

# Palliative Needs Screening Initiative within a Cardiac Care Unit

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## Background

Early detection of palliative care needs, and consultation causes decreased length of stay, moral distress, and burnout in healthcare staff.

As a Cardiac Care Unit, the CCU often helps to coordinate advanced modalities that help to prolong life, but underperforms in their ability to promptly assess and address cohesion between a patient's wishes and medical treatment plan.

## Purpose & Goals

The purpose of this quality improvement (QI) project is to increase early detection and consultation of palliative care needs for adult patients admitted to the CCU using a nurse driven Palliative Needs Screening Tool (PNST).

### Process Goals

100% of patients admitted to the CCU will receive a documented PNST within 48 hours of admission

100% of providers will address positive PNST during daily rounds, documenting decision.

### Outcome Goals

Increased assessment of patient's palliative care needs by the care team  
Increased interdisciplinary discussion of congruence between patient's wishes and treatment plan.

## Methods

**Setting:** QI performed over 15 weeks in an inpatient CCU in an urban hospital setting.

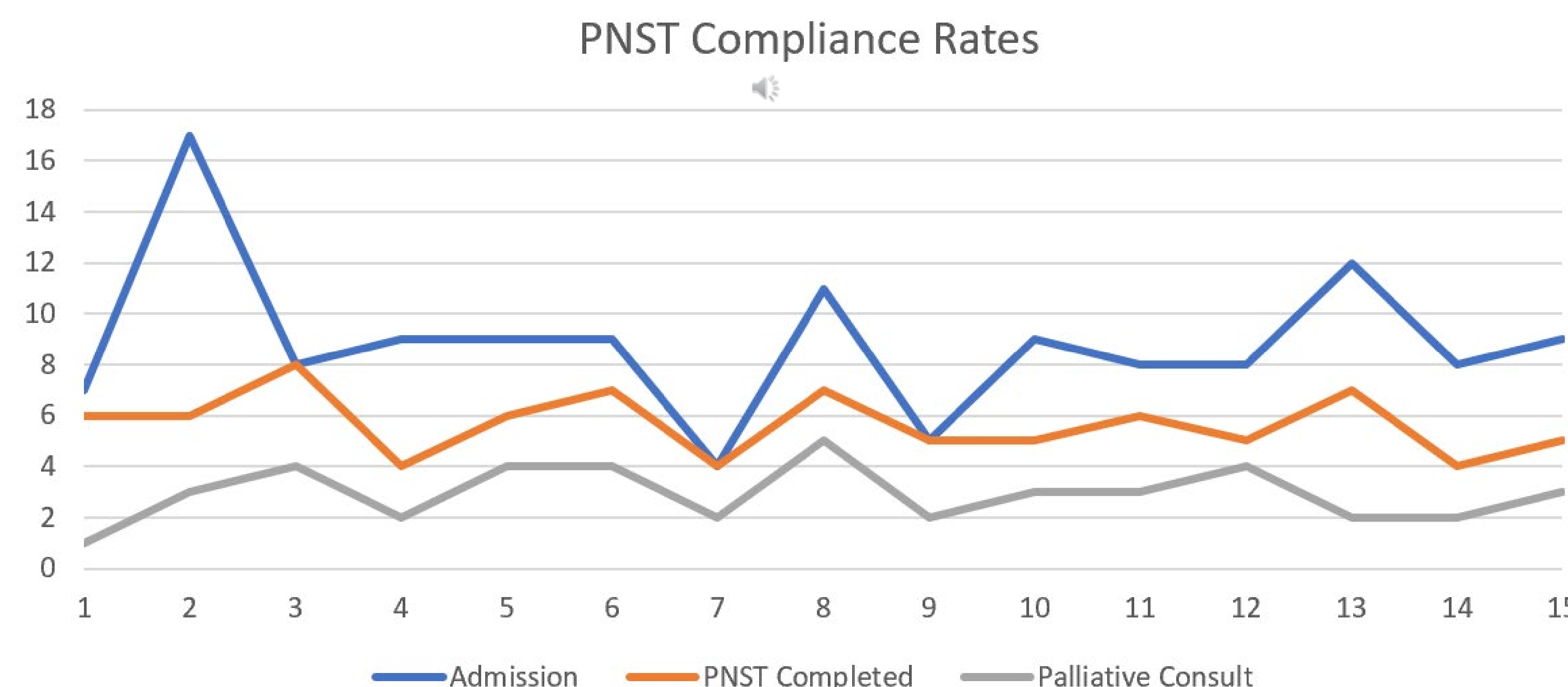
**Population:** Adult patients admitted to the CCU during the implementation period.

### Implementation

Staff education surrounding benefits of palliative care and differences between hospice.

Education performed with CCU staff surrounding PNST intervention and workflow.

## Figures



## Results

Compliance with PNST screening ranged from 35-100% (average 64%).

Positive PNST with consults ranged from 16-71% (average 52%).

Global palliative consultation rate increased from 30% to 33%.

## Discussion

Process goals were unmet, however the PNST did help to increase interdisciplinary discussion of congruence between a patient's wishes and treatment plan.

Largest decreases in PNST documentation compliance occurred during periods of staffing stress and increased patient acuity.

Majority of undocumented PNST were admitted for less than 24 hours indicating an acute reversible process.

"Family Meeting Pending" was most common reason to defer palliative consultation, followed by "no unmet palliative care needs".

## Conclusion

Use of a validated Palliative Needs Screening Tool (PNST) was able to positively effect palliative consult rates in the CCU, but not to a statistically significant degree.

Data & implications from this QI project have been included in a hospital wide committee to address detection of palliative care needs on admission.

## References & Acknowledgments

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