Comfort and Knowledge:
Nurse-Driven Palliative Care Screenings on Admission to the Neuro ICU

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Problem and Purpose

Problem: Neurosurgical ICU (Neuro ICU) patients are not routinely screened for palliative care (PC) consultations. Unmet palliative care needs can result in inadequate symptom management, delayed established goals of care, increased length of stay and decreased patient and family satisfaction.

Purpose: To determine if implementing an education intervention and screening tool can increase nurse comfort and knowledge in recommending palliative care consults.

Background

It is estimated that 20% of patients will die in the ICU or shortly after discharge.[5] Patients with neurological conditions account for 10-15% of all ICU admissions.[6] Mortality rates for common conditions including intracerebral hemorrhage and anoxic brain injury range above 50% and majority of survivors leave with some degree of disability or cognitive deficits.[4]

Neurocritical illness outcomes are unpredictable making prognostication difficult. This can prolong hospitalization and delay defining goals of care, particularly with life limiting or life-sustaining treatments.[4] There is no consistent process to integrate palliative care early in the Neuro ICU despite the literature supporting early palliative care screening.[1,2,8]

Methods

An electronic survey on comfort and knowledge of recommending palliative care consults was distributed to the nurses before and after the intervention. The intervention consisted of education on the Center to Advance Palliative Care (CAPC) definition of palliative care, review of patient case studies and hands-on use of the CAPC ICU screening tool. Nurses used the CAPC ICU screening tool on admission. Screening tool data was collected via paper over 6-weeks.

All Neuro ICU nurses were eligible to voluntarily participate in the pre/post intervention survey. All patients admitted to the Neuro ICU were screened. Only patients who were 18 and older, admitted to the neuroscience service, and ICU admission >24 hours were included.

Results

Comfort & Knowledge Survey[3]

Nurses' Reported Comfort (N=24)	Pre-test	Post-test	P-value (one-tailed)
Comfort identifying patients at the end of life	79.2%	87.5%	.138
Comfort identifying patients with chronic illness with limited treatment options	83.3%	91.7%	.019
Comfort identifying patients with decreased functional ability	54.2%	79.2%	.042
Comfort assessing need for a PC consult	62.5%	91.7%	.001
Comfort requesting PC consults from the physician	58.4%	75%	.010
Correct Answers to Knowledge Questions			
PC is appropriate only where there is evidence of a downhill trajectory of deterioration	100%	91.7%	.079
PC should only be provided for patients with no curative treatments available	91.7%	95.8%	.283
PC is incompatible with aggressive treatment	41.7%	70.8%	.004

- 24 nurse pre/post surveys were analyzed
- Nurses were more likely to say *Yes*, they would refer a patient to PC as the number of criteria selected increased
- Training had a *significant* impact on nurses making recommendations for PC during rounds (*Over half had never made a recommendation before training*)

CAPC ICU Screening Tool[7] Results

- 81 patients were screened, 56 met inclusion criteria
- 62.5% were male and 50% African American
- 2 patients had Palliative Care consults during the screening period

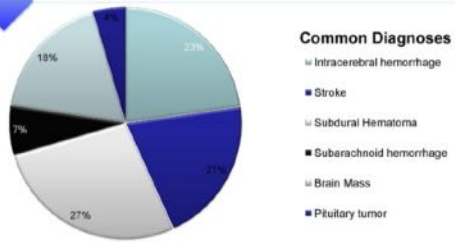
Results

Common Screening Criteria

21.4% • Major acute neurological insult

14.3% • Intracranial hemorrhage requiring mechanical ventilation

12.5% • Would not be "surprised" if the patient died in the next 12 months



Clinical Implications

Nurses have the advantage of being at the bedside and are well versed in the patients' and families' needs. Providing nurses with education and a screening tool increases their comfort and knowledge of recommendations for palliative care consults. Creating a customized screening tool can help identify patients with unmet palliative care needs for early PC consultation. More research is needed on nurse-driven palliative care screenings in the Neuro ICU.

Conclusion

The data suggested that implementing a screening tool and education intervention can increase nurses' comfort and knowledge in recommending palliative care consults. The screening tool highlighted that over 62% of patients admitted to the Neuro ICU had a palliative care need.

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