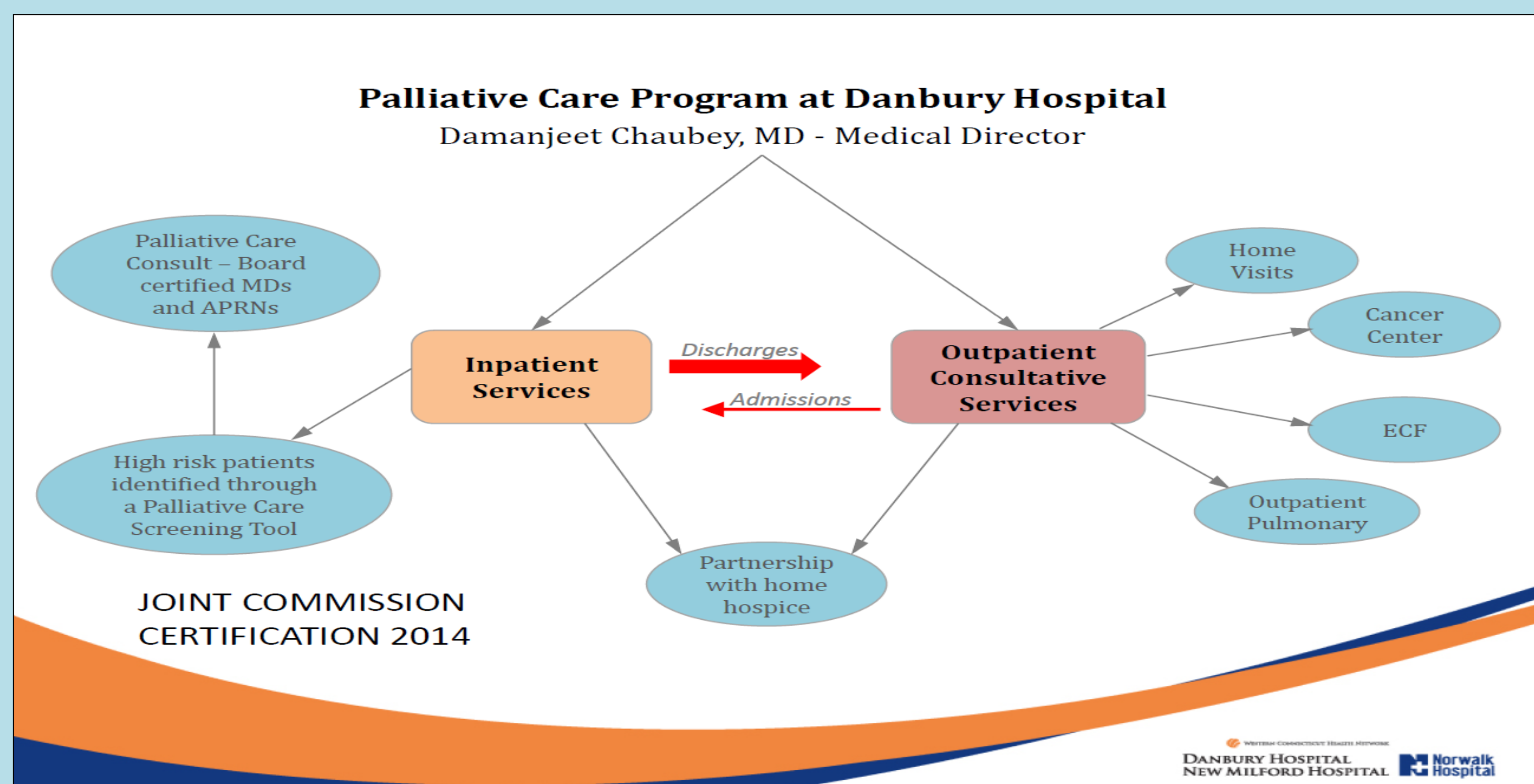


Overview

The benefits of an effective Palliative & End-of-Life program in improving quality of care for patients & families at a lower cost have been established & validated through evidence based research practice. Despite the evidence, widespread underutilization persists. Experts believe that about 5% to 10% of all admissions should receive a palliative care consult. We incorporated a screening tool in our EMR system to be completed by nurses at the time of admission which identifies high risk patients with an automatic referral for a Palliative Care Consult.

Assessment of Problem

Delay in Palliative Care Consults led to increase in time to consult, increased length of stay in the hospital, satisfaction in understanding “plan of care” and higher readmission rates.



PALLIATIVE CARE SCREENING TOOL

CRITERIA	SCORING
End Stage (cancer, COPD, ESRD, etc.)	2 points
Concomitant Disease Process (liver disease, moderate CHF, moderate COPD, etc.)	1 point
Functional status of patient	0-3 points
Other criteria (not a candidate for curative therapy, life-limiting illness, prolonged ICU stay, etc.)	1 point

Two-Sample Poisson Rates

Days to Consult	Total Occurrences	N	Avg. Days between Admission and Palliative Care Consultation
Baseline	4249	790	5.38
New Process	4262	958	4.45

SCORING GUIDELINES:

Total Score = 2 No intervention need
Total Score = 3 Observation only
Total Score = 6 Consider Palliative Care
Total Score = >8 Palliative Care Consult

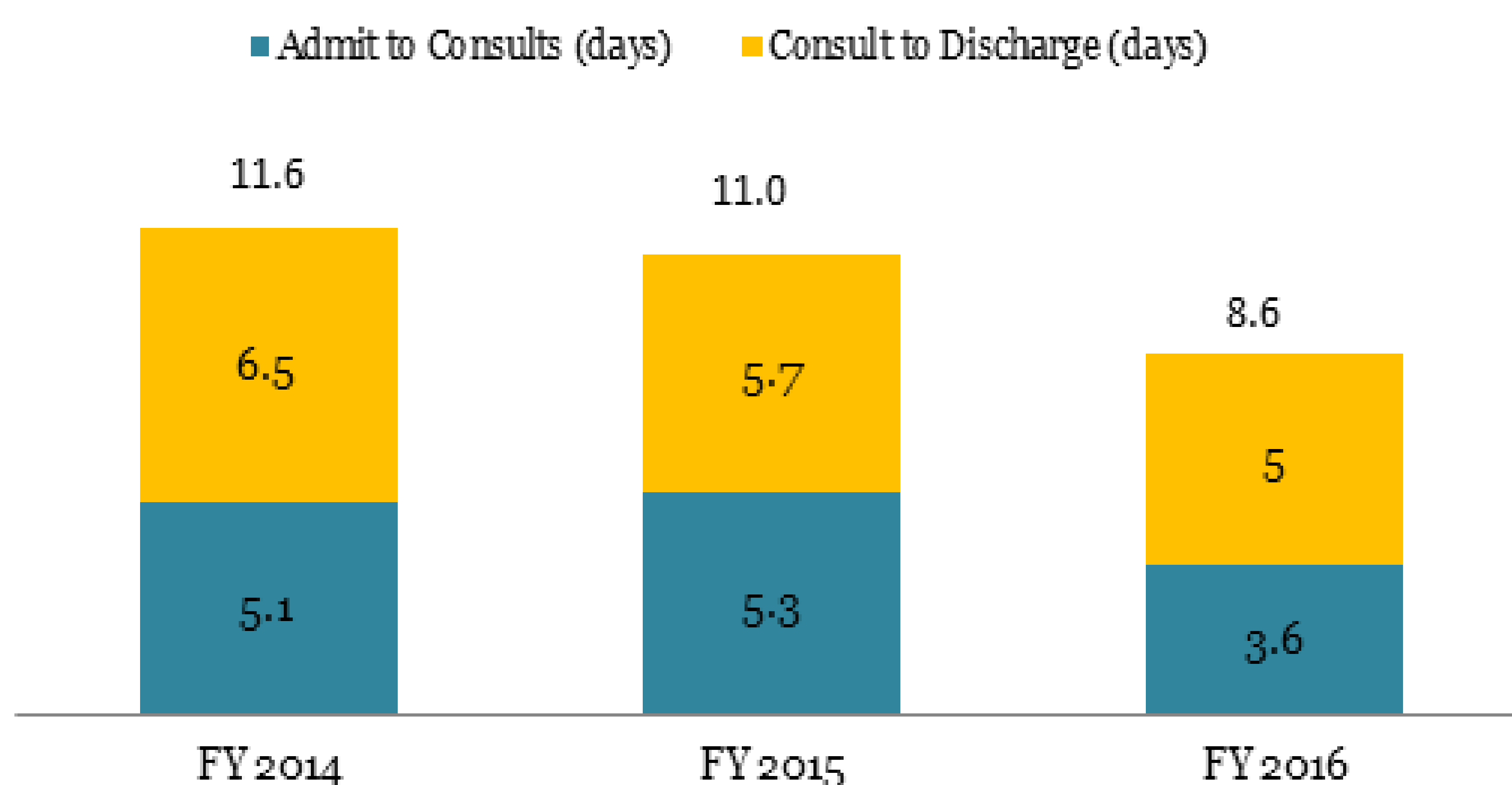
Difference = rate (Baseline) – rate (New Process)

Estimate for difference: 0.93

95% CI for difference: (0.719885, 1.13937)

Hypothesis Test for difference = 0 (vs ≠ 0); Z=8.60; P-Value = 0.000

Total LOS for Palliative Care Patients by Fiscal Year



Message for Others
Palliative Care Screening Tool identified appropriate referrals to the Palliative Care Team.
New process allowed patients to be seen sooner.

Lessons Learned
Feedback based on audit results improved the accuracy of the completed screening tool.