

Palliative Care Screening

Appraisal of a tool to identify patients' symptom management and advance care planning needs

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BACKGROUND: The palliative care needs of hospitalized patients often go unmet, resulting in unrelieved symptoms and a lack of understanding about advance care planning.

OBJECTIVES: This article analyzes the 10-item Palliative Assessment Screening Tool (PAST) to determine if the PAST aids in the identification of hospitalized patients with palliative care needs and facilitates completion of advance directives.

METHODS: A systematic review of studies published from 2012–2016, as well as a retrospective chart review, were used to analyze the PAST. For this 12-week pilot study, all adult patients either admitted or transferred to a 24-bed medical-surgical oncology/orthopedic unit were assessed by the bedside nurse for their potential palliative needs.

FINDINGS: Using the PAST seems to improve the identification of patients with palliative needs, leading to better management of symptoms. The PAST is also likely useful in facilitating the completion of advance directives, but this requires further study.

KEYWORDS

palliative care; screening; identification; symptom management; advance directive

DIGITAL OBJECT IDENTIFIER

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PALLIATIVE CARE IS AIMED AT IMPROVING THE QUALITY OF LIFE of patients faced with life-threatening illness and their families. This is done “through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (World Health Organization, n.d., para. 1). Such improvements in quality of life are made possible by early integration of the patient’s values and preferences into the plan of care. Evidence suggests that palliative care interventions improve symptom management, reduce length of hospital stay, and increase patient satisfaction (Campbell, Weissman, & Nelson, 2012). However, barriers often stand in the way of achieving these goals, such as lack of palliative care education and insufficient training and tools to guide nurses in identifying patients’ potential palliative care needs. As a result, palliative care is often not implemented until the late stages of illness (Perrin & Kazanowski, 2015). Nurses can overcome educational barriers by ensuring that healthcare providers, patients, and families understand the benefits of palliative care and by making early referrals to palliative care services (Perrin & Kazanowski, 2015). Early integration of palliative care into the management of patients with serious disease has the potential to improve quality-of-life outcomes for patients (Aldridge et al., 2016).

Insufficient training and tools are barriers that are more difficult to overcome. Early identification of patients with a high likelihood of unmet palliative care needs is essential to providing timely and effective palliative interventions. The need is great for a standardized screening tool to identify palliative care needs (Lapp & Iverson, 2015). A collaborative approach in which RNs use clinical screening criteria within electronic health records (EHRs) to identify patients in need of palliative care services can help to facilitate referrals to qualified providers (Cox & Curtis, 2016). The current article describes the results of a 12-week pilot study of the Palliative Assessment Screening Tool (PAST), which was created by and used on a medical-surgical oncology/orthopedic unit at St. Joseph Hospital, a community hospital in Nashua, New Hampshire (see Figure 1).

Methods

The current study was a retrospective chart review that took place from January 19 to April 12, 2016. The study was approved by the institutional