



Implementation of the palliative care version of the Richmond Agitation-Sedation Scale (RASS-PAL): A quality improvement project

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BACKGROUND

- The original Richmond Agitation-Sedation Scale (RASS) was developed and validated in ICU patients.
- Our team had previously adapted this brief observational tool used by nurses and physicians to be applicable to palliative care inpatients.[1]
- However, the RASS-PAL tool had not yet been formally implemented on our Palliative Care Unit (PCU), and the online version of the tool was scheduled to go live in the electronic medical record (EMR).

Score	Term	Description
+4	Combative	Overly combative, violent, immediate danger to staff (e.g. throwing items), +/- attempting to get out of bed or chair
+3	Very agitated	Pulls or removes lines (e.g. IV/SpO2/Oxygen tubing) or catheters; aggressive, +/- attempting to get out of bed or chair
+2	Agitated	Frequent non-purposeful movement, +/- attempting to get out of bed or chair
+1	Restless	Occasional non-purposeful movement, but movements not aggressive or vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained eye-opening/eye contact to voice (10 seconds or longer)
-2	Light sedation	Briefly awakens with eye contact to voice (less than 10 seconds)
-3	Moderate sedation	Any movement (eye or body) or eye opening to voice (but no eye contact)
-4	Deep sedation	No response to voice, but any movement (eye or body) or eye opening to stimulation by light touch
-5	Not rousable	No response to voice or stimulation by light touch

Figure 1. RASS-PAL tool [1]



Figure 3. Example of content from RASS-PAL online SLM

METHODS

- Key stakeholders were identified and recruited.
- A core interprofessional project group was formed in December 2018.
- This group completed Fishbone diagrams to identify major barriers and facilitators to the implementation of the RASS-PAL on the unit.

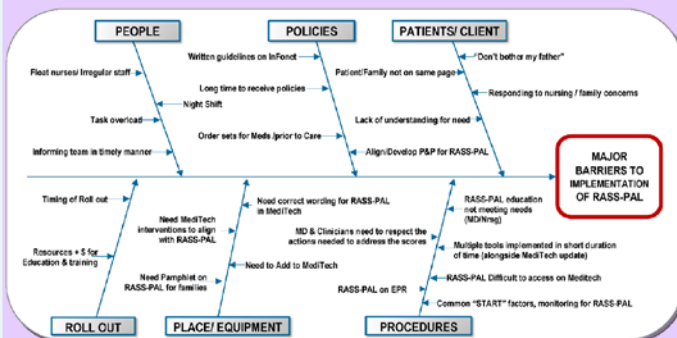


Figure 2. Fishbone diagram showing major barriers to RASS-PAL implementation

Major themes for barriers to RASS-PAL implementation:

- Timing of rollout and reach to all PCU staff
- Need for RASS-PAL education and resources
- Alignment with Meditech EMR

- The project lead (SB) and Nursing Practice Leader (KB) developed a clinical case, essential content (including differentiating between the RASS-PAL and the Nu-DESC tool which was already being used for delirium screening on the PCU), and post module questions for a brief online interactive self-learning module (SLM).
- A point-of-care tool (the "RASS-PAL One pager") was also developed to be used as a quick reference by nurses.
- Email requests and reminders to complete the SLM and evaluation survey were sent to all members of the PCU team.

RESULTS

Table 1. Completion rates of Richmond Agitation-Sedation Scale - Palliative version (RASS-PAL) online self-learning module and evaluation survey by staff role*

PCU role	RASS-PAL Module N (%)	RASS-PAL Evaluation Survey N (%)
Physician	9/9 (100)	6/9 (67)
Nurse (RN + RPN)	45/58 (78)	14/58 (24)
Senior Nursing (CM, NPL, PSN)	3/3 (100)	3/3 (100)
Allied Health (Pharmacist, social worker, spiritual care)	3/3 (100)	2/3 (67)
Other PCU staff (Ward clerks, porter)	3/4 (75)	1/4 (25)
Total completion rate:	63/77 (82)	26/77 (34)

*Abbreviations: PCU: Palliative Care Unit; RN: Registered Nurse; RPN: Registered Practical Nurse; CM: Clinical Manager; NPL: Nursing Practice Leader; PSN: Practice Support Nurse

"Quick and easy e-module for staff. Gets the message and key points across clearly. The use of several interactive prompts (e.g. quiz, tool box) I found helped to facilitate my engagement with the module."
- Survey Respondent

- For lock-in improvement, the RASS-PAL tool became part of standardised EMR documentation in June 2019.
- A 'refresher' RASS-PAL module will be developed as part of a palliative sedation clinical practice guideline that is due to be rolled out later this year.

CONCLUSIONS

- Use of an online SLM is an effective method to engage and educate interprofessional staff on the RASS-PAL tool.
- Ongoing efforts to sustain RASS-PAL implementation will be needed.

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REFERENCES

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