Feasibility Testing of an Emergency Department Screening Tool to Identify Older Adult Appropriates for Palliative Care Consultation

Presented by: Jay Zhang, PGY-2 Family Medicine, April 18, 2017

Authors: Kei Ouchi, MD, MPH, Susan D. Block, MD, Mara A. Schonberg, MD, MPH, Emily S. Jamieson, BA, Emily L. Aaronson, MD, Daniel J. Pallin, MD, MPH, James A. Tulsky, MD, and Jeremiah D. Schuur, MD, MHS

Abstract: Background: Seriously ill older adults in the emergency department (ED) may benefit from palliative care referral, yet little is known about how to identify these patients. **Objectives:** To assess the performance and determine the acceptability of a content-validated palliative care screening tool. **Design:** We surveyed Emergency Medicine (EM) attending physicians at the end of their shifts using the screening tool and asked them to retrospectively apply it to all patients ‡65 years whom they had cared for. We conducted the survey for three consecutive weeks in October 2015. **Setting/Subjects:** EM attending physicians at an urban, university-affiliated ED. **Measurement:** Patient characteristics, acceptability rating, and time per patient screened. **Results:** We approached 38 attending physicians to apply the screening tool for 69 eligible shifts. Physicians agreed to participate during 55 shifts (80%) and screened 207 patients. On 14 shifts (20%), physicians declined to participate. Mean age of the screened patients was 75 years, 51% were male, and 45% had at least one life-limiting illness. Overall, 67 patients (32%) screened positive for palliative care needs. Seventy percent of physicians (n = 33) found the screening tool acceptable to use and the average time of completion was 1.8 minutes per patient screened. **Conclusion:** A rapid screen of older adults for palliative care needs was acceptable to a majority of EM physicians and identified a significant number of patients who may benefit from palliative care referral. Further research is needed to improve acceptability and determine the appropriate care pathway for patients with palliative care needs.

Strengths:
- Preliminary study of practical feasibility of palliative screening tool
- Use of a validated screening tool
- Generally good acceptance by ED physicians
- Fast and simple screening questions
- Comparison made with chart abstraction showed similar results

Weaknesses:
- Not enough follow-up data: course in hospital, number of palliative consults, etc.
- Screening used retrospectively after ED shift
- Single academic center biases
- "Palliative needs" undefined
- Did not test feasibility of palliative consult for screen positive patients

Relevance to palliative care:
- Good start to development of a rapid screening tool to assess emergency department patients, a group that is not often addressed in terms of palliative care needs.
- Possibly better for early palliative referral, especially in non-cancer patients.
- Get other specialties to think about palliative approaches to patients with life-limiting illness, even if it doesn't result in a palliative referral every time.

Fig. 1. Preliminary P-CaRES questionnaire, taken from Ouchi K, *et al.*