



Implementation of an Electronic Palliative Care Screening Tool

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Introduction

Palliative care adds expertise in symptom management, care planning, establishing treatment goals, and provides emotional support to patients and their families. However, identifying patients who are appropriate for this additional layer of care is often difficult. At the Penn State Hershey Medical Center, an Electronic Palliative Care Screening Tool was implemented to identify patients who are appropriate for palliative care consultation in the adult medical population.

Objectives:

1. Outline the process used to implement an electronic palliative care screening tool for case managers.
2. Illustrate how an electronic screening tool can assist case managers in identifying patients who are appropriate for palliative care referrals.
3. Describe the impact an electronic screening tool can have in early identification of palliative care needs and transition to acute inpatient hospice.
4. Demonstrate the impact that an electronic screening tool for palliative care can have on decreasing hospital mortality rate and observed to expected (O/E) ratio.

Description of Tool

The Palliative Care Screening Tool is objective and consensus based on recommendations by the Center to Advance Palliative Care (CAPC). It is utilized on admission to assess patients according to their primary diagnosis, co-morbidities, functional status, and need for symptom management. Patients meeting the scoring guidelines are referred for palliative care early in their hospital stay. For patients who have a terminal illness and are appropriate for hospice, the palliative care consultant can facilitate transition to that level of care when the patient desires. Inpatient hospice can then provide additional emotional support and symptom management.

Discussion

Figure 1 reflects a 35% increase in Palliative Care consults in the initial pilot in the Medicine and Pulmonary patient populations. We maintained an average of 80 consults per month from April 2011 through December 2011. During that time frame education was provided to Care Coordinators to facilitate accurate identification of patients appropriate for palliative care versus hospice.

Next steps:

Evaluate effectiveness of process changes on palliative care services and on patient and family satisfaction surveys with end of life transitions.

Discussion

Figure 2 illustrates the increase in conversion of patients from acute care to inpatient hospice service. In April 2010 through March 2011 real time provider education by our Palliative Care Director and Care Coordinators impacted this measure but has not been sustained in current project year.

Next Steps:

Refine workflow processes emphasizing the Care Coordinator role in evaluating eligibility and communicating with the patient and family. Figures 3 and 4 demonstrate a decrease in both the hospital overall mortality rate and the O/E Ratio as reported by University HealthSystem Consortium (UHC).

Conclusions

Implementation of the Electronic Palliative Care Screening Tool has resulted in an increased number of patients benefitting from palliative care services and earlier consults. In addition, transitioning patients appropriately to acute inpatient hospice, in combination with other hospital initiatives, has lowered our mortality rate by 11.5% and the mortality O/E ratio by 33%.

References

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Campbell ML, Guzman JA: Impact of a proactive approach to improve end-of-life care in a medical ICU. Chest 2003;123:266-271.

