

Abstract

Background and Purpose:

Patients in the Neuro Critical Care Unit (NCCU) experience severe disease burdens and best practices entail shared decisions between family and staff. However, communication tends to be complicated by the unpredictable nature of neuro critical illness and interprofessional conflict. In particular, nurses and physicians often experience conflict about treatment goals. The purpose of this quality improvement project was to increase adherence of a nurse-driven palliative care screening tool and to evaluate the barriers to implementation.

Methods

This project utilized audit/feedback methodology: one-group, pre- and post-survey design. After conducting a preliminary audit, the primary interventions were labor dispersment, tool relocation and implementing a conflict talking map. Satisfaction with the conflict talking map was analyzed using Wilcoxon signed-rank test. A Binomial Test was utilized to measure the increase in screening post-intervention; monthly consults were also tracked. All qualitative data were analyzed using conventional analysis. The intensivists received an educational intervention on palliative care education along with the major nurse qualitative codes found in the feedback.

Results: A total of 48 nurses were recruited at a staff meeting and 11 nurses responded to the post survey. Overall, nurses were satisfied with the conflict talking map (mean 3.80; $p=0.008$) and total screening improved by 14% between pre- (26.2%) and post-intervention (40.5%) (p -value=0.00). While nurse-provider conflict was prevalent in all qualitative analyses, intensivists were receptive to nurse feedback. After the intensivists intervention, the rate of palliative care consults doubled.

Conclusion:

Audit and feedback mythology may help multidisciplinary teams increase palliative care utilization at bedside. Intensivist-nurse disagreements are prevalent at the project site. Nurses were ultimately satisfied with the conflict talking map. Intensivists were receptive to qualitative data from the nurses.

Key words: palliative care, intensive care units, interdisciplinary studies, screening tool, quality improvement