Increasing Nurse-driven Palliative Care Screening Tool Usage through a Multidisciplinary Feedback Strategy.
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Background

- Strategies to integrate palliative care in the Neuro Critical Care Unit (NCCU) are site specific and unique (Frontera et al., 2015).
- Nurses and physicians often experience conflict about treatment goals (Azoulay et al., 2009).
- In 2018, of the total deaths in the Department of Neuroscience at the DNP project site, only 18.2% of patients had a palliative care consult, with 61% of those patients being consulted three days before their death.
- After a nurse driven palliative care screening tool was implemented, a 60-day audit revealed that the palliative care screening tool was only completed on four of 19 eligible patients.
- Nurses reported three barriers to completing the tool: (a) provider-nurse disagreements; (b) placement of the tool; and (c) time constraints for day shift nurses.

Purpose and Aims

The purpose of this quality improvement project was to increase adherence of a nurse-driven palliative care screening tool via an audit and feedback method and to use nurse input to address barriers to implementing the tool.

1. Improve unit nurse discussion of palliative care screening tools via a role-playing in-service as measured by a pre/post satisfaction survey over a 12-week period.
2. Increase the number of palliative care screening tools completed on night shift over a 12-week period measured by a pre/post chart review tool usage (numerical and pre at week 1 and post at week 12).
3. Improve unit intercommunication surrounding palliative care screening tools (measured by qualitative pre and post survey week 1 and post at week 12).

Methods

- **Design:** Audit/feedback methodology one-group, pre- and post-survey
- **Setting:** single 24-bed NCCU in a large teaching hospital in a metropolitan area of the mid-Atlantic US
- **Sampling:** 1) Nurses working in the NCCU at three staff meetings. 2) Intensivists at monthly staff meeting.
- **Nurse Interventions:** labor dispersalent, tool relocation and implementing a conflict tool
- **Satisfaction with the tool was analyzed using Wilcoxon signed-rank test.**
- **Binomial Test was utilized to measure the increase in screening post-intervention; monthly consults were also tracked.**
- **Limited generalizability**

Interventions for Nurses

- Demographics for NCCU nurses are listed on Table 1
- Demographics for Intensivist were not taken

Interventions for Intensivists

- They asked for a conflict tool to help discuss palliative care with the intensivist (figure 3), for night shift to fill out the tool, and for the tool to be moved to a more accessible place.
- They also asked for the intensivists to be given palliative care education.

Demographics

| Sex, n (%): | Male: 32 (66.7%), Female: 16 (33.3%) |
| Age, n (%): | 20-30 years of age: 14 (28.8%), 30-40 years of age: 18 (37.5%), 40-50 years of age: 12 (25.0%), 50-60 years of age: 4 (8.5%) |
| Ethnicity, n (%): | Caucasian: 21 (43.8%), Latino or Hispanic: 4 (8.5%), African American: 3 (6.3%), Asian: 3 (6.3%), Prefer not to say: 20 (41.7%) |
| College grade level, n (%): | Bachelor’s: 24 (49.0%), Master’s: 10 (20.8%), Associate’s: 6 (12.5%), Prefer not to say: 8 (16.7%) |
| Years ICU of experience, n (%): | Less than 6 months: 3 (6.3%), A year: 17 (35.4%), 1-3 years: 10 (20.8%), 4 or more years: 18 (37.5%) |
| Years of experience in the NCCU, n (%): | Less than 6 months: 3 (6.3%), A year: 17 (35.4%), 1-3 years: 8 (16.7%), 4 or more years: 20 (41.7%) |
| Num ACLS certified, n (%): | No ACLS certifications: 32 (66.7%), 1: 10 (20.8%), 2 or more: 6 (12.5%) |
| Num BLS certifications, n (%): | None: 28 (58.0%), 1: 18 (37.5%), 2 or more: 2 (4.2%) |
| Num BCLS certifications, n (%): | None: 23 (48.0%), 1: 20 (41.7%), 2 or more: 5 (10.4%) |
| Num Oncology/Bone Marrow Transplant certifications, n (%): | None: 29 (60.4%), 1: 18 (37.5%), 2 or more: 1 (2.1%) |
| Num NCCU certifications, n (%): | None: 33 (68.8%), 1: 10 (20.8%), 2 or more: 5 (10.4%) |
| Num IV certifications, n (%): | None: 26 (54.1%), 1: 18 (37.5%), 2 or more: 4 (8.2%) |

Interventions were taught about palliative care and made aware of the pre-quantitative data from the nurses.

**References**


**Conclusion**

Audit and feedback methodology help multidisciplinary teams increase palliative care utilization at bedside. Provider-nurse disagreements are prevalent at the project site. Nurses were ultimately satisfied with the conflict management tool. Intensivists were receptive to qualitative data from the nurses.