

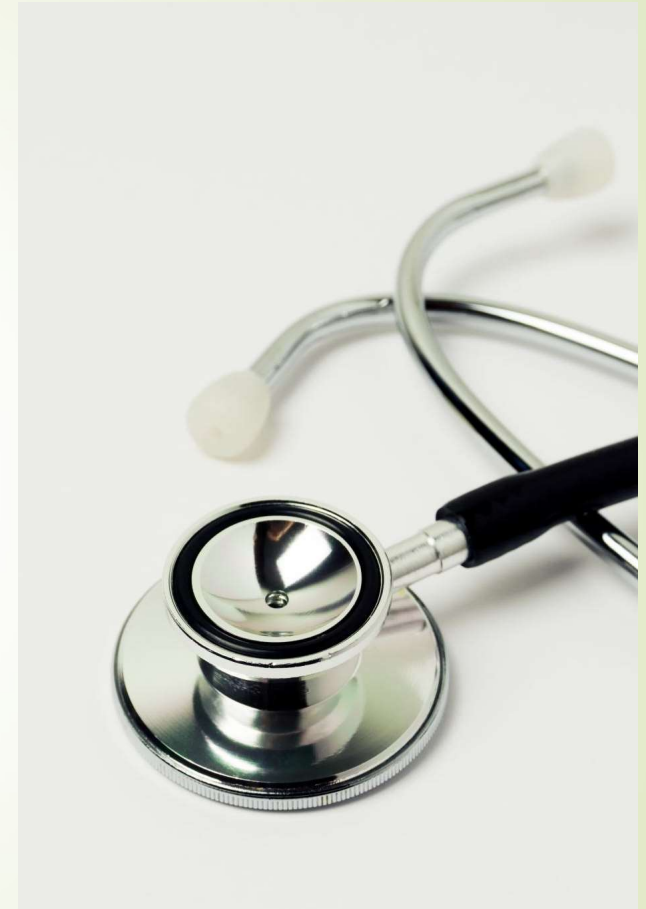
Palliative Care: Improving Early Referral with a Protocol Approach

Project Team:

- ▶ Jose Perera, MSN-APRN-FNP-BC- Project Leader.
- ▶ Jessica Grimm, DNP, APRN, ACNP-BC, CNE- Course Instructor.
- ▶ Denise Zabriskie, DNP, RN, CWOCN, WCC- Associate Mentor.
- ▶ Judith Carrion EdD, MSN/Ed, MSHS, RN-BC
- ▶ Neoves Diaz, DNP, ARNP, ACNP-BC- Project Mentor.

02/19/2021

This project is in partial fulfillment of the degree requirements for the Doctor of Nursing Practice at Touro University of Nevada






Introduction

- ▶ The World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families
- ▶ Palliative care is an interdisciplinary medical specialty.
- ▶ Essentially, palliative care strives to achieve the best quality of life for the patient for as long as possible.
- ▶ Palliative care is not related to diseases' prognosis and can be offered alongside life-prolonging therapy.
- ▶ This QI project brings clarity about palliative care to all stakeholders at the practice site, fulfilling the project objectives, creating a formal protocol for palliative care referrals (PCRPP) and increasing referrals for palliative care, reducing distress from patients and their families, and reducing cost from families and facility.



Project Problem

- The clinical site for this quality improvement (QI) project is a long-term care facility in South Florida . There is no formalized palliative care protocol.
 - Misconceptions about palliative care have slowed down the integration of palliative care in the state of Florida.
 - Because of these misconceptions, physicians wait too long to suggest palliative care to a patient, leading to a situation where the patient may be too ill to benefit from palliative care.
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Purpose Statement

- The purpose of this QI project is to improve provider knowledge, skills, and attitudes (KSA) towards palliative care referrals by implementing a Palliative Care Referral Protocol (PCRP) in a long-term care setting



Project Question

- ▶ PICOT Question: "(P) Long-term care providers caring for adult and geriatric patients (I) will be beneficiary from PCRCP (C) Compare to other cases with delayed referrals, with the use of the standardized protocol (O)an increase in early referrals for palliative care in the practice site could be achieved (T) over a 5 weeks period?"



Objectives

- 1. Design and implement an evidence based PCRPP in the project site long time care facility.
- 2. Develop and implement a multi-disciplinary team education regarding the PCRPP.
- 3. Evaluate healthcare providers KSA before and after delivering education on palliative care.
- 4. Increase referrals for palliative care.

Review Literature

- ▶ After reviewed multiples studies, the importance of early integration of palliative care into the standard of care in various healthcare settings was identified. Factors like cost saving for the patients and facilities, the provision of care with consideration for patients' needs come up in the study. It is also crucial to create and take measures to mitigate frequent barriers to provide early palliative care for patients in advanced conditions, preventing negative perceptions from patients, families, and communities, including healthcare practitioners.
- ▶ The new NCCN guidelines provide a fusion of CDC guidelines and other health organizations like the American Society of Clinical Oncologists (ASCO) to provide a common standard of palliative care referral (Haider et al., 2017).

Slide 7

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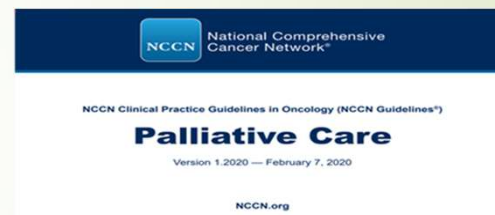
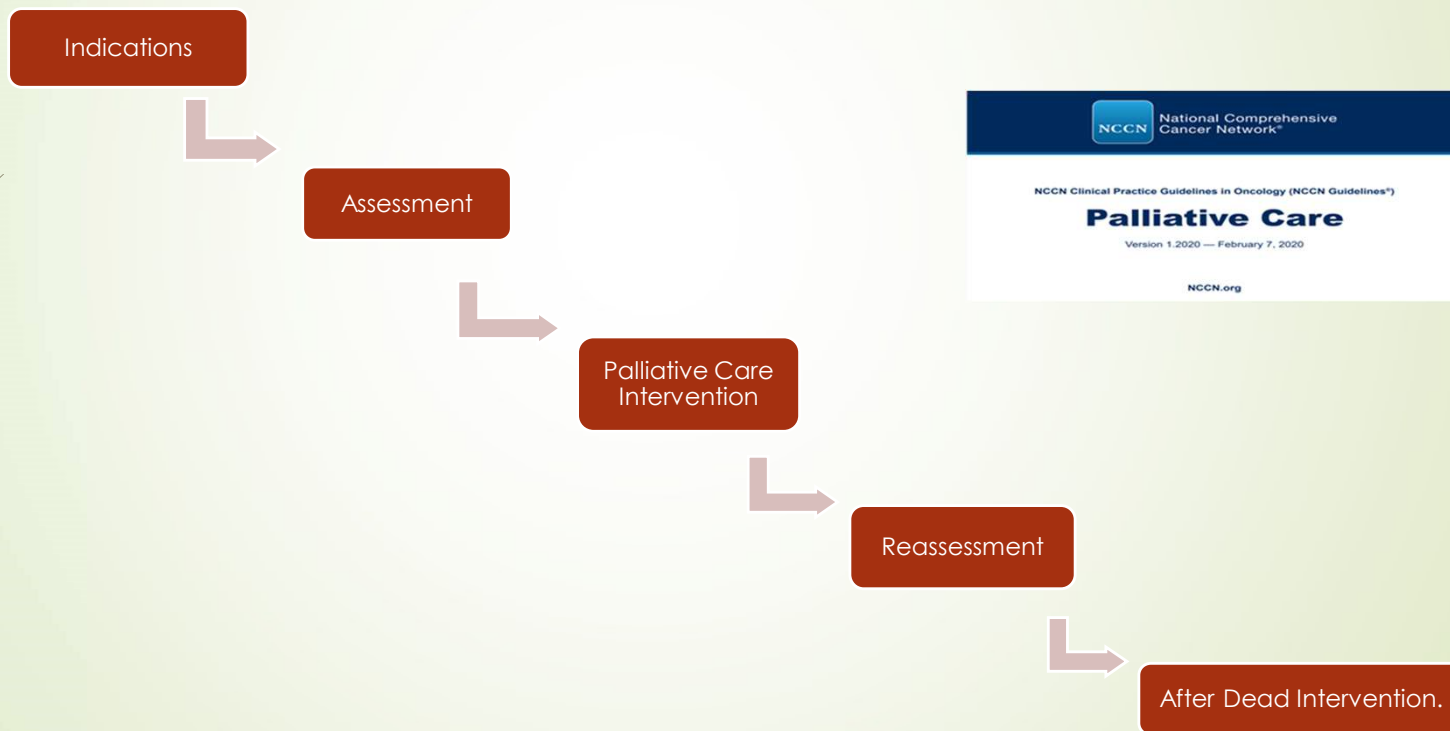
Jose Perera, 2/6/2021

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines)

Palliative Care

Version 2020

NCCN.Org



Theoretical Model

- ▶ Chronic Care Model (CCM). Was developed by Wagner and his colleagues at Mac Coll Institute.
- ▶ The CCM framework can be applied in all healthcare settings to improve palliative care outcomes, lower healthcare costs, and enhance provider satisfaction.
- ▶ The elements of the CCM framework include decision support, community resources, delivery system design, clinical information system, health care organization, and self-management support” (Davy et al., 2015, p. 2).
- ▶ According to Boehmer et al. (2018), the CCM model involves the integration of various elements or components that support patient-centered care.
- ▶ The CCM has been applied in improving the quality of life of patients with chronic and life-threatening illness both at the individual and population levels. It is highly relevant to palliative care (Sendall et al.,2016).



Project Study Design

- ▶ The design utilized for this project was a quality improvement (QI) design
- ▶ The project took place at a long-term care facility in South Florida. Currently, the center accommodates 311 patients; 149 of which are higher acuity beds.



Project Plan

- ▶ The DNP project was implemented during a five-week time frame, including the implementation and evaluation process.
- ▶ The implementation phase included:
 - Implementing the intervention.
 - Data collection.
 - Evaluating the project results.



Tools

- Palliative Care Knowledge Scale (PaCKS).
- Palliative Care Referral Protocol (PCRFP).
- Chart Audit Tools.
- Code Book.




Implementation

- Interventions
 - Week 1- Organized a formal meeting at the practice site, with all stakeholders to explain our DNP project . A survey, PaCKS, to assess the knowledge of the healthcare providers related to palliative care was applied. Also, an educational session was held using the designated tools. A post-test was performed using the same survey.
 - Week 1-2 - NCCN Guidelines 2020 for Palliative Care was implemented, as an essential part of the PCRCP , instructing the staff on identifying possible cases candidates for palliative care.
 - Week 3- Offered ongoing education and support to staff, reinforcing palliative care concepts and guidelines to clarify all misunderstanding and misconceptions on the healthcare practitioners and the rest of the stakeholders as needed.
 - Week 4- A chart audit, using the proper tool, was performed by the project lead. The plan included analyzed four weeks retrospectively using EMR, looking for palliative care referrals, and four weeks after the educational session provided.
 - Week 5- Data collection for analysis and statistics test was performed.



Data Collection

- ▶ Data collection included:
 - Participant surveys on week one before and after educational session using the proper tool in LTC facility. A specific number was assigned to the participants to pair them pre- and post-educational session. Participants' confidentiality was guaranteed using a codebook.
 - Chart reviews was conducted and analyzed using the facility EMR system, running a report just looking for Palliative Care Referrals.
 - The data was compiled into an Excel spreadsheet created by the project lead and the analysis was done using the SPSS software
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Evaluation

During the process, all main objectives were fulfilled, a formal protocol for palliative care (PCRCP) was created, bringing clarity and guidelines to the practice site related to palliative care.

Palliative Care Referral Protocol (PCRCP)

Based on NCCN Guidelines for Palliative Care Version 1.2020

DNP Program.

Project Proposal to Increase Early Referrals for Palliative Care in LTC Facility.

Project Leader: Jose Perera.

1-Title: Palliative Care Referral Protocol (PCRCP)

2-Project Objectives:

- Educate the healthcare practitioners and stakeholders on Palliative Care program.
- Facilitate the referrals process for Palliative Care program at the LTC facility.
- Provide the LTC facility with proper resources to evaluate and determine if a patient is appropriate for Palliative Care program.
- Increase referrals for palliative care using NCCN Guidelines for Palliative Care.
- Guide the healthcare practitioners on how to proceed when they found or receive a new referral for Palliative Care.



Evaluation

3-Department Involved:

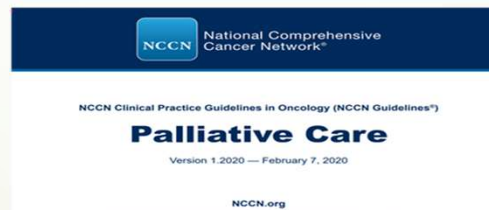
- Healthcare Practitioners: (Included Physician, Nurse Practitioners [N.P] and Physician Assistant [P.A].)
- Facility Administrator.
- Nursing Department.

4 -Indication for Palliative Care Referrals: One or more of the following:

- Uncontrolled symptoms. - Poor prognosis awareness
- Moderate to severe distress related to Cancer diagnosis and therapy
- Serious comorbid physical and Psychological needs.
- Complex psychosocial needs.
- Patient/family/caregivers concerns about course of disease and decision making.
- Potentially life-limiting diseases - Metabolic solid tumors and refractory hematologic malignancies.
- Patient/family/caregivers requests for palliative care.
- Patient requests of hastened death.

Evaluation

- 5- Upon Referrals for palliative care is received, needs to proceed with the following steps:
 - Proper assessment
 - Palliative care interventions.
 - Reassessment (evaluate outcomes).
 - After death interventions (for families / caregivers/health care team).
- 6- For specific assessment/reassessment, palliative interventions, after death interventions and advance care planning visit:
https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf
specific pages: PAL-2 to PAL-30.



Evaluation

As shown in Table 1, the Educational level was high on the survey participants. This finding is essential to obtain better results, as the literature supports improved outcomes with a higher education level (Blegen, Goode, Park, Vaughn, & Spetz, 2013; IOM, 2011).

Table 1

Demographic Characteristics of the Sample

Demographic Variable	<i>n</i>	%
Age		
36-45 years old	6	37.5
46-55 years old	10	62.5
Gender		
Male	5	31.2
Female	11	61.8
Religious Affiliation		
Christianity	11	68.8
Judaism	2	12.5
Other	3	18.8
Education		
College Degree	8	50.0
Baccalaureate	2	12.5
Masters	2	12.5
Doctoral Degree	4	25.0
Years Employed		
6-10	5	31.3
11-15	6	37.5
16-20	3	18.8
21-25	2	12.5

N = 16

Evaluation

Table #2 referred to the PaCKs survey results. Those results show the effectiveness of the education session with the stakeholders during the formal meetings. This finding is supported by previous research on the topic (e.g., Balicas,2018; Jors et al., 2016; Pieters et al., 2019; Rice, 2019).

Table 2

Descriptive Statistics and Internal Consistency Reliability Coefficients for Pretest and Posttest Palliative Care Knowledge Scale (PaCKS) Scores

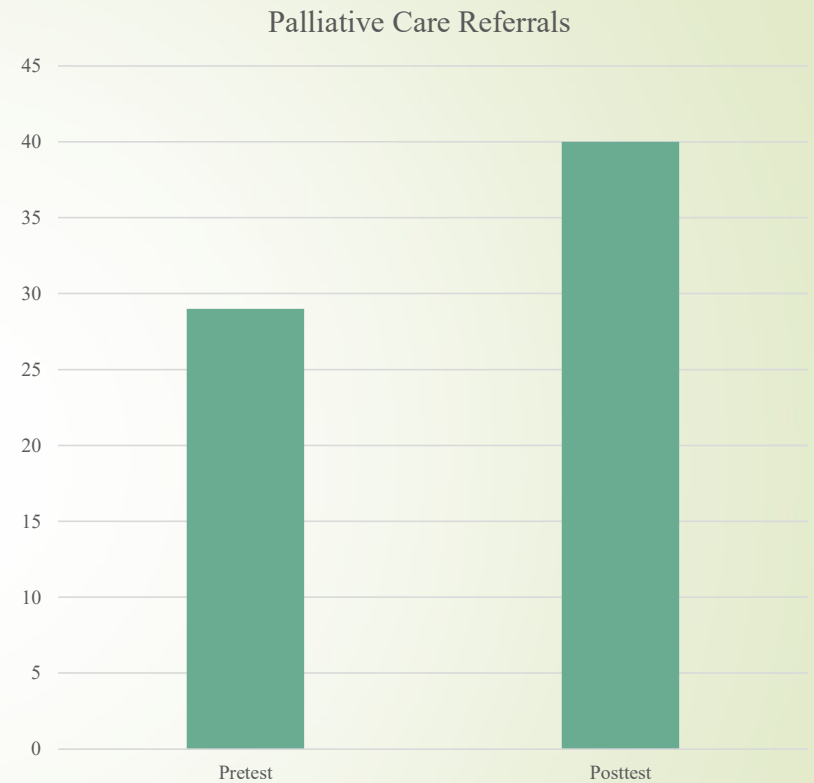
Variable	Pretest			Posttest		
	<i>M</i>	<i>SD</i>	α	<i>M</i>	<i>SD</i>	α
PaCKS Score	9.00	2.16	0.63	12.69	0.61	0.71

N = 16



Evaluation

Analysis of chart reviews demonstrated a significant increase in palliative care referrals post-intervention (40) compared to pre-intervention (29) suggesting a large effect in the increase in palliative care referrals after the PCRCP implementation in the Practice site.



Conclusion

- It was demonstrated that with proper education and healthcare providers' training, a better understanding of the palliative care service could be achieved. Always using the NCCN guidelines (NCCN-2020) and evidence-based research, the facility could save and reduced cost, time and obtain an improvement in the number of early referrals for palliative care, alleviating distress on patient, families and caregivers and optimizing quality of life. This outcome coincides with the literature reviewed for the preparation of this project (Jors et al., 2016; Pieters et al., 2019; Rice,2019), as show below:
- Jors et al., (2016) said, “Nevertheless, a majority of physicians and nurses working at cancer centers feel unprepared for this task. As part of a larger survey study, we investigated what suggestions experienced physicians and nurses have to improve education/training on end-of-life care / palliative care”. (p. 1).



Future Dissemination

- ▶ The plan for dissemination of this DNP project initially was to share the results and outcomes with the leadership of the practice site, where this project received support starting from the beginning to the implementation phase. A formal discussion with the facility management, including administration, Nurse Manager, and Medical Director, occurred during a formal meeting.
- ▶ The project's outcomes will be disseminated to the Touro University of Nevada's faculty and other peers as well as through DNP repository submission.
- ▶ Also will be introduced in the form of a poster presentation to The Southeast Florida Chapter of Hospice and Palliative Care (HPNA) meeting on March 21, 2021, pending approval by the organizational committee.
- ▶ And will be shared through an abstract and poster presentation, at the 2021 Fourteenth National Doctor of Nursing Practice Conference on August 11, 2021. The poster will highlight specific findings and outcomes as shown in the dissemination plan.

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Questions

