

Content validation of a novel screening tool to identify Emergency department patients with significant palliative care needs.

Reference: Baird et al. Academic Emergency Medicine 22.7 (2015): 823-837.

Presented by: Amy Hegstrom, September 29, 2015. Grey Nuns Hospital.

Background:

- Patients with life-limiting/advanced chronic illness commonly present to the ED.
- No validated screening tools to identify unmet PC needs among ED patients.
- Consultation barriers - acuity of medical problems, time constraint, lack 24/7 coverage, no access to records.
- Inpatient PC consultation more robust at most centres than outpatient consultation.

Objectives:

Create a usable screening tool for ED patients being admitted to hospital. A positive screen would result in an inpatient PC consultation.

Methods:

3 phase process:

1) Literature review 2) Screening tool development and 3) Content validation using surveys.

Content validation:

- Utilized modified-Delphi technique, where experts collaborate to build consensus.
- Diverse experienced panellists completed 2 rounds of survey questionnaires.
- **Round 1:** Rank 9 point Likert scale on how necessary and accurate each screen tool item was in representing advanced chronic/life-limiting illness and key PC domains.
Consensus: >80% agreement between panellists that the item was necessary and accurate.
Modified: ≥50-80% agreement. Ranked as important, so modifications were made via feedback in an effort to increase agreement and to proceed to round 2
Discarded: <50% agreement and item deemed unnecessary
- **Round 2:** Revised items analyzed until consensus obtained.

Results:

- Screening tool created with 3 main elements:
(1) Does the patient have a life-limiting illness? (2) Does the patient have unmet PC needs?
(3) Is the patient admitted to hospital? 13 additional items to assist ED provider (current disease-specific PC need and clarifying key PC domains)
- Pilot group (n=4) → Reviewed tool and two additional items were recommended for inclusion: Severe sepsis and those sustaining serious trauma (life threatening illnesses that often present to the ED).
- Delphi panel: 17 of 40 experts asked participated (42.5%). 94% (n=16) completed round 1 and 93% completed round two (n=15).
- **Round 1:** All items rated as necessary, multiple items required revision for accuracy.
- **Round 2:** Reviewed revised items. Screening tool overall rated as accurate (86.6% agreement) and panel would adopt the tool in their setting (82.2%).

Study Conclusions:

- Use of modified Delphi technique resulted in creation of a content-validated screening tool for identification of patients with significant unmet PC needs. Further clinical validation testing needed.

Strengths:

- Diverse group of PC panellists (MD, RNs, community hospitals, tertiary care).
- Developed a tool that a single ED provider could administer during a routine ED encounter.
- Includes aspects of PC that could be assessed appropriately in the ED.

Limitations:

- Did not include all 8 domains of PC into tool.
- Pilot tool had ED members, content validation panel had no ED physicians.

Relevance to palliative care: Patients with significant unmet palliative care needs may be able to be identified by ED's for further consultation. Simple screening tool which may identify patients who would benefit from inpatient consultation.