Capturing Missed Opportunity for Effective Hospice and Palliative Patient Care

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Aim

An increase in the accurate identification of **patients that meet criteria for hospice/palliative services in the emergency department (ED) of 25% and by October 1, 2018.**

❖ A subpopulation of patients with potential for an extended hospital length of stay (LOS) are those with atypical presentations and predictable, unfavorable prognoses (Hamill, 2017).

❖ Predictable, unfavorable diagnoses include those individuals presenting to the emergency department (ED) with traumatic injury or late life-threatening chronic disease presentation among others.

❖ Palliative or hospice service referrals at the onset have the potential to expedite the plan of treatment avoiding expensive and perhaps unnecessary tests and studies with the ultimate goal of decreased LOS.

Planned changes

❖ Introduced the value of timely palliative or hospice referrals through the Institute of Health Care Improvement's (IHI) (2018), *The Conversation Project*.

❖ Educated ED registered nurses (RNs), physicians, nurse practitioners and physician assistants on the identification of those atypical patients that meet criteria for palliative or hospice care referrals.

❖ Reviewed specific Center for Medicare and Medicaid Services' (CMS) (1998-2009) criteria fo palliative r and hospice care referrals.
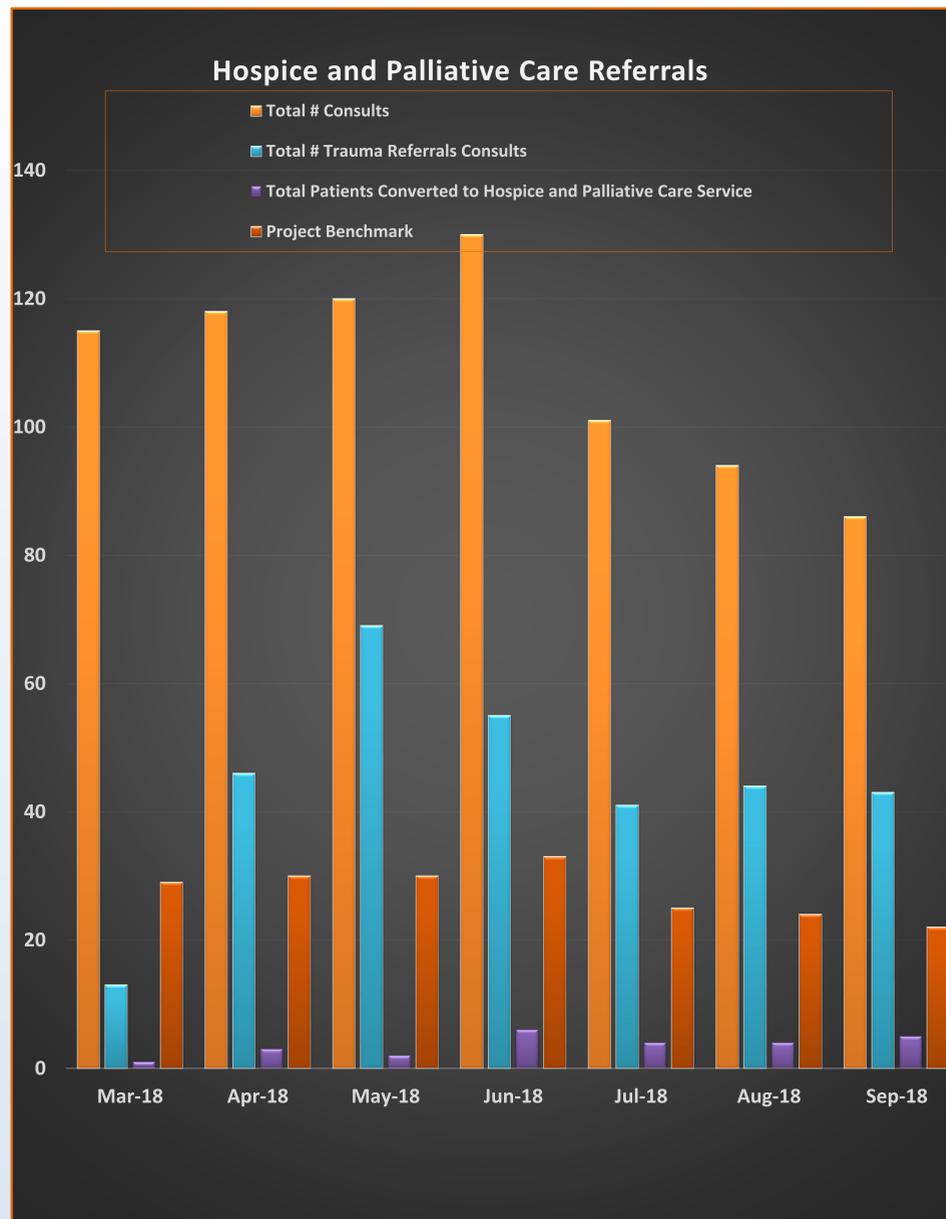
the conversation project

The Conversation Project. (2018). Institute for Healthcare Improvement: The Conversation Project [logo]. Retrieved from https://theconversationproject.org/

Predictions

❖ ED staff will verbalize confidence with initiation of palliative or hospice referral.

❖ ED staff will express awareness of educational resources for patients and families when making potential palliative or hospice referrals.

❖ An increase in the accurate identification of patients that meet criteria for hospice/palliative services in the emergency department

Results

Southside Hospital
Northwell Health®

Hospice and Palliative Care Referrals

Legend:
- Total # Consults
- Total # Trauma Referrals Consults
- Total Patients Converted to Hospice and Palliative Care Service
- Project Benchmark

Stark, 2018

Summary of results

❖ For the month of March, 13 patients presented to the ED with atypical, predictable and unfavorable prognoses.

❖ Of the 13 patients, only one was placed on hospice services (7.6%) prior to educational intervention.

❖ Data collection is continual and ongoing. For April 2018, data was incomplete for project results.

❖ Awareness has been raised. Results will continue to be collected and quantified as quality of care will be reassessed as a result of this project.

Learning

❖ Hospice Care has clinical practice guidelines that supports provider referral for palliative and hospice services

❖ ED staff would eagerly make timely referrals, welcome more knowledge and competency for criteria.

❖ ED staff demonstrate heightened mindfulness and is eager to begin a pilot to launch patient and family awareness.

❖ ED staff was able to verbalize resources, and referrals for atypical presentations to facilitate patient, family, and staff collaboration.

Reflection/Discussion

❖ By early identification, the LOS gap can close reducing excessive inpatient days and mobilizing patient care needs and services (outpatient) earlier for discharge to appropriate level of care and continuity.

❖ Improved education and awareness of all staff types could lead to a decrease in hospital LOS, an overall management in conditions for patients.

❖ improved patient and patient support satisfaction on survey review for this patient population.

❖ The healthcare team would mainstream treatment plan and care as wished by patient and family.

❖ By early identification and intervention, patients and families would gain knowledge and resources to alleviate difficult end-of-life decisions (i.e.; GSW head on life support, significant trauma, Acute Renal Failure (with 4+ comorbidities) s/p surgery).

❖ An opportunity for referral is missed particularly for those staff members who are undereducated and underprepared to refer for palliative/hospice care.

Impact on Systems

❖ ED Staff will receive annual competency for referring patients to Hospice and Palliative Care.

❖ By early identification and referral, patient advocacy, decision making, and expectation can be met sooner to provide patient care and safety.

❖ Culture change will occur whereby ALL providers (in and outside the ED can start *The Conversation* (The Conversation Project, 2018).

Conclusion

❖ Ensuring written materials used during ED staff education was implemented at time of question and documentation in EMR of HCP and Advance Directives (The Conversation Project., 2018).

❖ Increase in referrals to outpatient hospice will be reported as improved and quantified.

❖ Decreased length of stay LOS for this patient population is pending for measurement and demonstrate reduction. Financial savings for facility will be quantified and measured.

❖ Reduction of opportunistic hospital acquired infections or conditions that would further complicate a patient's inpatient admission.

❖ Atypical patients can greatly benefit from Hospice or Palliative Service referrals at the onset by improving Quality Of Life (QOL) (Rowland & Schulmann, 2010).

❖ Hospice and palliative support is an essential component of comprehensive care of patient with atypical, predictable and unfavorable prognoses (Rowland & Schulmann, 2010).

❖ By mobilizing early intervention and referral services for the patient and those who care for the patient, the environment creates leverages of humanity, psychology, and dignity to unbridle individuals, teams, and organizations to improve and change together (Hilton, 2018)

References

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