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## Effects of Nurse-Led Triage Tool to Initiate Palliative Care Consult for Cancer Patients Being Treated in the Emergency Department

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# Effects of Nurse-Led Triage Tool to Initiate Palliative Care Consult for Cancer Patients Being Treated in the Emergency Department

Kelsie Peterson BSN, RN; Samantha Bauer, DNP, FNP-C

## BACKGROUND

- Adult cancer patients coming to the emergency department (ED) for uncontrolled cancer-related symptoms are not receiving palliative care consults early in their hospital stay, if at all. This can lead to delayed patient care, uncontrolled symptoms, increased length of stay, and readmission rates within 30 days (El Majzoub et al., 2018).
- A literature review suggests that among the adult cancer patient population, rates of using ED exceed those of the general population (Lash et al., 2017).
- Cancer patients seeking care in the ED are experiencing a delay in palliative care consults, resulting in a delay of care and increased length of stay. In addition, they have a higher risk of returning to the ED within ten days, a higher length of stay within the hospital, and higher mortality rates when compared to patients being seen for non-cancer related diagnosis' (Van der Meer et al., 2015).
- An investigation that was completed in 2016 on ED visits for cancer patients in California showed a higher rate of this patient population returning to the ED within seven days (Nene et al., 2021).
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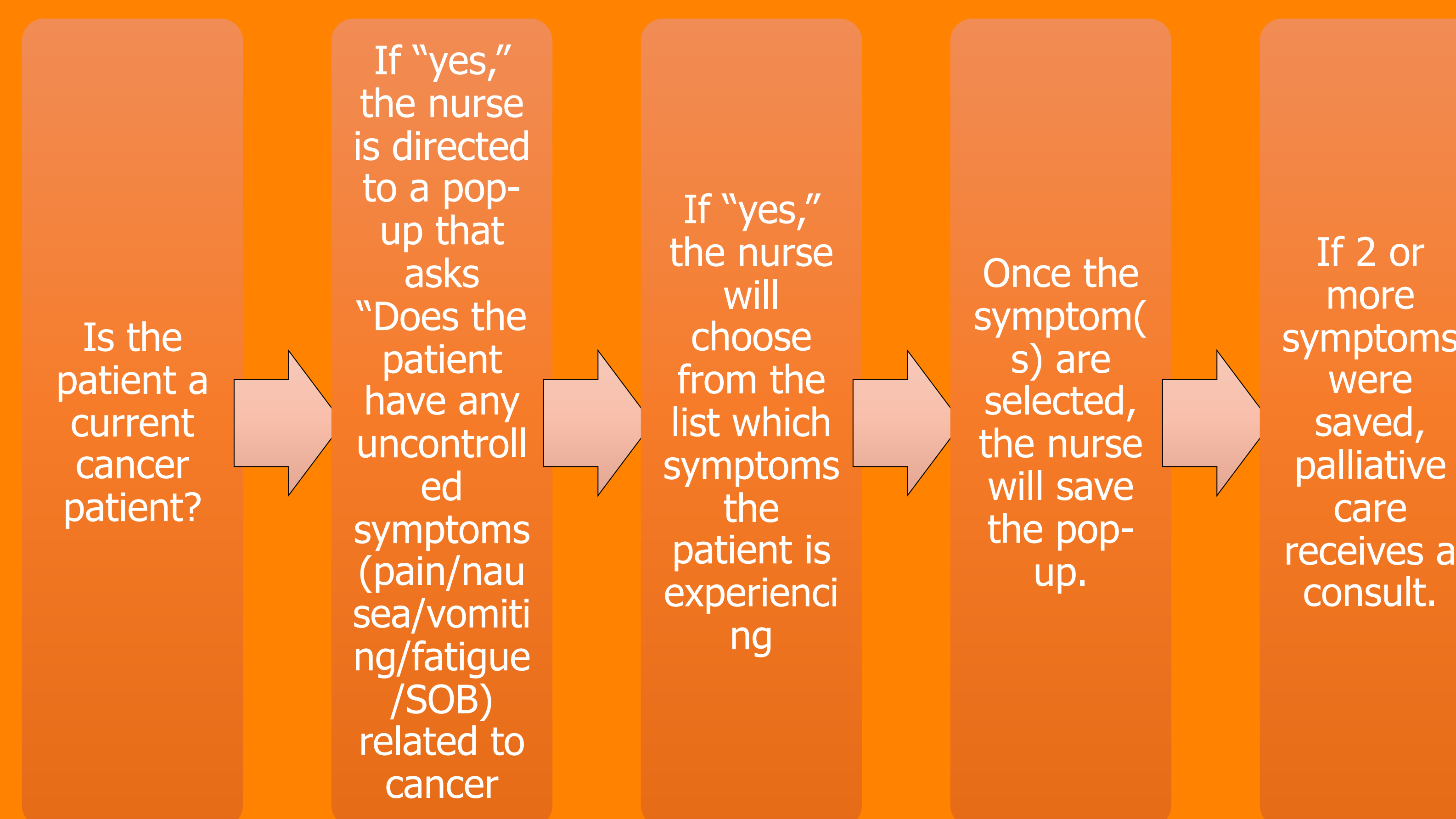
## LOCAL PROBLEM

- Adult cancer patients presenting to the Emergency Department with uncontrolled cancer-related symptoms.
- Examples of symptoms: Uncontrolled Pain with a pain scale score of 6 or greater, dyspnea, Uncontrolled Nausea and Vomiting, severe Fatigue
- \*Exclusion criteria include adult cancer patients being seen for any other reason unrelated to uncontrolled cancer symptoms.

## METHODS

- To verify and compare data, 50 randomized patients will be selected from the same time period the project began a year before compare results from the screening tool.
- Limitations are noted, and data will be collected on patients discharged from the emergency department after receiving a palliative care consult.
- Readmission rates can only be calculated for those returning to the project site.
- Whether the patient was discharged alive or deceased.
- Number of patients presenting with uncontrolled symptoms that received a palliative care consult.
  - A chi-square test to compare the % during pre who received a consult to % of those who received a consult
  - Mann-Whitney U test:
  - The total length of stay and median length of stay for patients who meet the criteria:
  - The emergency department length of stay

## How the palliative care consult is created by nursing staff in the emergency department for cancer patients:



## INTERVENTIONS

- A screening tool was created and added to the triage charting system. It is a modified version of the SPEED instrument. The created screening tool will only focus on uncontrolled cancer-related symptoms. The symptoms chosen were discussed with providers at the facility and selected based on their expert recommendations.

## RESULTS

- Hospital data prior to project: Current Palliative Care Consults for 2023
  - 2260 consults YTD, or an average of 53 consults per week
  - Admitting providers place 47% of consults
  - ER physicians place 4.7%
- Length of stay from December 2021 to August 2022
  - Palliative care consults initiated in the ER
    - LOS for patient 6.15 days
  - Palliative care consults initiated on Floor
    - LOS for patient 11.12 days
  - Palliative Care consult initiated in ICU
    - LOS 20,9 days
- Since the Implementation of the Triage Tool:
  - 83 consults created from January-April 2023
  - LOS for the project was 6.08 days (no significant or clinical difference)
  - Clinically significant in early identification of palliative needs.
  - The project group had a lower percentage of deceased patients (22.9%) than the control group (36.4%), indicating the tool's effectiveness in identifying early palliative needs. This clinical significance is a key factor in improving patient outcomes.
  - The project found that a higher percentage of patients in the project group (12.8%) had a cancer stage other than IV compared to the control group (3.9%).

## CONCLUSIONS

- Increase in palliative consults from 4% of all Palliative consults in 2023 to 15% as of May 2024
- Clinically significant in early identification of early palliative needs:
- Can be modified to include other disease processes