

# Improving Palliative Care Consult Volume Through an Educational Initiative with Hospitalists

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## Description of the Problem

In 2019, the Centers for Advanced Palliative Care (CAPC) reported that 12 million people in the United States (U.S.) were currently living with a chronic or life-limiting illness. This number is expected to increase to 63 million by 2035 (Morrison & Meier, 2019). Palliative care is a subspecialty of medicine that focuses on physical, emotional, and spiritual care for patients dealing with a chronic or life-limiting illness to relieve suffering while continuing to treat the underlying disease. Despite the expected increase in the need for palliative care, many health care providers lack awareness of the indications for it and thus, many acute care patients with chronic or life-limiting illnesses have limited access to this type of care (Kerr et al., 2020).

## Purpose Statement

This quality improvement (QI) project aimed to increase palliative care-focused education for physicians to increase their referral of hospitalized patients in need to the palliative care team.

## Specific Aims

- Increase the consult volume from hospitalists to the palliative care team by 10% from baseline
- Provide focused palliative care education to all full-time hospitalists with a completion rate of at least 70%

## Clinical Question

In a 255-bed community hospital can palliative care focused education to hospitalists increase the consult volume to the palliative care team from the hospitalists?

## Theoretical Framework

The theoretical framework for this QI project was the Plan- Do-Study-Act (PDSA) model initially introduced in 1950 by W. Edwards Deming as it allowed us to provide continuous improvement (Wilson & Schub, 2018).

**Plan-** The content for the educational curriculum for the intervention was determined.

**Do-** The team provided access to CAPC online instruction in three different sessions with different topics for each session to all participants.

**Study-** The baseline consult rate from the hospitalists to the palliative care team was compared to the consult rate following the intervention along with educational session completion rate.

**Act-** The team planned for additional education to other physician specialties.

## Project Design

- Quality Improvement
- Before and After Design

## Setting and Participants

- 255-bed community-based hospital in the greater Houston area
- Participants were 20 fulltime hospitalists at this facility
  - Age 31-51 with mean age of 38 years old
  - Eight women
  - Twelve men
  - Varied cultural backgrounds

## Project Implementation



## Synthesis of Evidence

- Mc Darby and Carpenter (2019) conducted a qualitative study that interviewed 38 providers, both palliative and nonpalliative, at four midwestern hospitals to investigate perceived barriers to initiating a palliative care consult in the inpatient setting and discovered a lack of knowledge about the role of palliative cares as one of the major barriers.
- In an article by Zemlenyi et al (2020), they discussed how the use of a structured education program can increase palliative care consults. They proved this through their study with an increase of consults from 84 consults in 2013 to 465 consults in 2017 to their inpatient palliative care team at a hospital in Hungary post education implementation.
- Another study provided oncologists with palliative care education focusing on communication and advance care planning and they saw an increase from 18% to 33% of patients with stage 4 cancer having a palliative care consult (Hanson et al., 2017).

## Data Collection

### Data Collection for Aim One:

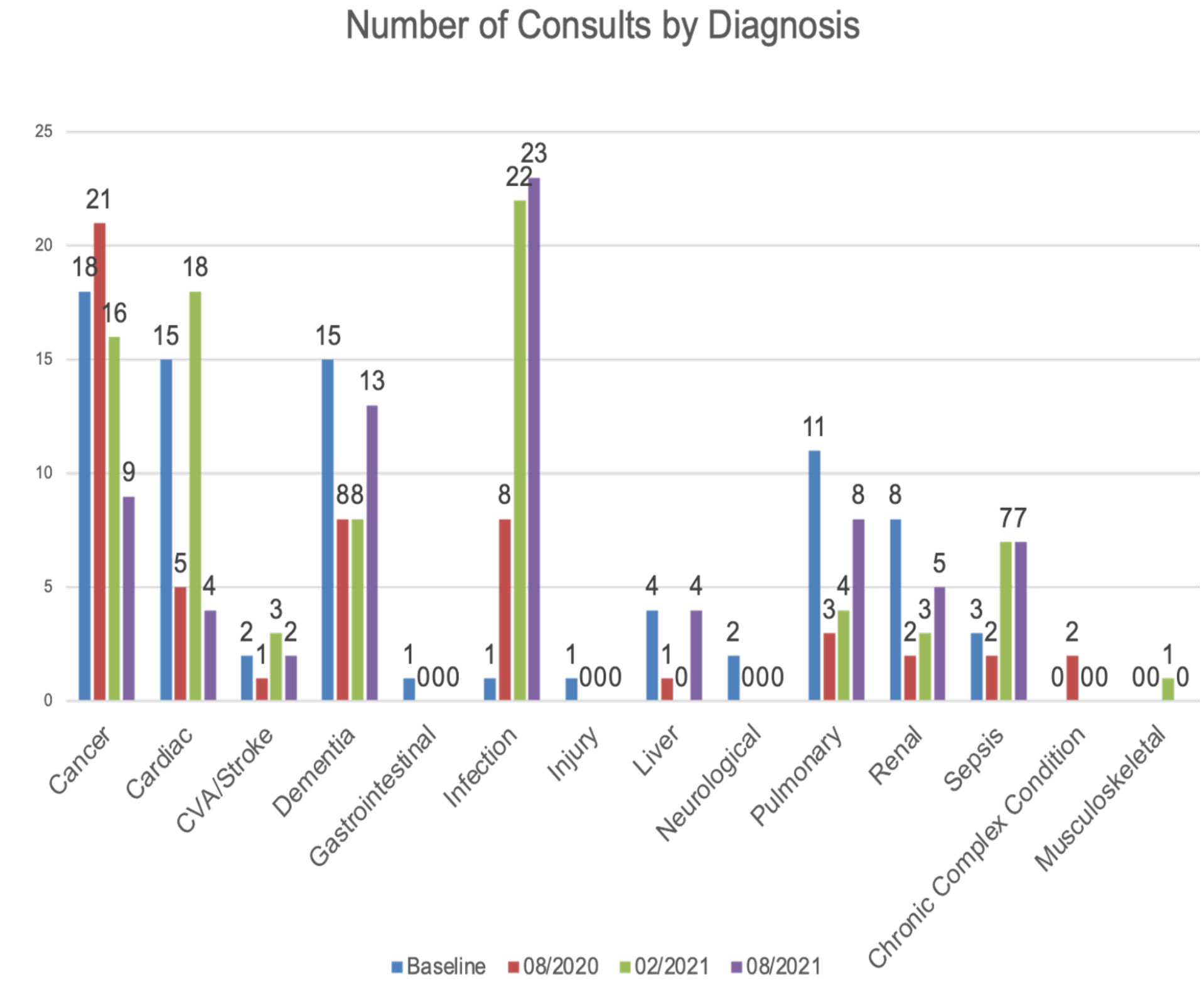
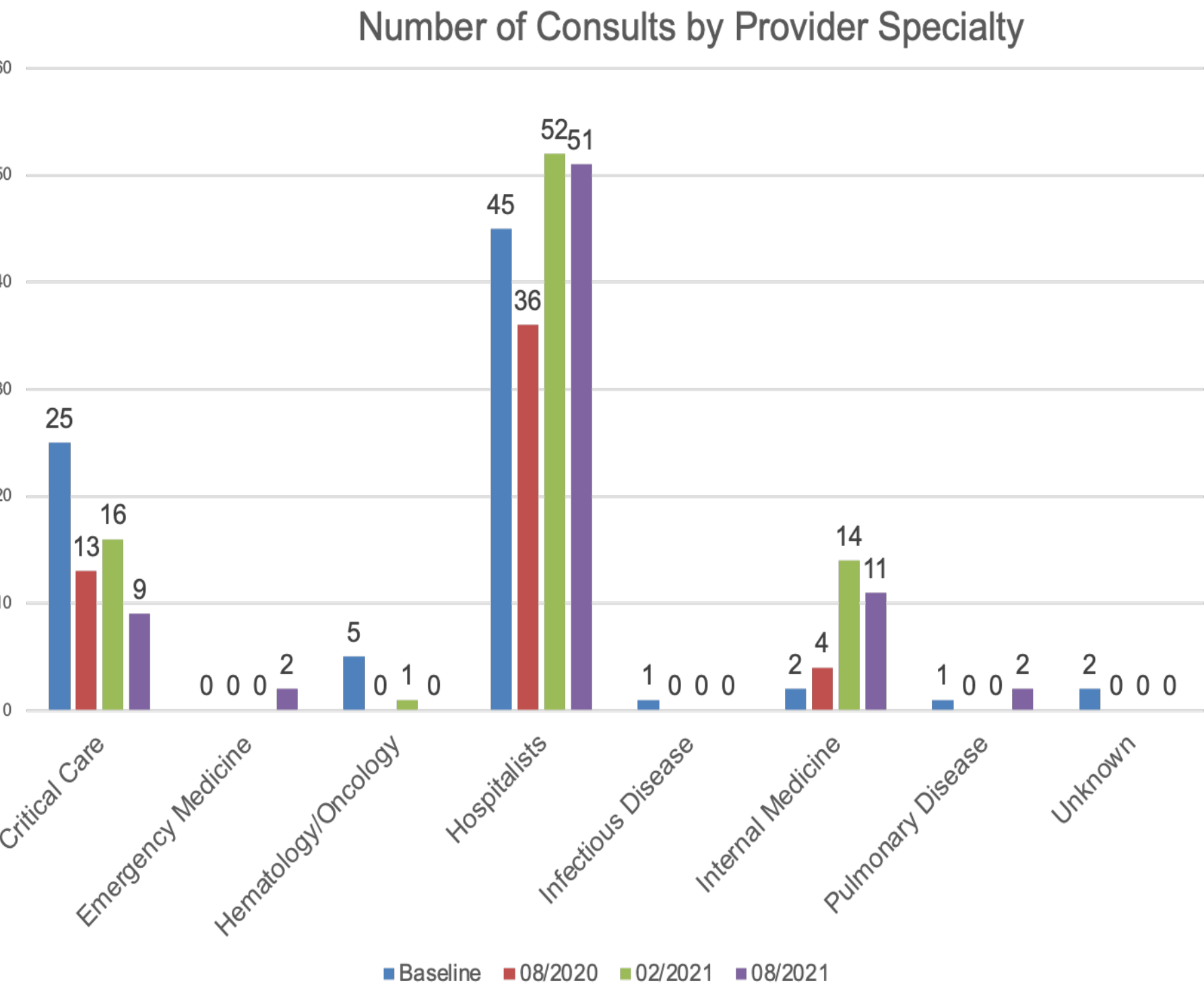
- The team collaborated with the quality analytics department to create a report through Enterprise Performance Systems Incorporated (EPSi).
- Demographic data including type of physician who placed the consult were pulled from the electronic medical record via ESPI.

### Data Collection for Aim Two:

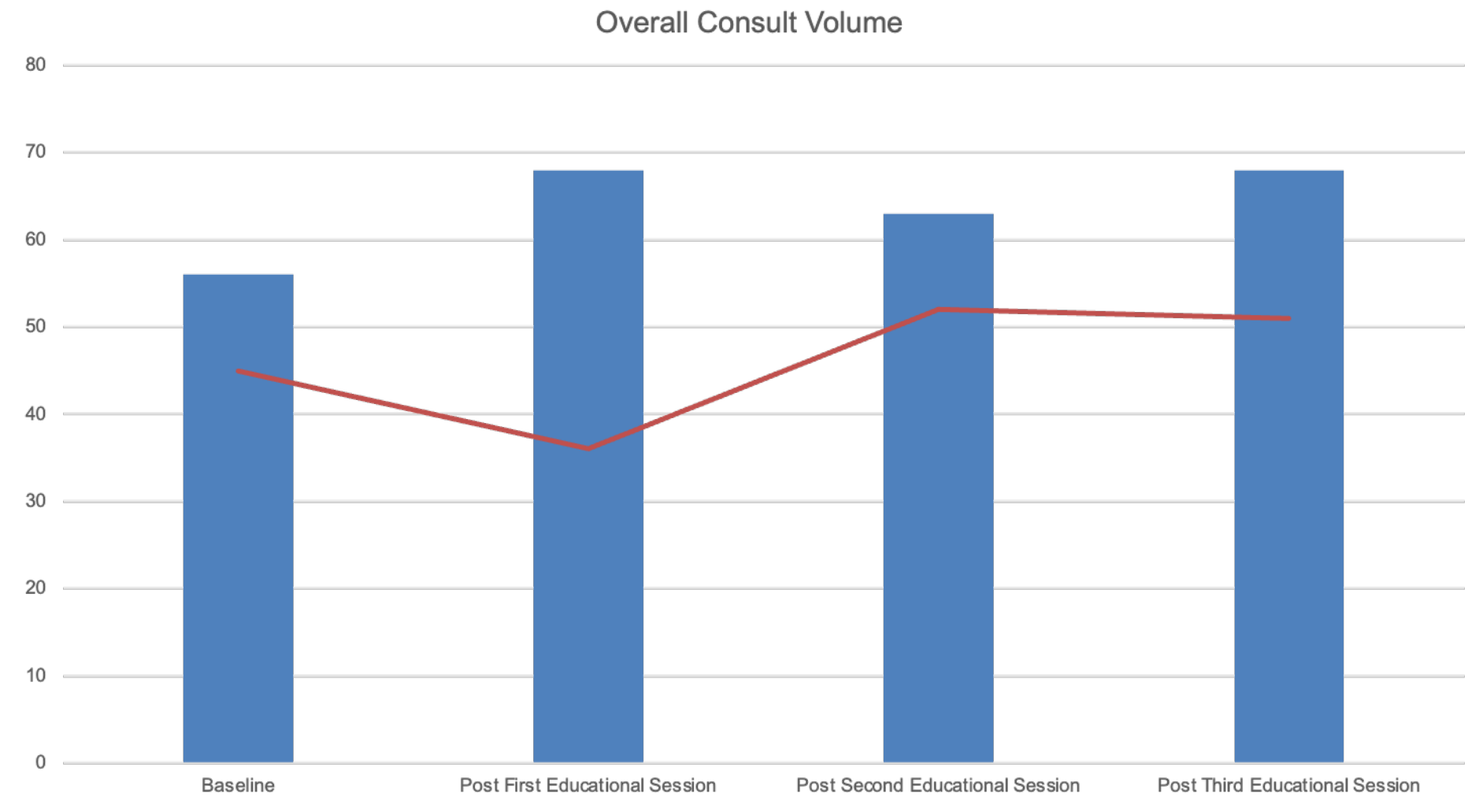
- CAPC provided the second measurement tool by sending an Excel spreadsheet with names of providers and courses that they have completed.



## Outcomes



## Results



Through the educational intervention, the team was able to increase the consult rate from hospitalists to the palliative care team from 56% to 68%. This is a 12% increase in the consult volume. Additionally, the QI project yielded a 70% completion rate of education by participants.

## Implications for Practice

In this QI project, evidence showed that providing palliative focused education had a positive outcome on consult volume from the hospitalists. The next cycle of this quality improvement will be to open the CAPC curriculum to other physician specialties.

## Takeaway Message

The use of a structured online educational intervention is an effective way to educate providers of the benefits of palliative care and increase understanding of services offered.



## References

Available on request

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