

A Purposed Process Improvement Project: Early Integration of Palliative Care (PC) for Geriatric Trauma Patients – A Learning Data Set

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Background

Palliative care (PC) provides a multidisciplinary team that aims to ease suffering and improve quality of life for critically ill and/or trauma patients.

Problem:

- There are currently *no standardized PC guidelines* or screening/referral tools for early PC in the ED.
- Current research that explores knowledge and experience of emergency providers and nurses expressed *low confidence regarding ED-based PC*.

→ This results in *a gross variation* in the utilization of PC that often leads to poor end-of-life care for geriatric trauma patient.

Purpose & Aims

Purpose: Inform providers and nurses about Palliative Care (PC) screening/referral bundle tool & the benefits of early integration of PC in the ED for geriatric trauma patients.

Aim 1 - To improve *overall PC awareness and confidence* for emergency room providers and staff

Aim 2 - Orient ED providers and nurses to *the purposed frailty screening tool* and have them critique the tool

Aim 3: Orient ED providers and nurses to *the proposed clinical pathway referral tool* and have them critique the tool

Methods

Figure 1.



Design: Pre-post intervention quality improvement

Setting: School of Nursing (SON) university hospital affiliated, 420-bed level I trauma center.

Sample: Participants, ED nurses and providers (Learning Data set)

Intervention:

1. Frailty Screening (Figure 1)
2. PC Referral Tool (Figure 2)
3. EPEC PC Educational Modules

Figure 2.



Results

Aim 1 Outcomes

Pre-test:

Mean: 14.6 (SD= 3.39)

Post-test:

Mean: 20.37 (SD=3.375)

T-test Analysis: 5.7 (SD= 4.7)

~ Increase in scores between the pre-posttest scores ($P=.000$). See Table 1.

Aim 2 Outcomes

Descriptive Analysis (50 responses)

Satisfactory of Frailty tool
"No" – 24 (48%); "Maybe" – 19 (38%)
"Yes" – 7 (14%)

Aim 3 Outcomes

Descriptive Analysis (50 responses)

Satisfactory of PC referral tool
"No" – 23 (46%); "Maybe" – 16 (32%); "Yes" – 11 (22%)

Results Cont.

Table 1. Paired t-test

	Pre-Summary Score	Post Summary Score	Difference in Scores
N	50	50	50
Mean	14.63	20.367	5.7
Median	14	22	6
Mode	14	22	5
Std. Deviation	3.39	3.7	4.74
Percentile			
25%	13	18.5	3
50%	14	22	6
75%	16.5	23	9.5
Sig. (2-tailed):			.000

Table 2. Demographic characteristics (N = 50)

Gender identity, n (%)	
Male	17 (34)
Female	32 (64.0)
Prefer not to say	1 (2.0)
Ethnicity, n (%)	
Caucasian/White	41 (82.0)
African American/Black	2 (4.0)
Hispanic/Latino	3 (6.0)
Asian/Pacific Islander	2 (4.0)
Other	1 (2.0)
Position/Job Title, n (%)	
Medical Doctor (MD)	3 (6.0)
Physician Assistant (PA)	6 (12.0)
Nurse Practitioner (NP)	3 (6.0)
Registered Nurse (RN)	37 (74.0)
Years of Experience	
0 – 2 years of experience	18 (36.0)
3 – 5 years of experience	11 (22.0)
6 – 9 years of experience	6 (12.0)
10 or more years of experience	14 (28.0)

- Majority of the participants were **Caucasian women**.
- **74%** of participants were **ED nurses**
- Varying levels of experience ranging from **0 to 10 > years of experience** (See Table 2.)

Conclusion

The benefit of PC extends to a wide variety of clinical conditions and settings. This QI project demonstrates that by incorporating *dedicated PC education* for ED providers and nurses, it can *improve overall PC knowledge and confidence*. Further study on implementing palliative screening/referral tools to yield stronger recommendations