

PALLIATIVE CARE IMPROVES ONCOLOGY INPATIENT EXPERIENCE SCORES AND CONSULTS



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Background

June 1 – August 31, 2017: 614 adult oncology inpatients admitted to the medical oncology unit.

- 2.93% had a documented code status,
- 0.45% had a palliative care consult ordered
- 1.14% had both palliative care and DNR status documented.

May – November 2017: Physician patient experience scores which addressed communication, courtesy/ respect, listening and information explained in a way you understand scored averaged 40.2%

Project Aim

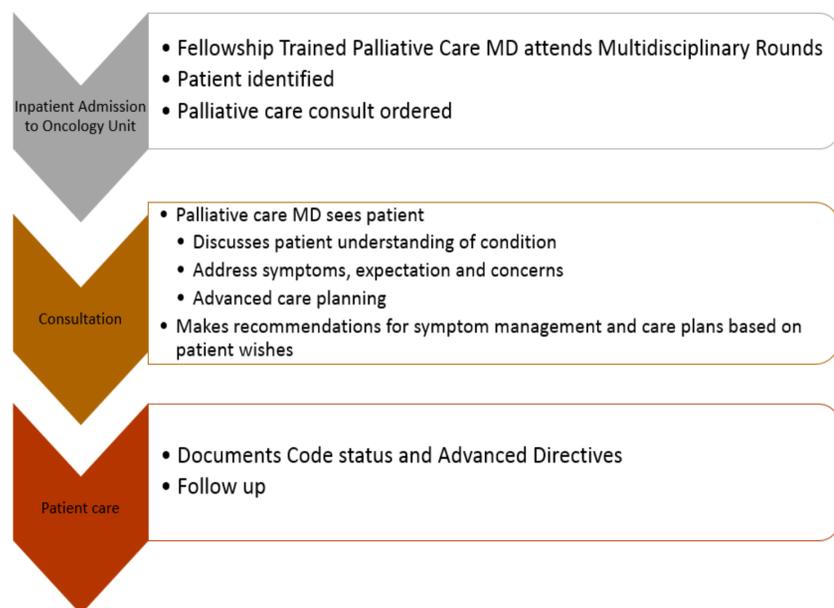
Aim: To increase palliative care consultations, document code status (DNR) discussions and increase patient experience scores.

- Early and easy identification of DNR status for inpatient oncology patients with life limiting and or serious illness.
- Provide and document palliative care consultations Document advanced care planning with code status discussions
- Improve patient experience scores for physicians

Team

Chief Quality Officer, Palliative care physicians, Hospitalists, Inpatient medical oncologists, Nursing, and Palliative care manager and Clinical Quality Specialist.

Project Design



- Orlando Regional Medical Center partnered with a palliative care organization to provide palliative care.
- The project began on December 10, 2017 and included all inpatients admitted to the inpatient medical oncology unit.
- Rounding hospitalist group and the inpatient oncology physicians agreed to identify inpatients during daily rounds and consult the palliative care physicians.
- Goals of care and code status discussed and documented.

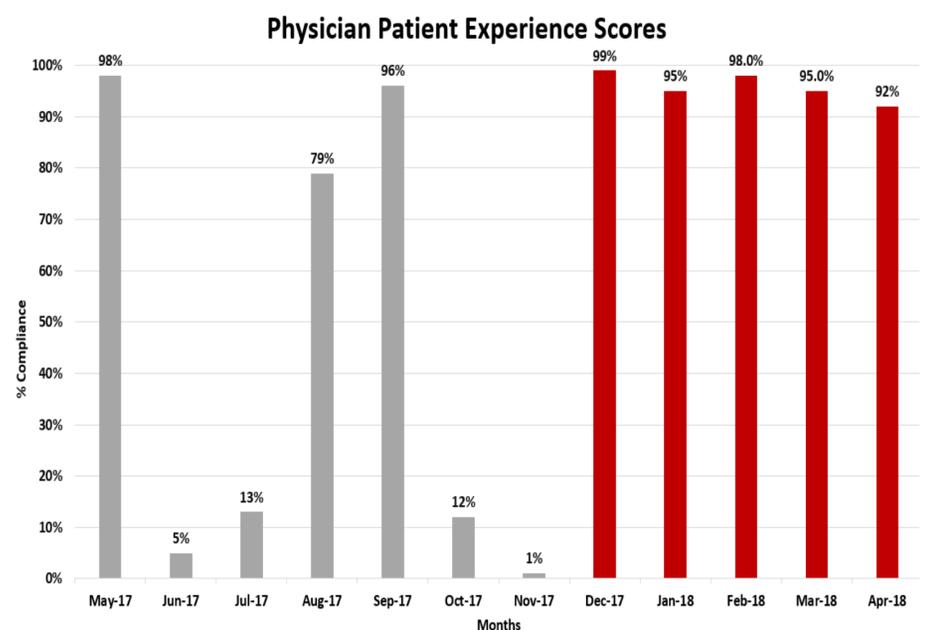
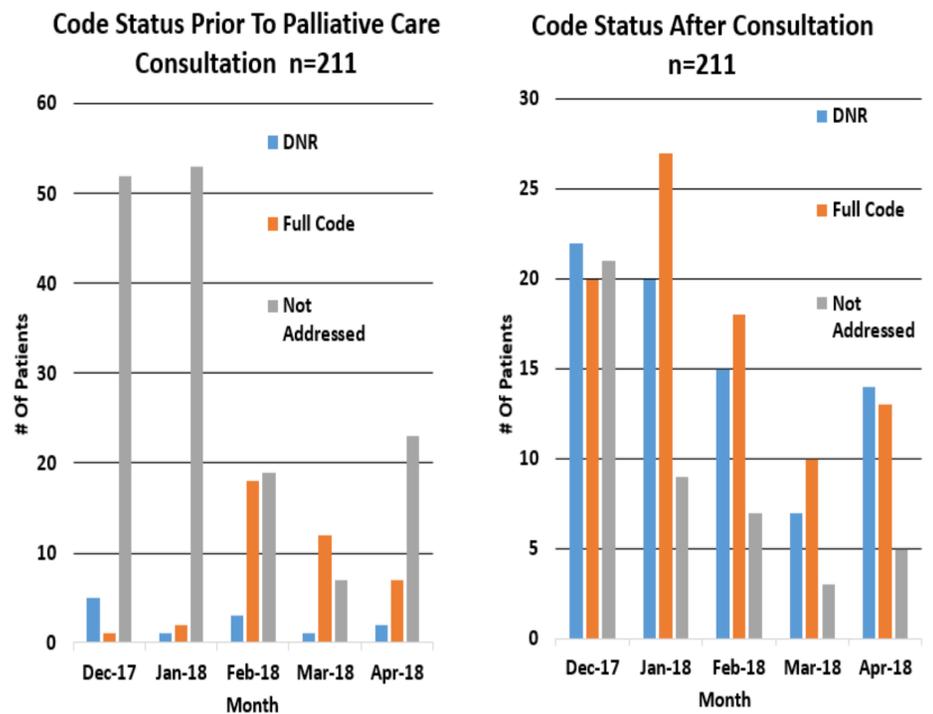
Data Collection

Data was collected on all patients with palliative care consultants. The data source was the electronic health record and information abstracted was stored into electronic worksheets secured with password protection.

Data Analysis

Frequencies, mean, and percentages were calculated

Results



Successes

- Nurses reported that patient goals of care needs were addressed
- Oncology and Hospitalist physicians were positive and supportive
- Palliative care physician services supported:
 - Addressing acute exacerbation and decompensations
 - Addressing further decompensations and functional decline
 - Daily monitoring of patient admissions and patient needs
 - Patient preference and quality of life addressed
 - Family actively incorporated in the care
 - Increased documentation of code status
- Established and implemented a comprehensive plan of care
- Care plan revised when needed

Opportunities

- Palliative Care referral and code documentation process
 - Physician use of Patient Preference for Life Sustaining Treatment Form (PPLST) to document code status
 - Address admitting physician's ease of access to PPLST documentation from previous admission.
- Increase inpatient palliative care service consults
- Advanced directive documentation process:
 - Patients brought advanced directives but not found in the medical record
 - Nursing and/or support staff may lack of awareness and/or knowledge of process.