

## The Implementation of a Nurse-Driven Palliative Care Trigger Tool

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**Abstract :** Problem: Palliative care providers at an academic medical center in Maryland stated medical intensive care unit (MICU) patients are often referred late in their hospital stay. The MICU has performed well below the hospital quality performance metric of 80% of patients who expire with expected outcomes should have received a palliative care consult within 48 hours of admission. Purpose: The purpose of this quality improvement (QI) project is to increase palliative care utilization in the MICU through the implementation of a Nurse-Driven PalliativeTriggerTool to prompt the need for specialty palliative care consult. Methods: MICU nursing staff and providers received education concerning the implications of underused palliative care services and the literature data supporting the use of nurse-driven palliative care tools as a means of increasing utilization of palliative care. A MICU population specific criteria of palliative triggers (Palliative Care Trigger Tool) was formulated by the QI implementation team, palliative care team, and patient care services department. Nursing staff were asked to assess patients daily for the presence of palliative triggers using the Palliative Care Trigger Tool and present findings during bedside rounds. MICU providers were asked to consult palliative medicine given the presence of palliative triggers; following interdisciplinary rounds. Rates of palliative consult, given the presence of triggers, were collected via electronic medical record e-data pull, de-identified, and recorded in the data collection tool. Preliminary Results: Over 140 MICU registered nurses were educated on the palliative trigger initiative along with 8 nurse practitioners, 4 intensivists, 2 pulmonary critical care fellows, and 2 palliative medicine physicians. Over 200 patients were admitted to the MICU and screened for palliative triggers during the 15-week implementation period. Primary outcomes showed an increase in palliative care consult rates to those patients presenting with triggers, a decreased mean time from admission to palliative consult, and increased recognition of unmet palliative care needs by MICU nurses and providers. Conclusions: Anticipatory findings of this QI project would suggest a positive correlation between utilizing palliative care trigger criteria and decreased time to palliative care consult. The direct outcomes of effective palliative care results in decreased length of stay, healthcare costs, and moral distress, as well as improved symptom management and quality of life (QOL).

**Keywords :** palliative care, nursing, quality improvement, trigger tool

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