



Implementing a Palliative Care Screening Tool to Improve Management and Referral in a Skilled Nursing Facility

Damaris Mose CRNP; Diana Jolles PhD CNM FACNM, Stephen Toniatti, Executive director (sponsor)
Frontier Nursing University, Hyden, KY

Background

- Over \$125 billion spent on patients during the last six months of life²
- Low cost of care for patients on palliative care.¹
- Palliative care:
 - Symptom management
 - Clarifying goals of care
 - Providing emotional support
- Hospice is meant to be accessed during the final six months of life.³
- Baseline date-average length of stay of 108 days on hospice.
- Chart audit from a 467-bed skilled nursing facility in Royersford, PA revealed that all patients qualified for palliative care at admission, but only 2 (10%) were referred at admission

Aim

- Increase access to timely palliative and hospice care by 25% over a 90-day period

Planned Improvement

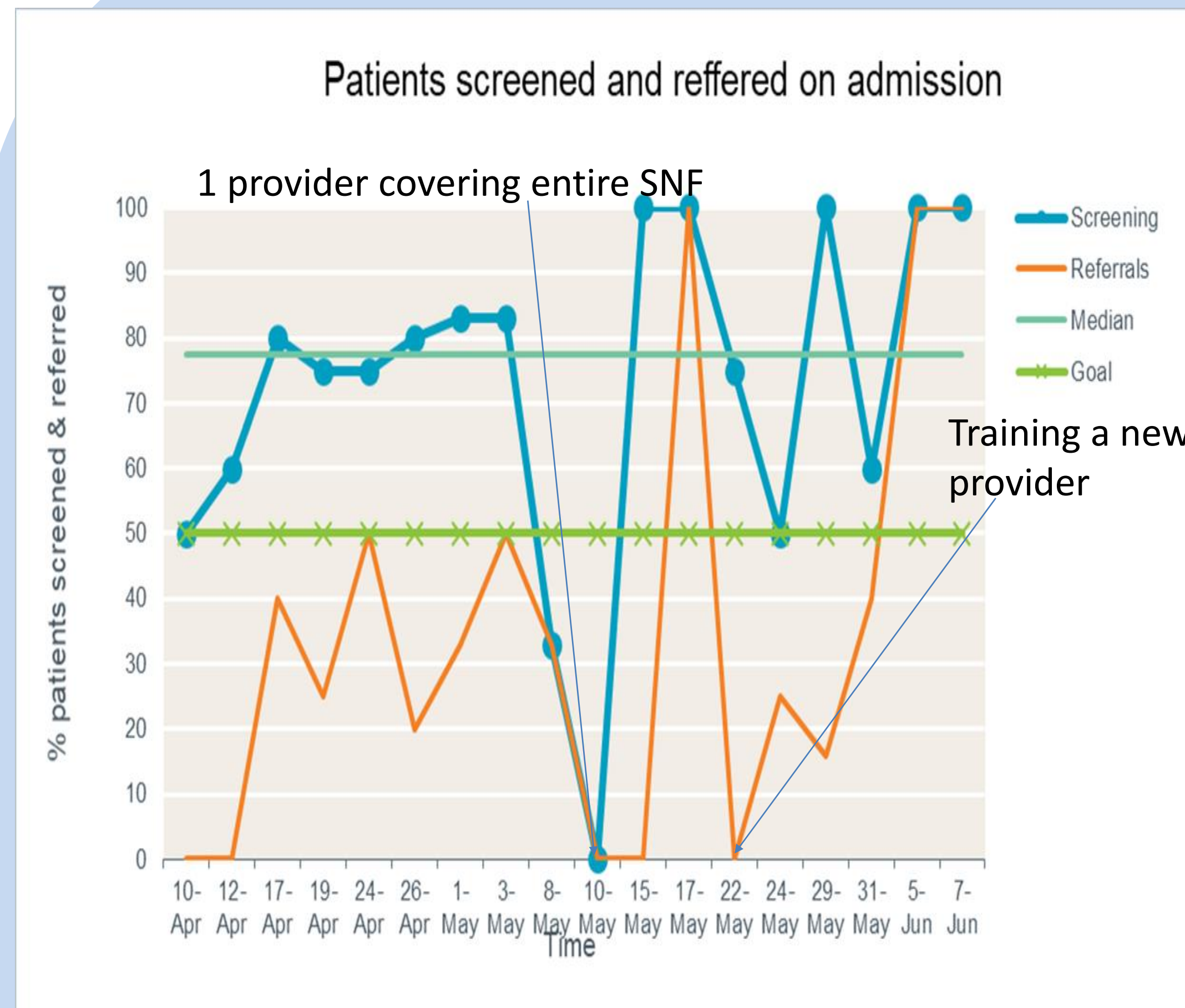
Ramps Test of change

Process 1	Palliative care screening tool
Patient engagement	Conversation project-where I stand scales ⁵
Process 2	Edmonton symptom assessment scale (ESAS) ⁴
Team engagement	Weekly lunch and learn sessions

References

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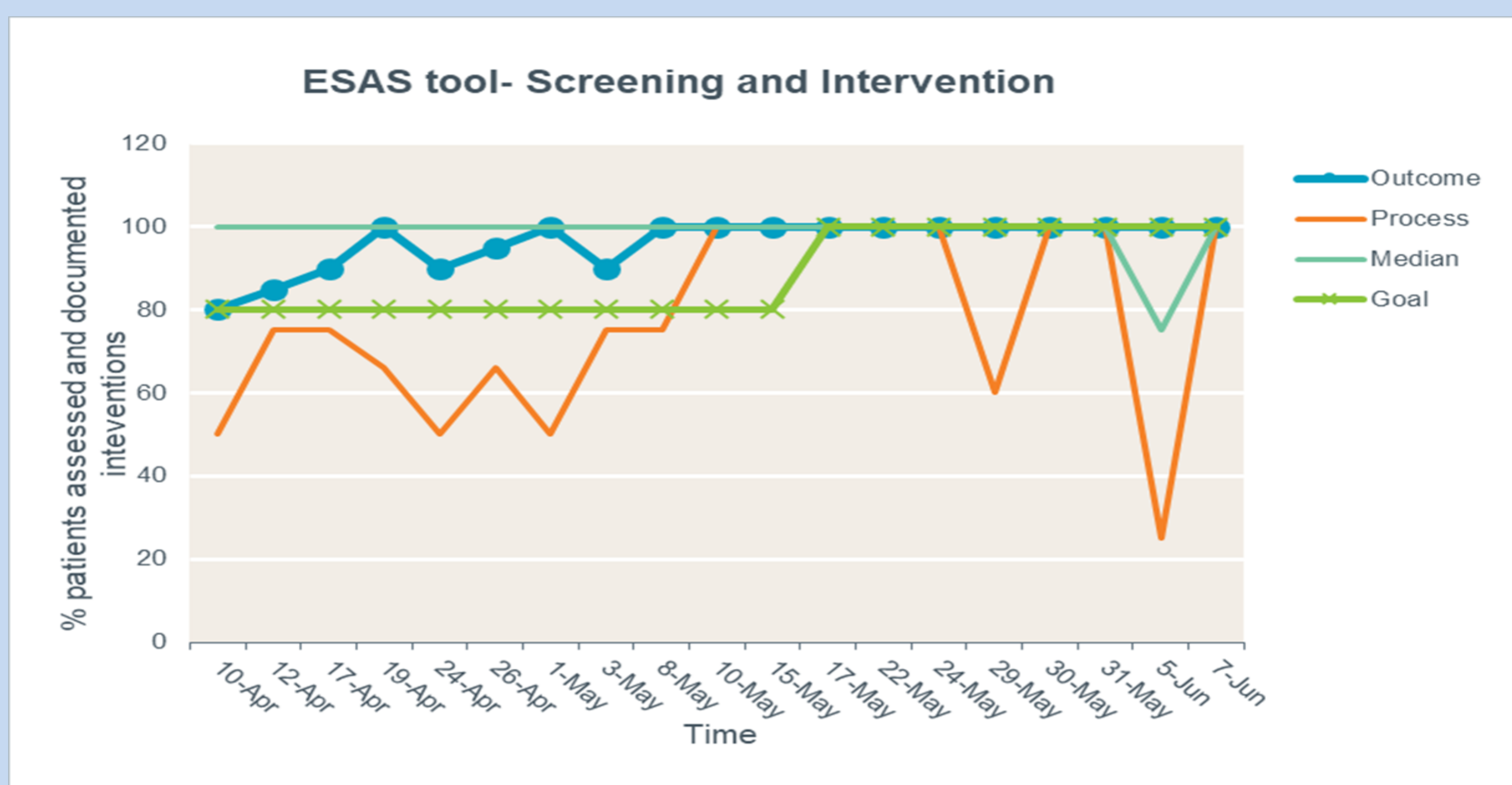
Results



50 (72%) patients screened, 21 (42%) referred to palliative care

PDSA	Basic/Details	Not know disease progression/Best estimation	Dr. do what is best /have a say	Quantity /Quality	Not enough care /too much tx
1	4.4		4.1	3.6	4.9
2	4.6		1.9	2.8	4.8
3	5		N/A	2.7	4.3
4	4.6		N/A	3.8	5

Median 50% of patients assessed using the Where I Stand Scale (N=27)



53(74%) patients screened, median of 100% interventions documented for patients with symptoms 5 or higher

Measures

Test of Change	Measure Type	Operational Definition	Baseline %	Results %
Palliative care screening tool	Process:	# tools used /# admissions into the SNF	0	72
	Outcome:	# Patients referred/# patients seen	10	42
Patient Engagement	Process:	# tool used/# patients seen	0	50
	Outcome:	# PC patients transitioned to hospice/ #PC patients assessed	0	28
ESAS tool	Process:	# tools used/# PC patients seen	0	75
	Outcome:	# patients with symptoms-5 or higher/# documented interventions	0	100
Teamwork	Process:	#Staff trained/# staff on team	13	79
	Outcome:	Mean score on a 5-point Likert scale	4.2	4.8
Balancing Measure		Total average volunteer hours spent by project lead	0	208

Conclusions

- Using the palliative care screening tool helped decrease overall cost of care-
 - Patients focused more on comfort care rather than aggressive treatment
- Increased access to timely palliative and hospice care
- Limitation- Team engagement was inconsistent due to staffing issues
- Making the screening tool a part of the admission process would ensure its continued use
- Patients received quality end of life care

Lessons Learned

- Standardization of healthcare processes is associated with better patient outcomes and is considered best practice⁶
- Factors that promoted the success of this project includes enthusiastic stake holders and an entire team who were dedicated to see the project through to the very end
- The major barriers to this project were provider and nursing staffing levels
- Small tests of change can lead to major changes in the health care system
- The team buy in is essential for a successful project

Acknowledgements

David Mose, Ethan Mose, Eyan Mose, Janine Dyson, PAC; Megan Kabatt CRNP; Kristen Gyrath, CRNP, Shayla Robinson, RN; Jessica Piker, RN; Kristeen Fabrizio, RN; Lucy Drenzo, RN HCC; Goetz consulting