

Implementing a Nurse-Driven Screening Tool to Identify Palliative Care Needs for Oncology Patients

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Introduction

- American Society of Clinical Oncology recommends patients with advanced cancer diagnoses receive palliative care (PC) consult within eight weeks of diagnosis.¹
- Concurrent oncology treatment and PC are associated with improved survival, improved quality of life, and a higher likelihood of completing chemotherapy.^{2,3,4}
- Screening tools increase identification of PC needs but are not standardized.^{5,6} Oncology specific validated tool based on national PC guidelines identifies appropriate patients for PC referral.^{7,8}
- Currently the PC referral recommendations are not standard of care at the study site.

Purpose & Aims

Purpose: To implement and evaluate the effects of an oncology specific validated palliative care screening tool to determine if the tool leads to increased identification of palliative care needs resulting in a palliative care consult.

- Aim One:** Demonstrate PC screening protocol to staff nurses.
- Aim Two:** Compare the proportion of patients receiving palliative care consults in the three months prior to intervention with the proportion of patients receiving palliative care consults during intervention.

Methods

Study Design: Post-test only design with comparison group

Setting: Two inpatient adult oncology units, 31 beds total, in a mid-Atlantic region comprehensive cancer center.

Sample:

- Aim One:** Sixty-nine staff nurses practicing on the two units, 80% participated in the pre-implementation RN education.
- Aim Two:** All patients with a solid tumor diagnosis admitted to the participating units during intervention. Twenty-eight patients with solid tumors were admitted and screened in the five-week intervention period.

Intervention

Pre-Implementation:

- Provide nursing and attending physician education.

Implementation:

- Screen patients within 72 hours of admission. Discuss screening score with staff nurse.
- Nurse present positive screen (≥ 5) on rounds.
- Providers place palliative care consult if warranted.
- Elicit clinical staff feedback of tool effectiveness.
- Compare percentage of solid tumor patients for which consults were made during intervention with those prior to intervention.

Table 1: Screening Tool

Criteria	Points Possible	Points Given
Locally advanced or metastatic cancer	2	
Functional status of patient (ECOG score- definition A)	0-4	
Any serious complication of cancer associated with survival <12 months (definition B)	1	
Any serious comorbidity	1	
Any other condition complicating care (definition C)	1	
Additional Criteria:		
- Uncontrolled symptoms	1	
- Moderate/severe distress	1	
- Patient/family concerns regarding decision making	1	
- Team needs assistance with decision making	1	
- Patient/family requests PC consult	1	
- Prolonged length of stay	1	
Total Score	0-14	Total Score:

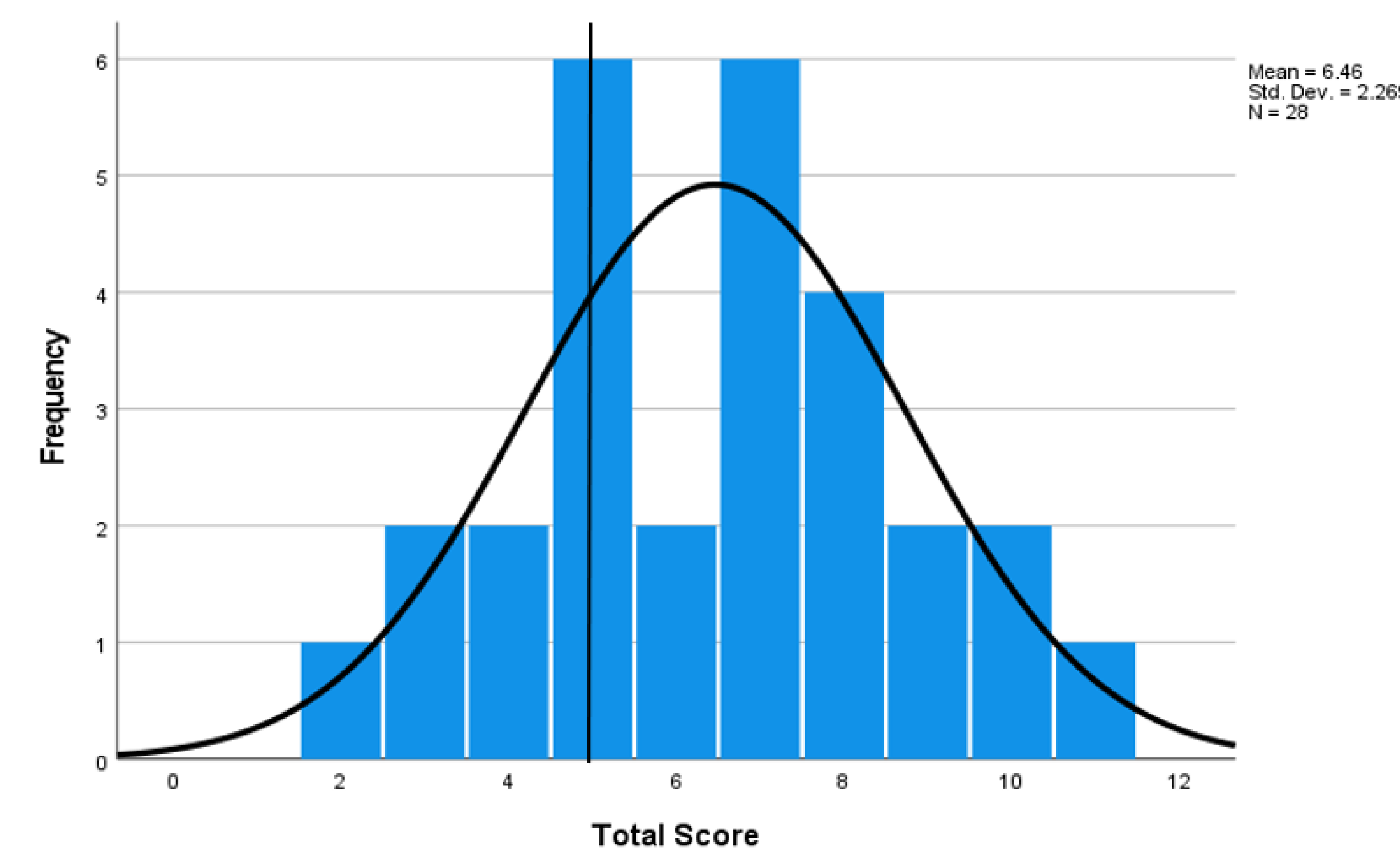


Figure 1: Distribution of palliative care screening scores. N=28. Possible range (0-14), reference bar of five indicates that patients with score of five or more screened positive for palliative care needs.

Findings

Results:

- The percentage of solid tumor patients for whom palliative care consults were requested increased significantly from 20% during pre-intervention to 50% during the intervention period ($\chi^2 (1, n = 42) = 22.791, p < 0.001$).
- All nurses surveyed indicated that the tool was helpful.
- Three themes in attending physician interviews:
 - The tool standardizes the assessment of the need for a PC consult.
 - Screening regularly would be beneficial.
 - The tool could benefit outpatient practice.

Discussion:

- Intervention provided objective measure of PC need and a formalized process to evaluate and discuss PC needs.
- Concurrent PC screening in associated emergency department & increased provider awareness may have contributed to increased rate.
- Building a PC screening tool into EMR admission order-sets for solid tumor patients would increase access to PC and should be further considered.

Dissemination & Sustainability:

- Results will be submitted for publication.
- Formally present results to the cancer center's nursing leadership and participating units' nurse staff.
- Subsequent DNP student will implement a similar project using the same tool in the cancer center's intensive care unit.
- Ideally results from these projects will support center wide adoption of this tool as part of the standard EMR admission order set.

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