Review Article

Palliative Care Screening and Assessment in the Emergency Department: A Systematic Review

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Abstract

Context. Emergency department (ED) providers and policy makers are increasingly interested in developing palliative care (PC) interventions for ED patients. Many patients in the ED may benefit from PC screening and referral. Multiple ED-based PC screening projects have been undertaken, but there has been no study of these projects or their effects.

Objectives. To conduct a systematic review and critical analysis to evaluate the methods, tools, and outcomes of PC screening and referral projects in the ED.

Methods. Three reviewers independently selected eligible studies from the PubMed database. Eligible studies evaluated a PC screening tool, assessment, or referral modality aimed at identifying patients appropriate for PC. Four reviewers independently evaluated the final articles. Two reviewers extracted data on study characteristics, methodological quality, and outcomes.

Results. Seven studies met inclusion criteria. Each was reviewed for methodological quality and strength. The studies were synthesized using a narrative approach. Each study developed an independent screening or evaluation tool for PC needs. Each required additional ED personnel to perform screening and referral, and success was limited by availability of specialized personnel. All the studies were successful in increasing rates of PC referral.

Conclusion. We have identified multiple studies demonstrating that screening and referral for PC consultation are feasible in the ED setting. The strengths and limitations of these studies were explored. Further evidence for the development of an effective, evidence-based PC screening, and referral process is needed. We recommend a screening framework based on a synthesis of available evidence. J Pain Symptom Manage 2016;51:108–119 © *2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words

Emergency Department, palliative care, referral, screening, systematic review

Introduction

Emergency providers frequently care for patients who suffer acute catastrophic terminal events as well as patients with advanced and end-stage illnesses who present with urgent crises.[1–4] The emergency department (ED) visit may present a unique opportunity to connect patients in need with palliative care (PC) consultation and PC services. PC in the emergent setting may help in targeting a focus on quality of life, thereby aligning patient goals of care with management and thus avoiding unwanted hospital admissions and medical expenses.[5–7] Research demonstrates that patients at end of life, in general, often do not receive the care they expected or desired. Additionally, aggressive, life-prolonging therapies initiated in the ED may be in direct conflict with a patient's goals of care.[8] Research on PC interventions in the emergency setting demonstrate several benefits such

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as, improved outcomes,[9,10] more efficient care,[7,10] reduced hospital length of stay,[7,10,11] direct hospice referrals,[12] improved patient and family satisfaction,[13] less utilization of intensive care,[6,12] and cost savings.[6,7,10–12]

Research to understand the clinical, financial, and patient satisfaction benefits to increasing access to PC in the emergency setting is growing.[13,14] A key aspect of all emergency PC research clearly involves the timely and early identification of the patient population that is most likely to benefit from targeted PC interventions. The goal of our study, therefore, was to review the literature to identify screening criteria and tools that are useful to identify the ED patient with "PC needs."

Methods

Study Design

We conducted a systematic review of the literature to identify peer-reviewed articles regarding existing screening criteria, tools, or triggers intended to initiate PC consultation or referral for patients encountered in the ED. This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analyses guidelines.[15] Institutional review board approval was not sought for this literature review.

Study selection criteria were established before the database search. Our population of interest was adult ED patients. The intervention of interest was any assessment or screening for PC needs among adult ED patients. Adult was defined as older than 18 years. Emergency setting was defined to include hospital-based emergency rooms or EDs. PC was defined to include care provided by inpatient or outpatient PC services, hospice care, end-of-life-care, or ethics consultation. Eligible studies involved the consideration of a screening tool, assessment, referral modality, or consultation aimed at identifying patients appropriate for PC. Studies that evaluated the incorporation of a PC approach to the care of an emergency patient or in an emergency situation, including hospice care or end-of-life-care, also were reviewed. Articles regarding patient attitudes toward PC or end-of-life care were not included, nor were editorials, commentaries, and case reports without a research question. There was no preferred study type. Finally, articles without an English language translation were excluded, as were abstracts without a full manuscript available.

Search Strategy and Study Eligibility Criteria

This systematic review was based on articles available in the PubMed database from inception through June 1, 2015. We combined three sets of key words: consult, emergency department, and palliative care. To ensure that this search reflected a comprehensive review of our subject, we also used the following derivatives for the three key words previously mentioned: trigger, screen, referral, tool, case-finding, assessment, checklist, proactive, consultation, emergency department, emergency room, emergency medicine, emergency care, acute care, palliative care, supportive care, end-of-life care, end of life, hospice, and goals of care. Appendix I (available at jpsmjournal.com) provides a detailed description of the search terms. Unpublished literature was not sought in our search strategy.

Study Selection and Data Extraction

Three independent reviewers (E. P., N. G., and M. Z.) performed a preliminary screening of titles and abstracts generated by the search terms. Articles were excluded if they were not clearly relevant. A second investigator, C. G., reviewed results of this preliminary screening for articles eligible for manuscript review. Two reviewers examined full text articles independently. Articles were excluded for the following reasons: patients less than 18 years old, nonemergency setting, nonemergency patients, absence of PC involvement, not a research article, and not available in English. Two new reviewers evaluated each full text article at this stage and further excluded articles if they did not meet the predetermined research question. Discrepancies were resolved by discussion between all investigators. Inter-rater reliability was measured using Cohen's kappa.

Assessment of Methodological Quality

For each eligible study, two authors (C. G. and N. G.) used a standardized abstraction instrument to record study data. The following data were abstracted from each study: author, year of publication, country, setting, sample size, study design, study population, type of screening tool, type of intervention, effect of intervention, main study findings, and potential for bias. Additional information about the validation and timing of the study also was extracted.

Each of the included studies was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation approach.[16] In this schema, Grade I Evidence is that which comes from randomized controlled trials with allocation concealment. Grade II Evidence is that which comes from randomized controlled trials without adequate allocation concealment. Grade III Evidence is classified as data derived from observational studies. Finally, a study is ranked as Grade IV Evidence when the data are derived from case reports. Risk of bias was assessed in each study using the Newcastle-Ottawa Scale for assessing the quality of

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