

## Critical Review Form Differential Diagnosis

[Glajchen M, Lawson R, Homel P, Desandre P, Todd KH. A rapid two-stage screening protocol for palliative care in the emergency department: a quality improvement initiative. J Pain Symptom Manage. 2011 Nov;42\(5\):657-62.](#)

**Objectives:** "To address the needs of elderly patients and explore the feasibility of rapid screening and referral." (p. 658)

**Methods:** This was a prospective cohort study conducted in the ED of a large academic medical center in the lower east side of Manhattan and Brooklyn over an eight month period. A full-time social worker was hired and the BriefPal team was created a standardized screening tool to assess the needs of elderly patients (65 years of age and older). In Stage One of the study, elderly patients with functional status limitations and life-limiting conditions (advanced dementia, severe congestive heart failure, COPD, advanced malignancy, and AIDS) were screened by the social worker. In Stage Two, subgroups of patients with "recent losses in ADLs, high symptom distress, poor functional status, and high levels of caregiver burden" (p. 658) were identified during regular weekday business hours and referred for palliative care or hospice.

A total of 1587 elderly patients were screened in the ED, representing 22% of all patients over 65 who visited the ED during the study period during daytime, weekday hours.

Guide		Comments
<b>I.</b>	<b>Are the results valid?</b>	Answer questions IA, IB, & IC below
<b>A.</b>	<p><b>Did the investigators enroll the right patients?</b> <i>In other words, was the patient sample representative of those with the clinical problem?</i></p>	Yes. The investigators did a good job establishing appropriate for screening and referral, using a full-time social worker to screen patients and providing laminated cards with referral criteria. Unfortunately, they were only able to screen patients during limited hours (weekday, business hours) and hence likely missed a large number of eligible patients ( <u>convenience sample</u> ).
<b>B.</b>	<p><b>Was the definitive diagnostic standard appropriate? Was the diagnostic process credible?</b></p>	Yes. The investigators used a fairly rigorous screening process that involved multiple seemingly well-validated screening tools. Initial screening by the social worker was followed by more criteria to identify those patients most likely to benefit from palliative care or

		hospice. Referrals were then made by the ED physicians in consultation with the patients' primary care physicians.
C.	<b>For initially undiagnosed patients, was follow-up sufficiently long and complete?</b>	No. Patients who did not meet initial screening criteria were not followed. We therefore have no information regarding changes in functional status and further needs for palliative care or hospice.
<b>II.</b>	<b>What are the results?</b>	Answer questions IIA and IIB below.
A.	<b>What are the diagnoses and their probabilities?</b>	Out of 1587 patients screened, 144 met illness criteria, 140 met functional decline criteria, and 51 were felt to need palliative care. Five patients were referred to hospice and 46 were referred to palliative care.
B.	<b>How precise are the estimates of disease probability?</b>	N/A
<b>III.</b>	<b>How can I apply the results to patient care?</b>	
A.	<b>Are the study patients similar to the ones being considered in my own practice?</b>	Yes. This study was conducted at a large, academic ED serving an urban population. Unfortunately, the dates of the study were not provided, so it is possible (though unlikely) that changes in practice over time could make the results of the study inapplicable in our current practice setting.
B.	<b>Is it unlikely that the disease possibilities or probabilities have changed since this evidence was gathered?</b>	Again unclear, as the dates of the study were not provided.

**Limitations:**

- 1. The dates over which the study was conducted were not provided.**
- 2. Patients who did not meet initial screening criteria were not followed. We therefore have no information regarding changes in functional status and further needs for palliative care or hospice.**
- 3. This study involved hiring a full-time social worker to screen patients, and over an 8 months period only 51 patients were referred for palliative care or hospice. This is a very cost-inefficient intervention which would preclude its use in most settings.**
- 4. The study enrolled a convenience sample of patients, and it is quite likely that a large number of patients who would have benefited from the intervention were not captured in the study.**

**Bottom Line:**

**This study suggests that an ED protocol to screen elderly patients with functional decline who would benefit from palliative care or hospice is feasible, but highly cost-ineffective. Additional means of implementing this protocol in a way that does not involve hiring additional, full-time staff should be sought and studied.**