpose of this evidence-based quality improvement project is to inform emergency room providers and nurses about palliative care screening/referral bundle tools and the benefits of early integration of PC in the Emergency Department (ED) for geriatric trauma patients

**Methods:** The project design was a process improvement pre- and post-survey design. The survey was a validated tool assessment that measured change in PC knowledge and confidence via paired t test. In addition, a critique rubric was utilized to assess satisfaction of the proposed tools via descriptive statistics. The intervention utilized an evidence-based practice (EBP), validated educational module.

**Results:** A total of 50 participants met the inclusion criteria from a level one trauma hospital. All participants completed a pre-test survey and post-test survey. From the pre-test to post-test survey, the median score improved by 6 (IQR 6) with a mean difference of 5.7 (SD= 4.7). There was an increase in scores between the pre-test and posttest survey (P=.000). However, ED providers and nurses strongly disapproved (48%) the proposed frailty screening tool and disapproved (46%) palliative care referral bundle, and in clinical practice.

**Conclusion:** Findings suggest that introducing palliative care training to the emergency department can impact knowledge and confidence levels to initiate palliative care consults. Nevertheless, nurses and providers were concerned that additional screening tools may become time consuming for the ED.

**Implications:** In order to meet the demands of PC for geriatric trauma patients, there is a need to incorporate formal palliative education in dedicated education time for ED providers and nurses. Further standardized palliative care guidelines and screening tools in the ED are necessary.

Keywords: Frailty, Palliative Care, Geriatric, Trauma, Emergency Department