PROJECT TITLE: PSST!! The Palliative/Surprise Screen Test

AUTHOR: Natalie Kontakos, MD

HOSPITAL: Shady Grove Medical Center, Rockville, MD

The Problem:
Early palliative care can improve many outcomes including patient's symptoms and quality of life, caregiver stress, hospitalization rates, costs and survival. However, many patients are not identified early, and thus receive palliative care late, in their last days. Hospitalists are now being asked to identify patients who would benefit from goals of care conversations with the "Surprise Question". Can a palliative care screening tool help hospitalists identify these patients?

Project Goals:
Implement a palliative care screen over a 6 week period that would:

- Determine the percentage of patients admitted to a designated hospital unit that would result in a positive palliative care screen and who could benefit from palliative care.
- Determine the percentage of patients with a positive palliative care screen that result in a palliative medicine consultation and/or hospice referral.
- Determine the percentage of patients with a positive palliative care screen that the attending physician opts to address issues pertaining to the patients' limited prognosis themselves (i.e. primary palliative care).

Actions Taken:

1. A palliative care screen from another local inpatient palliative care program was adapted to be used on an oncology/general medicine unit *(see Figure 1)*.
2. Patients who were admitted to the unit were screened by reviewing their chart within 72 hours of admission.
3. The attending physician was notified of all patients who screened positive and were asked if they wanted the assistance of a palliative medicine consult. Hospice referrals were also noted.

Results:
We screened 110 patients from December 26, 2016 to February 2, 2017. Charts were personally screened by the author, a palliative care physician.

We found the following:

- 34 patients (31%) had a positive palliative care screen *(see Graph 1)*.
- Of those 34 patients, the attending physician requested a palliative medicine consultation for 14 patients (41%). The attending physician opted to address issues of symptom management and or goals of care conversations themselves for 17 patients (50%). One patient had been already referred to hospice (3%) and two patients were about to be discharged in the next few hours when the attending physician was notified *(see Graph 2)*.
- The screen was limited in that it did not capture patients with advanced hematological malignancies, symptomatic but unconfirmed malignancies at the time of admission, and patients who were initially admitted to other units and later transferred. Charts had incomplete data for the screen on previous hospitalizations, functional status and other parameters.

Lessons Learned:
Approximately one third of patients admitted to the oncology/medicine unit could benefit from palliative care interventions performed by either a palliative care specialist/team or a hospitalist. Timely interventions are more likely to improve patient empowerment as well as efforts in transitional care including discharge to patient's preferred site of care and reducing readmissions.

We recommend including this screen in educational modules for hospitalists so that they are better able to identify these patients when asked the "Surprise Question". Elements of the screen can be incorporated into Sound Connect at the time of admission billing for automatic identification.

Figure 1: Palliative Care Screening Tool

Instructions

- Select all the triggers that apply to your patient
- Selection of two or more triggers indicates a positive screen
- Initial screen should be completed within 72 hours of admission
- If patient was previously enrolled in hospice, please contact the hospice provider automatically

General Palliative Care Domains

- ❑ Uncontrolled symptoms (dyspnea, nausea/vomiting, pain > 5/10) in the past 24 hours
- ❑ Team/patient/family need help with complex decision-making and determination of goals of care
- ❑ Patient (especially long-term care resident) with AND/DNAR orders

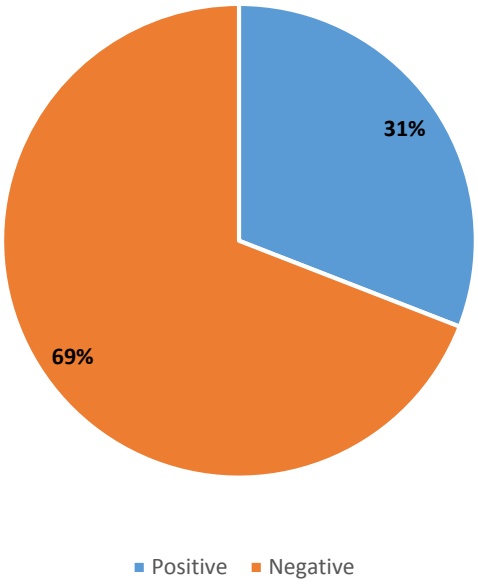
General Disease Category

- ❑ Second ED/hospital visit in the past 6 months for the same or similar diagnosis
- ❑ Age a 70 years in the presence of two or more life-threatening co-morbidities (ESRD, severe CHF) and declining functional status increasing dependence in ADLs

Specific Disease Category

- ❑ Advanced or end-stage organ disease (CHF, COPD, ESRD, ESLD, dementia, MS, ALS)
- ❑ Stage IV cancer with progression of disease despite treatment
- ❑ Considering PEG and/or tracheotomy placement with evidence of poor prognosis (advanced dementia)

Graph 1: Palliative Care Screen Results



Graph 2: Positive Palliative Care Screen Outcomes