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 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 of 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 dispersement, tool relocation and implementing a conflict tool
  - Satisfaction with the tool 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.
- **Intensivists Intervention** : received an educational intervention on palliative care education along with the major nurse qualitative codes found in the feedback

Demographics

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

Demographic characteristics	(N = 48)	%
Age, n (%)		
20-30 years of age	24	51.1
30-40 years of age	12	36.2
40-50 years of age	2	4.3
60-70 years of age	0	0
Sex, n (%)		
Male	7	14.9
Female	35	74.5
Prefer not to say	1	2.1
Ethnicity, n (%)		
African American	3	6.4
Asian	8	17
Caucasian	26	55.3
Latino or Hispanic	2	4.3
Islander	2	4.3
Prefer not to say	1	2.1
College grade level, n (%)		
Associates	2	4.3
Bachelors	39	83
Masters	2	4.3
Years ICU of experience		
Less than 6 months	2	4.3
A year	4	8.5
1-3 years	17	36.2
4 or more years	18	38.3

Interventions for Nurses

TALKING MAPS

Graduate Certificate in Palliative Care curriculum adapted with permission from VitalTalk by Amy Trowbridge

"We screen all patients admitted to the NCCU, with a length of stay for greater than 24 hours, without anticipated transfer to the floor for a palliative care consult. We voice the scores for palliative care awareness and care planning, just as we do for all systems. They screened positive/negative." but then…

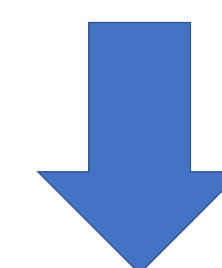
CONFLICT. WORKING BEST WITH COLLEAGUES

STEP	WHAT YOU SAY OR DO
ATTRIBUTE POSITIVE INTENT Find a non-judgmental starting point	Ask yourself "Why does this well-meaning person want something so different?" Explore and own your own bias, ask yourself "are there any unconscious or conscious biases I have that influence my views?"
ACKNOWLEDGE EMOTION Respond with empathy	"This is a really difficult situation." Try third person neutral when talking to a colleague. Recognize and address your own emotions.
CULTIVATE CURIOSITY Elicit all perspectives and concerns, including your own	"Given your experience with the patient, what is your perspective on the situation?" "What concerns do you have about palliative care?" "What would make this a patient need palliative care in your opinion?" Be open to learning something new. "Would it be okay if I share a concern?"
FIND SHARED INTEREST Where goals overlap	"As I listen it sounds like we both think [shared interests] is important" You may adapt your own expectations about the outcome.
BRAINSTORM Solutions	"Could we brainstorm ideas about how to resolve this?" Frame solutions in terms of how they can achieve shared interests.

Nurses led interventions that were implemented:

They asked for a conflict tool to help discuss palliative care with the intensivist (figure 1), 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.



Intervention for Intensivists

Intensivists were taught about palliative care and made aware of the pre-qualitative data from the nurses:

Physician reactions to screening according to nurses: **75% of responses contained negative elements.**

- 31% of nurses wanted open communication.
- 45% Education for attending and surgeons.
- 25% Other (champions, automatic consult after 10 days or in conditions like LLF, and nurse placed consults)

Services Provided by Palliative Care

- Time for counseling and/or goal of care.
- Expert management on physical and emotional symptoms
- Once palliative care is on a case they follow the patient to the Zayed's and to outpatient.
- Can support staff- debrief after cases

Limitations

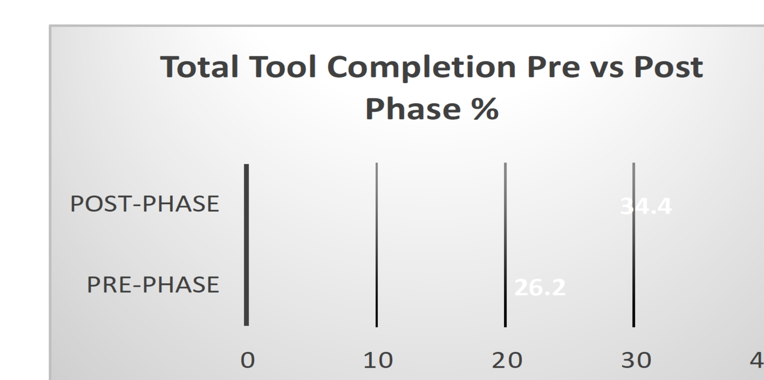
- Limited generalizability
- The upfront engagement was sufficient, while the post-survey engagement
- Only intensivists received the in-service
- After the provider in-service, no post-screening was done to determine if the nurses filled out the tool more frequently or if they had better interactions with the providers

Results

Aim 1: Improve unit nurse discussion of palliative care screening tools via a role-playing in-service as measured by a pre/post satisfaction survey

- Qualitative themes: informative, helpful/useful, empowering, grateful, and were positive (17/ 22)
- Nurses' satisfaction decreased pre-survey (*Mdn*=5) than after usage (*Mdn*=4). Overall nurses were satisfied with the conflict tool (M= 3.80, SD= .632) (z= 2.6, p=0.008).

Aim 2: Increase the number of palliative care screening tools completed on night shift

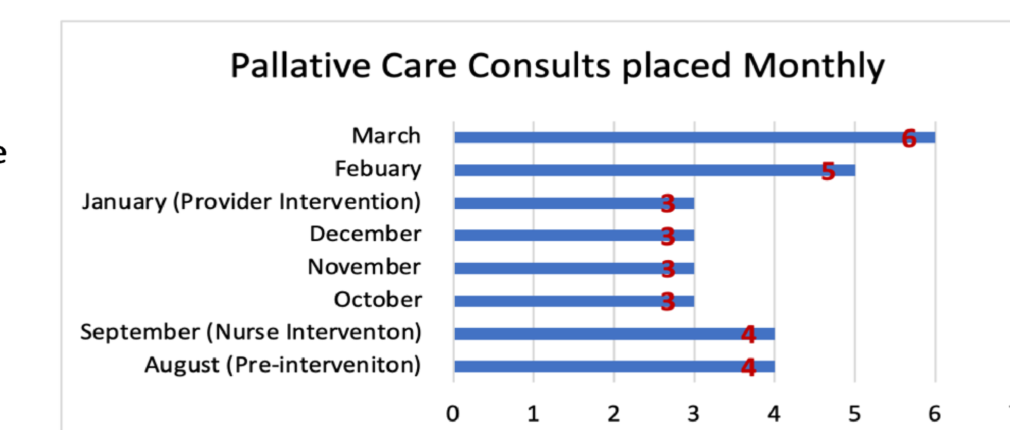


Pre- Surveys	Post- Surveys
"Going ok… same issues occur with providers not being onboard or if not being an appropriate time."	"Great! All nurses are very involved in this process."
"It is being done during report on the blue sheets."	"It's been discussed during report while reviewing the blue sheets."
"Usually not talked about- I will 100% be implementing this into my report."	"Great. I think having the palliative part on the blue sheet brings up the conversation more than it did before."
"Generally non-existent unless the patient seems to really need it."	"Depends on the provider. Night discussions do generally get pushed to 'the day team will address this'."

- Summative analysis: 23/35 reported that the conversations minimally happened.
- RN agreeing on palliative care was a prominent theme of the data.
- Five of the seven responses changed from negative pre-intervention to positive (see table 2)
- 423 patient cases that were reviewed. 284 patients eligible and tool was filled out on 92 of the total patients. Of the 92 patients, only 51 of the patients we screened on night shift per.
- There is an 8% difference between pre-Week 1 (24.6%) and post (16.1%) with a p-value=0.00. However, over all screenings increased: 14% difference between pre (26.2%) and Post (week 11 and 12) (40.5%) with a p-value=0.00 (Figure 1).

Aim 3: Improve unit intercommunication surrounding palliative care screening tools

- Four of the 11 intensivists responded to the qualitative survey after the intensivist intervention. Only positive responses were recorded about the tool, along with the desire to help the nurses.
- Two months following the physician intervention the number of consults increased (Figure 3).



Conclusion

Audit and feedback mythology 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.

References

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