

NURSE-DRIVEN PROTOCOL FOR PALLIATIVE CARE REFERRALS

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The University of Washington Medical Center (UWMC) has observed that symptom management is not optimized due to delayed palliative care referrals and underutilization of palliative care consults, and wishes to improve symptom management for their patients. UWMC proposed the creation of a protocol for bedside nurses to identify palliative care needs and consequently, refer patients to palliative care.

WHAT IS PALLIATIVE CARE?

Palliative care, according to the World Health Organization is, "an approach that improves the quality of life of patients and their families through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical,

METHODS

- Iowa Model of Evidence Based Practice used as a guide throughout project.
- Literature analysis included randomized controlled trials, systematic reviews and case studies from other institutions. It focused on barriers to palliative care referrals; views and understanding of palliative care; and what other organizations have done.
- Consultation with key stakeholders at UWMC to review literature and organization goals; feedback helped guide recommendations for protocol.
- The Center to Advance Palliative Care's (CAPC) Improving Palliative Care in the ICU (IPAL-ICU) project informed the creation of the screening tool and recommendations for piloting, implementing and evaluating the protocol.²

WHY IS PALLIATIVE CARE IMPORTANT?

Approximately 90 million Americans have a serious and life-limiting illness; the early integration of palliative care can both improve the quality of life for these patients and their families and decrease disease associated healthcare costs.¹

RESULTS

Palliative Care Assessment

Palliative Care is a specialty service with an expertise in the following:

- Complex symptom management (e.g., pain, nausea)
- Family support (e.g., family overwhelmed with decision making)
- Complex decision making (e.g., prognostic uncertainty)
- Conflicts over care goals (e.g., use of life-sustaining treatments or CPR)
- Complex disposition planning (e.g., limited social support)

The following criteria has been designed to assist in decision making and identification of patients with unmet palliative care needs. Please screen each patient upon **admission** to your unit, **weekly** thereafter and **as needed**. This tool has been created based on a literature review of existing palliative care screening tools, expert opinions and recommendations.

Check all that apply:

- Multi-organ (≥2) failure (1 point)
- Major acute neurologic insult, e.g., Malignant stroke, CNS trauma, post-CPR encephalopathy ICU length of stay ≥ 14 days (1 point)
- ≥ 2 ICU admissions during the same hospital stay (1 point)
- Consideration to start or initiation of renal replacement therapy during ICU stay (1 point)
- Conflicts** (not a need for) re: goals, DNR, treatment decisions (2 points)
- Difficult to control symptoms (2 points)
- Patient and/or family request palliative care consult (2 points)

Total Score: _____

Total score ≥ 2 indicates need to consider Palliative Care referral.
Contact your primary team to discuss and request Palliative Care referral.

CONCLUSIONS

- Literature recommends the use of a standardized screening tool.^{1,3}
- The utilization of a checklist-type screening tool provides objective guidelines for the user.¹
- In acute care hospitals, studies show nurses were assumed to most likely facilitate a palliative care consult.⁴
- Nurses are most likely to identify the early need for palliative and that it should not be reserved for end-of-life.⁴
- Having a standardized approach can allow referrals to be nurse-driven and timely.
- Creation of one screening tool that can be utilized across all units within in a hospital is too sensitive. A unique screening tool will need to be utilized for each unit.

References: 1. Weissman DE, Meier DE. Identifying patients in need of a palliative care assessment in the hospital setting: A consensus report from the center to advance palliative care. *J Palliat Med.* 2011;14(1): 17-23. doi:10.1089/jpm.2010.0347. 2. Nelson JE, Campbell ML, Cortez TB, et al. The IPAL-ICU Project; Organizing an ICU palliative care initiative: a technical assistance monograph from The IPAL-ICU Project. <http://www.capc.org/ipal-icu/monographs-and-publications/ipal-icu-organizing-an-icu-palliative-care-initiative.pdf>. Accessed January 5, 2016. 3. Jenko M, Adams JA, Johnson CM, Thompson JA, Bailey DE. Facilitating palliative care referrals in the intensive care unit. *Dimens Crit Care Nurs.* 2015;34(6): 329-339. doi:10.1097/DCC.000000000000143. 4. Rodriguez KL, Barnato AE, Arnold RM. Perceptions and utilization of palliative care services in acute care hospitals. *J Palliat Med.* 2007;10(1): 99-110. doi: 10.1089/jpm.2006.0155.

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