

Abstract

Background and Purpose:

Concurrent palliative care and oncology treatment are associated with improved survival however palliative care is often introduced near end-of-life. Screening tools are shown to increase identification of oncology patients' palliative care needs. This project evaluated the effects of an oncology specific validated palliative care screening tool to determine if it increased palliative care needs identification resulting in palliative care referrals.

Methods:

This project utilized post-test only design with comparison group and occurred in an inpatient adult oncology unit. All admitted patients with solid tumors were screened within 72 hours of admission using the tool which provided a numeric score of palliative care needs. Patients scoring five or greater were considered positive. If patients scored positive nurses alerted providers on rounds and a palliative care referral was placed if providers deemed appropriate. The percentage of solid tumor patients for which referrals were made during intervention were compared to those prior to intervention using chi-squared analysis.

Results:

Twenty-eight patients were admitted and screened during intervention; 82% scored positive. A significant difference was found between the percentage of admitted solid tumor patients receiving palliative care referrals prior to intervention (19%) compared with during intervention (50%). Nurses and attendings were supportive of the tool indicating that it automated palliative care evaluation.

Conclusions:

The reason for increase in referrals is likely multifactorial; this intervention objectively measured palliative care need and provided formalized processes to evaluate these needs. Additional factors include increased provider awareness of palliative care needs after intervention implementation and a similar screening tool in the associated emergency department.

Implications:

A formalized palliative care screening tool built into the electronic medical record order sets to be completed on admission and discussed with the team would likely correlate with increased identification of palliative care needs and subsequent referrals.

Keywords:

“palliative care”, “oncology”, “screening”, “referral”, “consult”