Palliative Care Consults: Exploring Barriers and Filling the Gaps

Carrie Shahbahrami, MSN, RN, CNS, CNOR
Former Clinical Nurse Specialist Adult/Gerontological MSN Student at Johns Hopkins University
Indiana University Health Bloomington

Abstract

The aim of this qualitative research study was to explore barriers to palliative care consults across clinical settings. The findings presented in this study represented a multidisciplinary view of perceived barriers as well as outlying issues affecting palliative care consults. The findings suggested a wide range of factors are responsible for affecting the consultation process. Age of provider, exposure to prior collaboration with palliative care, lack of knowledge related to palliative care specialty, and a desire to maintain present relationship with patient all appeared to play a role in the lack of palliative care consult process. Clinical nursing staff and providers face difficult decisions and loss of morale when caring for patients in need of palliative care services. This research study extended the level of understanding of potential barriers to palliative care while offering direction for health care organizations and communities to improve access to and knowledge of palliative care services.

Background & Significance

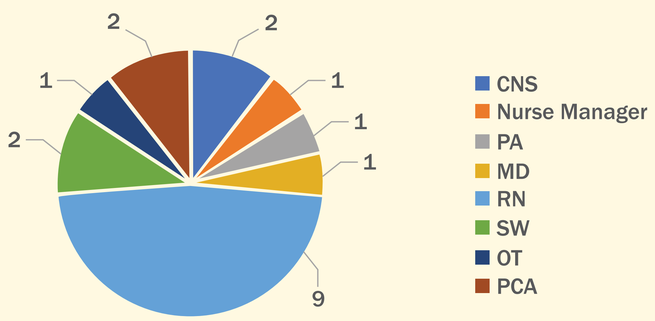
Indiana University Health Bloomington (IUHB), located in Bloomington, Indiana, serves eleven counties in the south-central region of the state. IUHB offers palliative care services through the work of their six-member team comprised of four physicians, one advanced care provider, and one social worker. This active palliative care team offers services to both in- and out-patients upon primary care physician referral, attending physician referral, or as patient self-referrals. In the in-patient setting, clinical nursing staff and social workers are not identified as potential referral sources. Additionally, there lacks a standardized referral system for identifying potential palliative care consults requiring attending physicians to handle consultations on a case-by-case basis.

- Over 90 million Americans are living with at least one chronic, serious illness and, due to an aging population, this number is expected to double in the next 25 years [The Dartmouth Atlas of Health Care, 2017; Center to Advance Palliative Care (CAPC), 2014]
- In 2014 it was estimated over six million Americans could benefit from palliative care services (CAPC).
- Of all total Medicare costs, approximately 68% are related to people with four or more chronic conditions–the typical palliative care patient (CAPC, 2014).
- If palliative care were fully penetrated into the nation's hospitals, total fiscal savings could amount to $6 billion yearly (CAPC, 2014).
- According to a 2010 report in the New England Journal of Medicine, lung cancer patients receiving early palliative care had less depression, improved quality of life and survived 2.7 months longer (CAPC, 2014).

Objectives

1. Define the purpose and multi-dimensional focus of palliative care services
2. Identify potential barriers to timely palliative care consults
3. Describe methods to addressing barriers to palliative care consults
4. Identify strategic methods to increase access to palliative care services

Breakdown of Study Participants by Discipline



Methods

- Qualitative research using qualitative description
- A diverse group (n=19) of participants representing various clinical staff positions (MD, APRN, RN, SW, OT, PCA) were convenience sampled from March 2017-September 2017
- Sampling tool included a predetermined ten-item questionnaire in a one-on-one interview format with Clinical Nurse Specialist-student RN researcher.
- Interviews were conducted in the hospital setting (n=16) or in the office setting (n=3).
- Data was analyzed using content analysis to identify emerging themes

Findings

General avoidance of end-of-life conversations

- "I think they're thinking of hospice. If they get palliative care on board, and if they readmit, it's a familiar face and they can get end-of-life conversation going early."
- "Patients are lacking advanced care directives with no prior conversations—happens frequently"

Lack of knowledge is a widespread issue among patients, families, providers

- "There needs to be something that increases awareness of the service in a timely nature to address quality of life issues. "Let us make the best of the days you have". Palliative Care Services are very therapeutic, almost poetic; and good collaborators."
- "We need additional information on how Palliative Care Services can help—not just end-of-life planning but for symptom management, POST orders, help with going home, etc."

Palliative care is too equated to hospice or "giving up"

- "With providers there are issues getting referrals and palliative care on board. They often thinking palliative care is hospice–not symptom management. Doctors take oath for patient to live and they don't see that they won't make it; Nursing get tunnel vision and doesn't see readmissions; With families, the patient may be ready but not family and vice versa"
- "I think they're thinking of hospice. If they get palliative care on board, and if the patient readmits, it's a familiar face and they can get end-of-life conversation going early."

Referral deficits are found on an individual provider level

- "Less specialty, more individual doctors—maybe they've had prior experience with our palliative care team? Any surgical specialty is less apt to refer."
- "Surgery loathes to refer because they fix things, Hospitalists are mostly good at consulting"

Age of provider may indicate tendency to consult palliative care

- "More consults from older doctors, younger doctors are more familiar"
- "Older doctors are less apt to refer due to misconceptions and thinking they don't need help. Younger doctors are more accepting."

Consultations are initiated too late

- "It shouldn't be a factor. Palliative Care Services can help determine readiness and help them get there."
- "A solid 50% are too late. Palliative care should come in early to address Goals of Care, relationships, and psychosocial issues to decrease stress."

Current capacity of Palliative Care team is an issue

- "With current staff, our palliative care team is at capacity but there's room for growth with modification."
- "I think the consultation process could be better but, if better, we'd be overwhelmed given size of team."

Need for standardized referral protocol for palliative care consults

- "Nurses are good at recognizing the need but just getting the consult and doctors on-board is difficult. We recognize it."
- "The palliative care team does a good job after consult but there's a disconnect prior to consult."

Need to increase utilization of Goals of Care conferences

- "Communication has got to improve, with more Goals of Care conferences. We have very low health literacy rates in our area."
- "Palliative Care Services are often very helpful, specifically helping with patients and family clarify Goals of Care (where they're most valuable) but it's not standardized and certain doctors are more apt to refer."

Discussion

- With an aging population and presence of chronic disease states, there is an increased need for palliative care services within hospital organizations
- There are many factors impacting palliative care referrals but, overwhelmingly, a lack of knowledge underlies most other factors
- Suggested methods to address barriers to palliative care consultations include:
  1. Implementing a Nurse-Driven protocol vetted by nursing and medical leadership
  2. Implementing a Diagnosis-Driven, standardized Palliative Care Consult assessment tool using identified diagnoses such as COPD patients with ESRD, CHF patients with ESRD, readmits with CHF on Medicare, patients with chronic disease with Alzheimer's, history of noncompliance, or lack of support system, etc.
  3. Ensure staffing of current palliative care teams is adequate to meet the needs of patients while avoiding clinician burn-out
  4. Increased educational opportunities of palliative care services for community, healthcare organization staff, pharmacists, and providers
  5. Encourage collaboration with outpatient primary care doctor offices and public health offices to encourage timely palliative care consults
- Suggested ways to increase awareness of palliative care services:
- Increase education and involvement of nursing and medical students
- Ensure educational competencies addressing palliative care are developed as part of healthcare professional programs
- Develop community, state, and national level marketing campaigns to increase awareness of palliative care
- Present case study education for clinical staff
- Suggested ways to "fill the palliative care gaps":
- Encourage clinical nurse specialist (CNS) involvement with palliative care processes and team
- Encourage clinical staff to avoid use of false encouragement with end-of-life patients
- Avoiding asking permission from patient or family for palliative care consult which is not done with other specialties; instead say "I'm going to have another team come talk to you"
- Promote use of sensitive, "poetic" language among staff caring for end-of-life patients and families
- Ensure your healthcare organization has reasonable social support systems for palliative care patients and caregivers
- Increase utilization of allied health providers, such as occupational therapy, in your organization's palliative care services
- Ensure your organization is capturing fees-for-services of palliative care

References

- Center to Advance Palliative Care. (2014). *Palliative Care Facts & Stats: New York City*. Retrieved from **https://media.capc.org/filer_public/68/bc/68bc93c7-14ad-4741-9830-8691729618d0/capc_press-kit.pdf**
- Indiana University Health Bloomington (IUHB). (2017). *Welcome to our new campus page*. Retrieved from **http://iuhealth.org/bloombuild/**
- The Dartmouth Atlas of Health Care. (2017). *End-of-Life Care*. The Trustees of Dartmouth College: Lebanon, New Hampshire. Retrieved from **http://www.dartmouthatlas.org/keyissues/issue.aspx?con=2944**

I would like to thank all participants for sharing their knowledge, time, and experiences in order to make this research study a reality. Your passion for patient care is remarkable. Additionally, I would like to that the Johnloz family, Bloomington Hospital Foundation, and Dr. Wendy Miller, PhD, RN for their ongoing support of the Johnloz Nursing Research Fellowship. Without this support, this research would not have been possible.