



Screening Admitted Patients for Palliative Care Needs in the Emergency Department

Jeff Sung, MD



Holy Cross Medical Center

Problem Statement

- Early palliative care (PC) consultation from the emergency department (ED) for admitted patients leads to improved patient outcomes.¹
- A seamless screening tool to trigger a PC consult from the ED remains a challenge due to the unique environment and workflow.²

Background

- Research on PC referrals from the ED for admitted inpatients demonstrates benefit in patient care, length of stay, and hospital costs.¹
- The Palliative Care and Rapid Emergency Screening (P-CaRES) tool has been studied as a proposed algorithm for ED providers to identify patients with unmet PC needs.³ It is not feasible at our ED due to its complexity and time constraints.

Purpose

1. Develop a feasible, efficient, and easy to use screening tool that identifies admitted inpatients in the ED who would benefit from a PC consult.
2. Educate ED staff about the screening tool.
3. Increase PC referrals from the ED by effectively implementing the screening tool.

Methods

Project Design: QI Project. A new screening tool was developed and implemented in August 2022.
Sample/Setting: ED staff at Providence Holy Cross Medical Center in Mission Hills, CA were educated about the tool from July-October 2022.
Evaluation: Data were obtained on PC consults from August-October 2022 and were compared to May-July 2022.

STEP 1. PATIENT IS BEING ADMITTED:

NO - STOP HERE.
 YES - GO TO STEP 2.

DOES MY PATIENT
 NEED A PALLIATIVE
 CONSULT?

STEP 2. PATIENT IS HAS:

- 80+ YEARS OLD WITHOUT A CLEAR CODE STATUS, POLST, OR AD
- SYMPTOMATIC END STAGE ORGAN FAILURE
- ADVANCED CNS DISEASE
- ADVANCED CANCER
- CHRONIC DEBILITATION/PERMANENT IMMOBILITY
- S/P CARDIAC ARREST, SEVERE CVA, OR INTUBATED
- SEVERE SEPSIS OR SEPTIC SHOCK GOING TO STEPDOWN N/ICU
- ED PHYSICIAN DISCRETION

STEP 3. WHAT DO I DO NOW?

"INPATIENT CONSULT TO PALLIATIVE CARE"
 Call or text Jeff Sung or Marwa Kilani if you have questions or want to discuss a case.

Findings

2022	May	June	July	August	Sept	October
Number of PC consults < 1 day	65	48	61	95	75	93
Total number of PC consults	115	99	107	160	124	140
Percentage	56.5%	48.5%	57%	59.4%	60.5%	66.4%

- While data are limited, there is a clear trend towards increased consults.
- Three months after tool implementation, the PC consult rate increased by 8% on average.

Practice Implications

1. The ED is in a unique position to identify appropriate admitted patients that would benefit from PC.
2. A brief, simple, and easy to use screening tool can increase PC consults from the ED for admitted patients.
3. Further data must be obtained over time to ensure the validity of this tool.

Limitations

Data were limited to 3 months.

Acknowledgements/References

Mentors: Katie Morrison, MD & Regina Fink, PHD, APRN, AOCN, CHPN, FAAN.

Local Mentor: Marwa Kilani, MD

Special thanks to Bernie Klein, MD and Mark Kadzielski, Esq. for making this project possible.

References:

1. Denney CJ, Duan Y, O'Brien PB, et al. An emergency department clinical algorithm to increase palliative care consultation: Pilot project. J Palliat Med. Dec 2021;24(12):1776-1782. <http://doi.org/10.1089/jpm.2020.0750>.
2. Bowman J, George N, Barrett N, et al. Acceptability and reliability of a novel palliative care screening tool among emergency department providers. Acad Emerg Med. 2016;23(6):694-702. doi: 10.1111/acem.12963.
3. Bowman J, George N, Barrett N, et al. Acceptability and reliability of a novel palliative care screening tool among emergency department providers. Acad Emerg Med. 2016;23(6):694-702. doi: 10.1111/acem.12963.