American Society of Clinical Oncology recommends patients with advanced cancer diagnoses receive palliative care (PC) consult within eight weeks of diagnosis. Concurrent oncology treatment and PC are associated with improved survival, improved quality of life, and a higher likelihood of completing chemotherapy. Screening tools increase identification of PC needs but are not standardized. Oncology-specific validated tool based on national PC guidelines identifies appropriate patients for PC referral. 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-intervention 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.

**Findings**

**Results:**
- The percentage of solid tumor patients for whom palliative care consults were requested increased significantly from 20% prior to intervention to 50% during the intervention period (q2 (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 rates.
- 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.

### Reference List


**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.