

A Rapid Two-Stage Screening Protocol for Palliative Care in the Emergency Department: A Quality Improvement Initiative

STUDY QUESTION

Does a rapid two-stage screening protocol improve referral for palliative care needs among frail elderly in the emergency department?

STUDY DESIGN

Design: Quality Improvement initiative

Setting: Academic medical center with 940 beds and 60,000 annual ED visits serving the lower east side of Manhattan and Brooklyn, with a high percentage of elderly and low income patients.

Patients: In Stage 1, the project social worker stationed fulltime in the ED identified elderly patients with specific life-limiting conditions. Conditions included advanced dementia, severe CHF, COPD, advanced malignancy, and AIDS, with at least moderate functional status limitations. In Stage 2, subgroups with recent losses in ADLs, high symptom distress, poor functional status, and high levels of caregiver burden were identified.

Description of Intervention: To address the needs of elderly patients and explore the feasibility of rapid screening and referral, Brief Pal was developed as a joint project between the ED and palliative care service. Social workers administered the tools face-to-face during regular weekday hours and identified appropriate patients to the ED resident or attending. ED physicians made referrals for palliative care or hospice from the subgroup of patients identified in Stage 2. The Brief Pal project was implemented over eight months. During this period, referral processes were streamlined, a laminated card listing referral criteria was developed, and a referral hotline was installed. Palliative care training was concurrently provided to 79 physicians, physician

assistants, nurses, and social workers, and local ED champions were identified.

Outcomes: Referrals of ED patients who met screening criteria to palliative care or hospice services.

MAIN RESULTS

1587 patients were screened, representing 22% of ED visits made by patients older than 65 years. 140 met functional decline criteria, and 51 of these needed palliative care consultation. Five patients were referred to hospice, 20 received palliative care, and 26 received no further service.

CONCLUSION

Elderly ED patients have unmet needs. This study demonstrates the feasibility of rapid screening and referral using a quality improvement approach. Although only a small proportion of those screened were referred for services, the project accounted for half the referrals to palliative care.

ABSTRACTED FROM

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COMMENTARY by Corita Grudzen, MD, MSHS, FACEP (Mount Sinai)

Palliative care is an important subspecialty of EM, as about half of older adults visit the ED at the end of life.¹ Other studies have demonstrated high palliative care needs among older adults in the ED^{2,3}, and EM providers themselves have few concerns about accessing palliative care team support for patients at the end of life.^{4,5} Nonetheless, few criteria exist for consultation and screening tools are limited.⁶ Brief Pal adds another tool for ED leadership to consider to better integrate palliative care in the ED (for other tools and technical support see <http://www.capc.org/jpal/jpal-em>). The project was a QI initiative, so the evaluation lacked the rigor of a research study. It is hard to conclude what the impact of such an initiative is on patient outcomes. It is clear that Brief Pal is highly sensitive and may lack enough specificity for staff to administer in a busy ED, given only a small proportion of those screened met criteria for palliative care consultation or hospice.

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