

Introduction

- Palliative care (PC) aims to improve the quality of life.¹⁰
- Improves the care of patients alongside curative treatment and therapies.¹
- Remains underused/ introduced late¹⁰
- Emergency medicine: disease-oriented vs patient-oriented.⁹
- Rarely identified in the emergency department (ED) → aggressive and often unwanted care.²

Background & Significance

- Studies have shown that early PC consultation reduces:
 - Length of stay (LOS)
 - Cost per episode of care by
 - Unnecessary tests and nonbeneficial treatments^{4, 5, 8}
 - Intensive care unit admissions
 - ED visits
 - Hospital readmissions
 - Savings of \$8,000 per patient.⁶
- Emergency physicians (EPs) frequently care for patients appropriate for PC and end-of-life (EOL) care, but rarely initiate such care.
 - 93.3% of EPs stated their ED did not have a PC protocol.³
- Final six months of life:
 - 66% of healthcare costs
 - billions of dollars spent yearly
 - little value added.⁷

Purpose

Address unmet palliative care needs in the ED by implementing a palliative care screening tool.

Methodology

Design: A quality improvement project with post-intervention chart review.

Setting: Fully accredited acute care hospital in an ED in Ocean County.

Population: ED providers (doctors, PA, NPs, RNs)

Recruitment and Informed Consent: Pre-shift/huddle, consent obtained

Intervention: Implementation of a PC screening tool in the ER, between October 1st and October 29.

Measurable Outcomes:

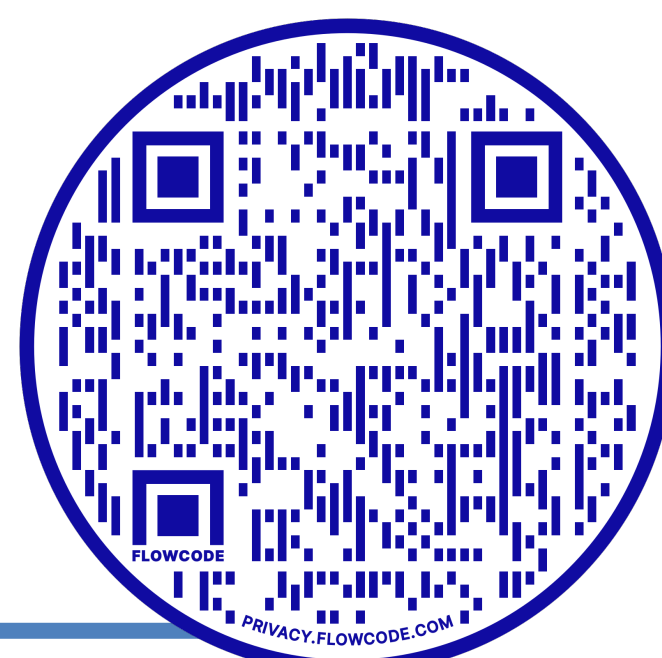
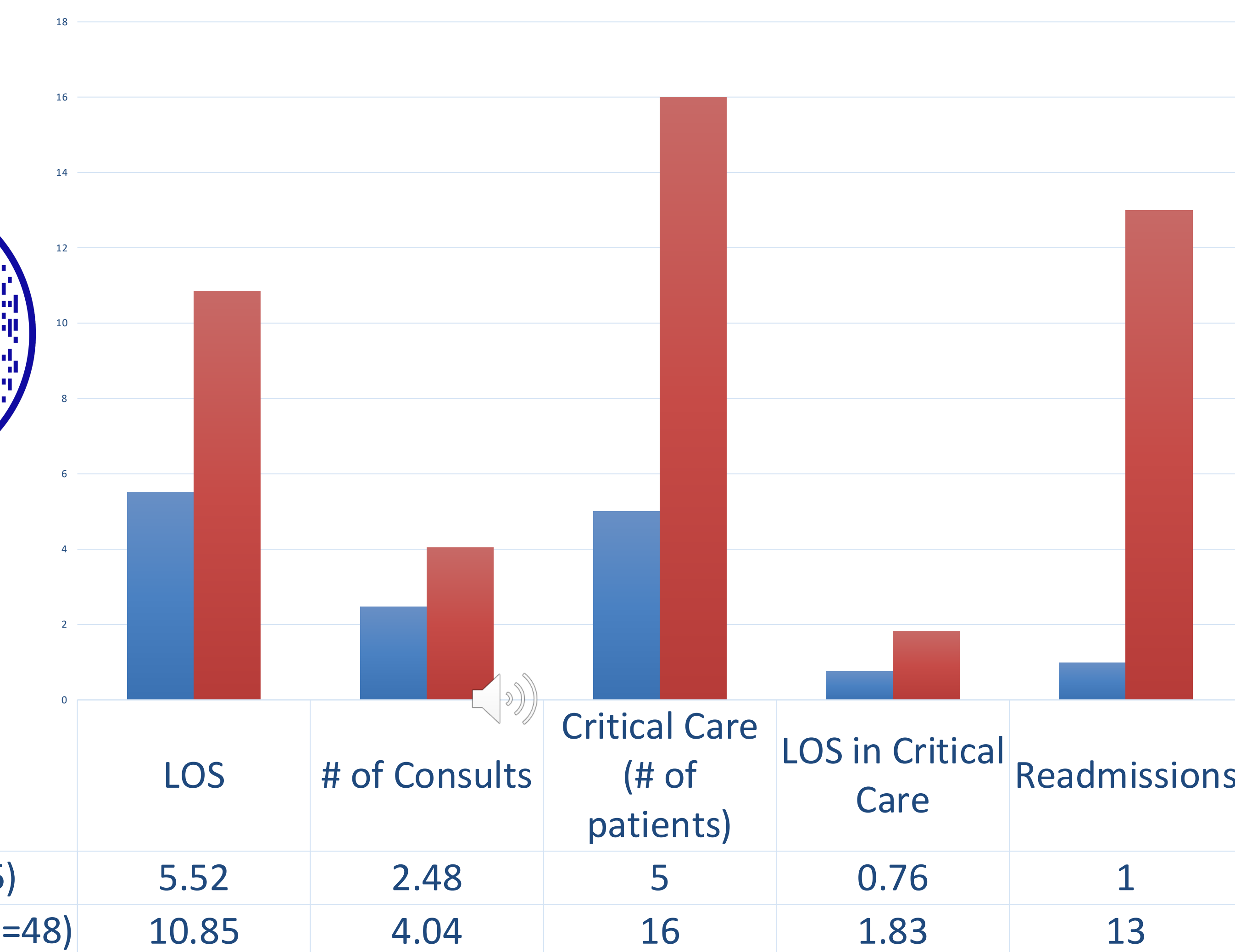
Group A – PC referral ordered in the ED & Group B – no PC referral. Measuring: (LOS), # of consults ordered, the use of ICU and the LOS, 30-day re-admission and discharge disposition.

Results

Reduced LOS ($p < 0.001$), **# of consults ordered** ($p < 0.001$) and **30 day readmits** ($p < 0.001$); **ICU use and LOS** not statistically significant

- Discharge disposition showed (see table below):

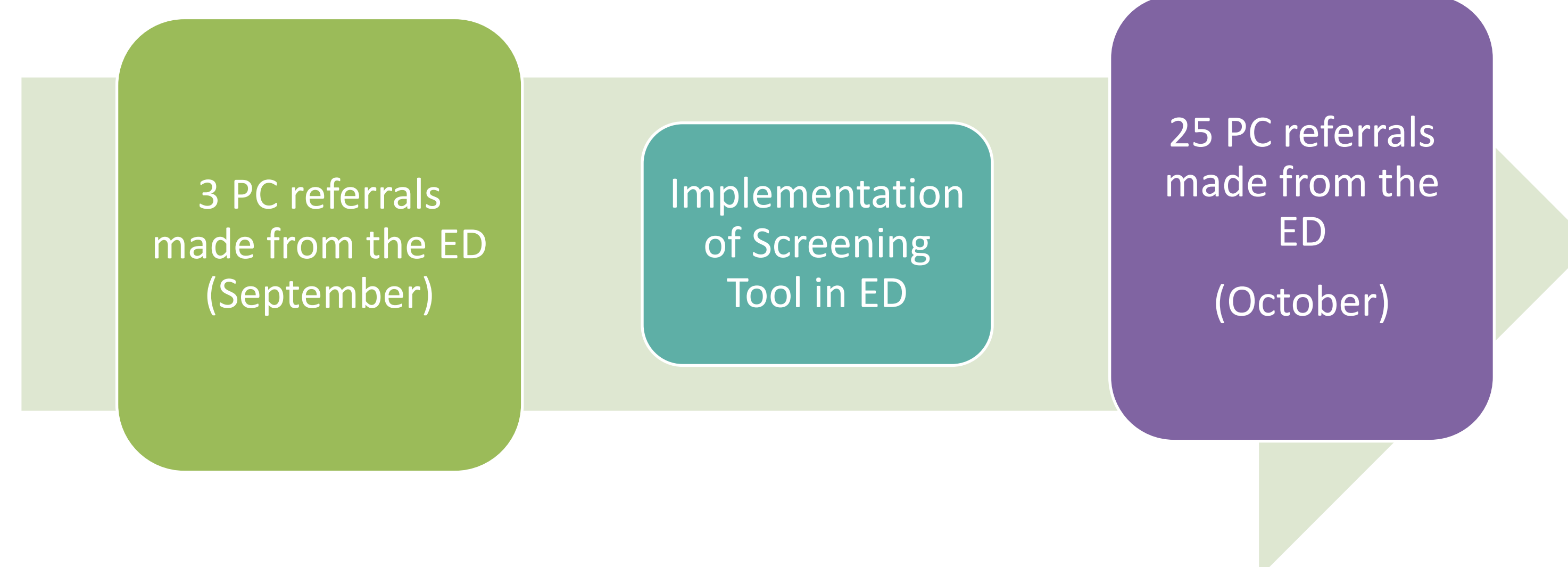
GROUP A VS GROUP B: PATIENT OUTCOMES OVERALL



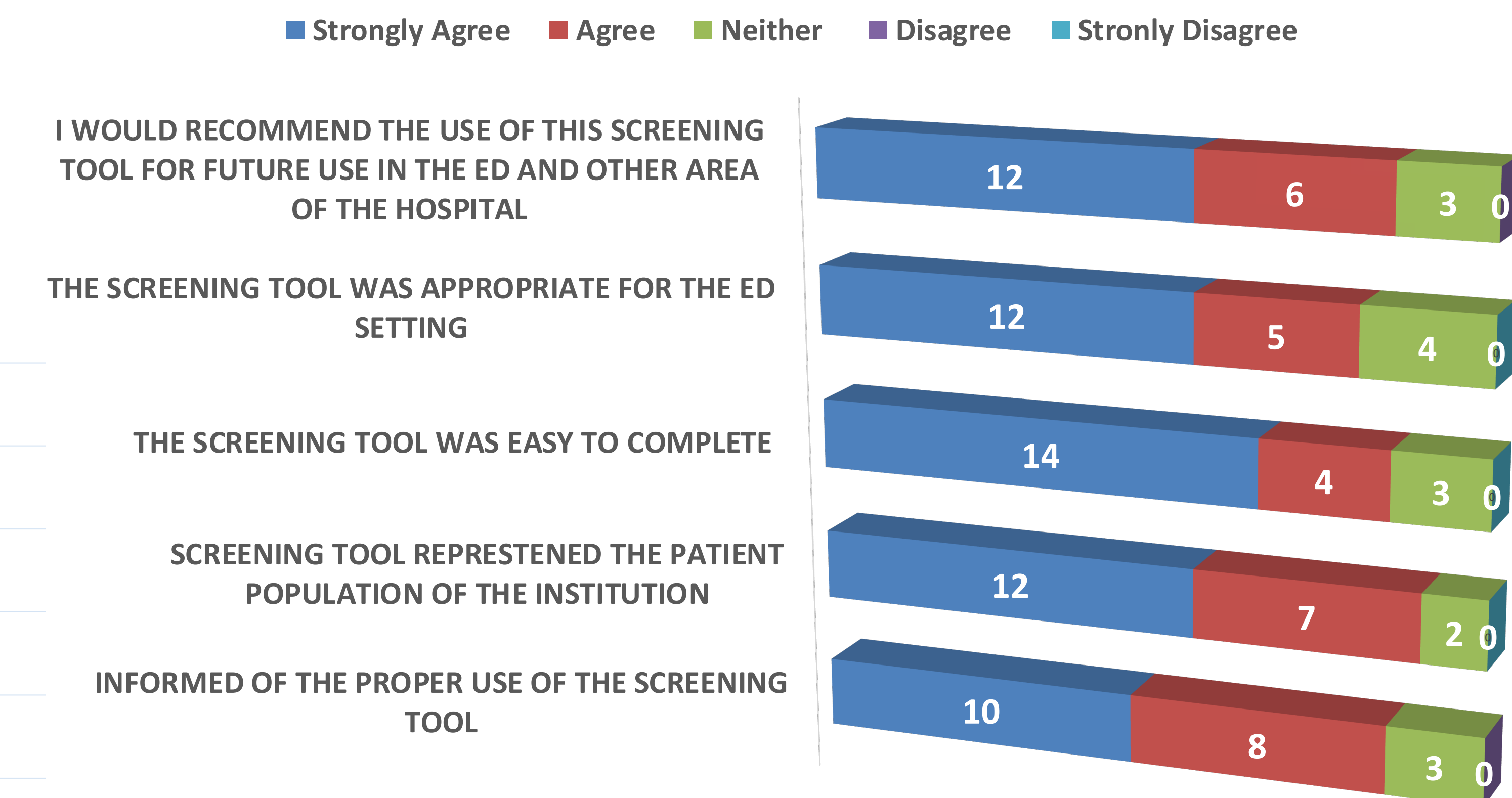
[View Screening Tool Here](#)

GROUP A VS GROUP B: DISCHARGE DISPOSITION

Disposition	Palliative Care Consult	No Palliative Care Consult
Expired	8	6
Rehab	2	17
Home	1	12
Home hospice	8	3
Home with PC	4	0
Home care	1	2
ECF	1	6
Transferred	0	2



Evaluation Survey Results



Implications

Healthcare Policy: Integration of the PC screening tool into the ED creating a policy.

Clinical Practice: Improving the proper recognition of PCA patients by providers with the use of the screening tool.

Patient Care: Identifying patients who qualify for PC services early in their stay can assist in clarifying goals of care, potentially preventing unwanted tests and treatments, and providing effective symptom management.

Economics: Decrease the use of acute care resources, which can reduce hospital costs.

Education: Evaluate the providers knowledge/ screening for PC with implementation of educational sessions and simulations.

Conclusion

- Completing a palliative care screening tool leads to an increased consultation rate for palliative care services.
- Integration of the PC screening tool helped properly identify PCA patients in the ED meeting the aims to increase PC services early and address unmet PC needs.

[Contact and References](#)

