

# Enhancing the palliative care needs re-evaluation by specialist physicians in Taipei

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M.P. Wu<sup>1</sup>, S. H. Hsiao<sup>2</sup>, T. C. Huang<sup>2</sup>, D. C. Chu<sup>3</sup>

<sup>1</sup> Department of Nursing, Taipei City Hospital, Taipei City, Taiwan

<sup>2</sup> Vice Superintendent Office, Taipei City Hospital, , Taipei City, Taiwan

<sup>3</sup> Superintendent Office, Taipei City Hospital, , Taipei City, Taiwan

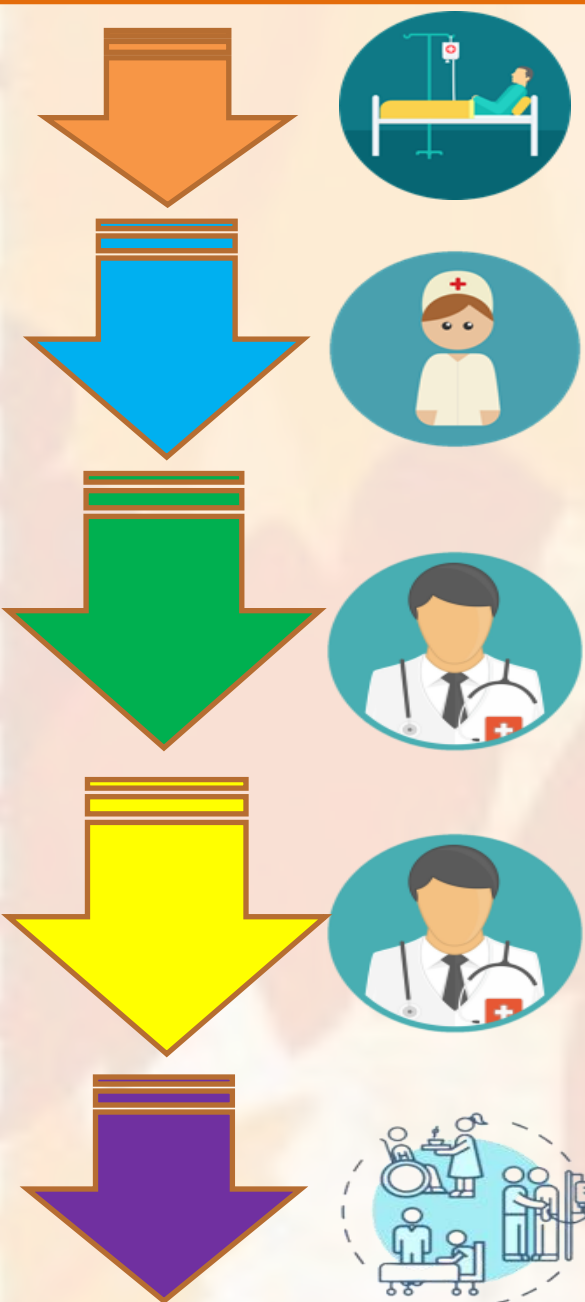


## Introduction

### The palliative care act in Taiwan

The decision to withhold cardiopulmonary resuscitation (CPR) or life-sustaining treatment (LST) should only be made in cases where the patient has received an end-of-life diagnosis from two physicians.

The process of evaluating palliative care in Taipei City Hospital



Admitted patients

Nurses' assessment score of palliative care needs  $\geq 4$  points

Officially identified as requiring palliative care by the primary specialist physician

Formally acknowledged as having palliative care needs by the secondary specialist physician

Intervention by the palliative care team

### Issue



The re-evaluation rate by the second specialist physician has been significantly low, amounting to a mere 0.4%.

### Delay in the provision of palliative care

Instances of missed opportunities for crucial discussions

Diminished quality of life

Escalation of healthcare expenditures

Heightened physical and psychological distress



## Aims

The objective of this study is to optimize the re-evaluation process conducted by the second specialist physician through a series of targeted enhancements.



## Methods

This research encompasses the assessment data on palliative care obtained from the Healthcare Information System (HIS) of a teaching hospital located in Taipei City. The data collection period spanned from January 1, 2022, to November 30, 2022. Notably, improvements were implemented to enhance the re-evaluation process by the second specialist physician, commencing in June 2022.

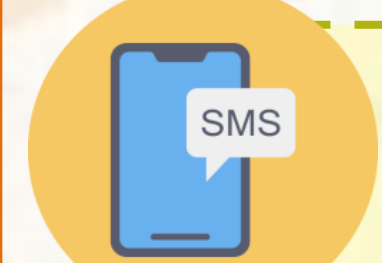
### Improvements



Within the Health Information System (HIS), the evaluation page for specialist physicians includes an automated feature. When the first specialist physician confirms that a patient is in the end-of-life stage and requires palliative care, the system will automatically display the consultation list option for the second specialist physician.



The Health Information System (HIS) incorporated a dedicated reply page on the evaluation and consultation sheet for the second specialist physicians.



A short message service (SMS) was utilized to send reminders and prompts to the second specialist physicians.



To promote effective communication and collaboration, supervisor meetings and palliative care conferences were convened.

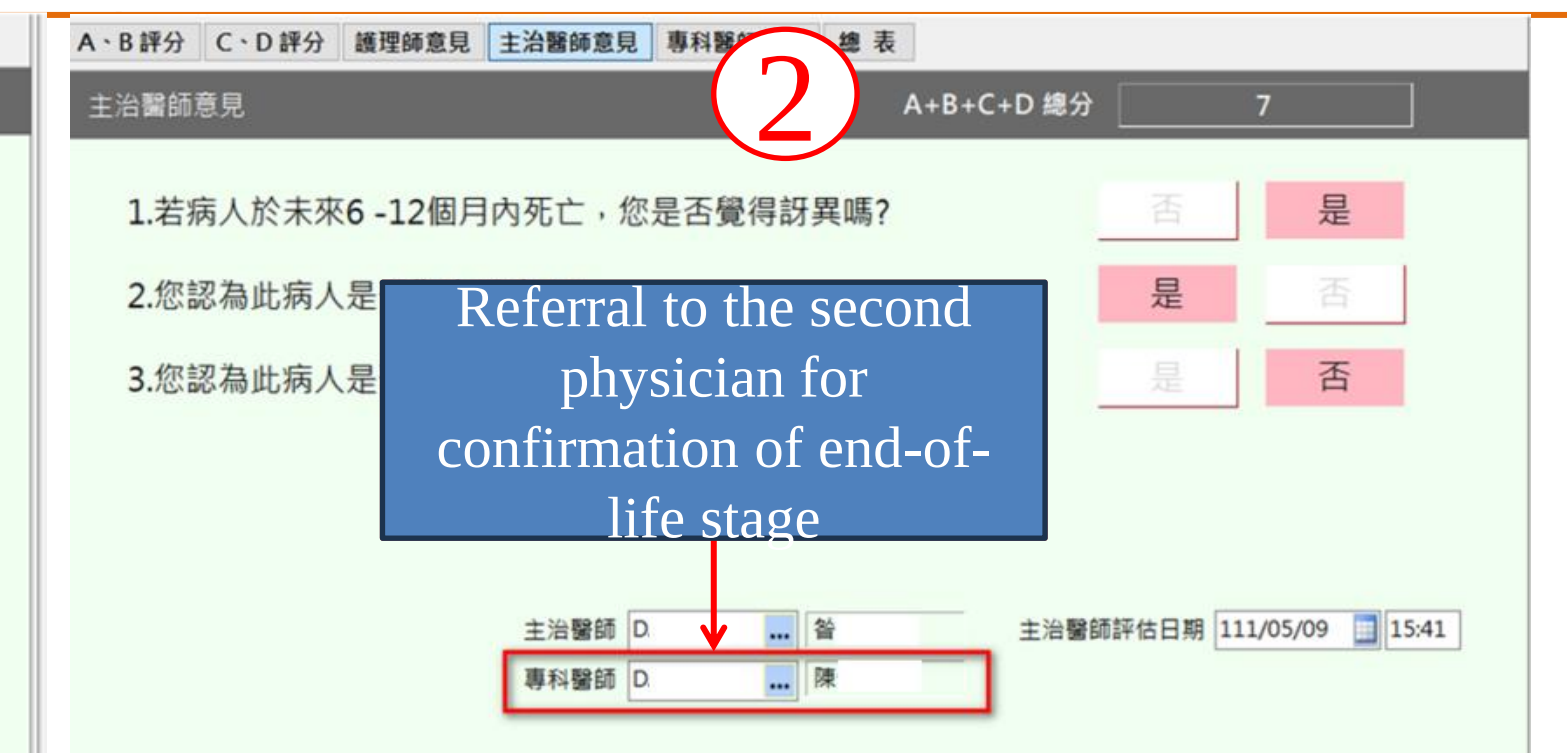
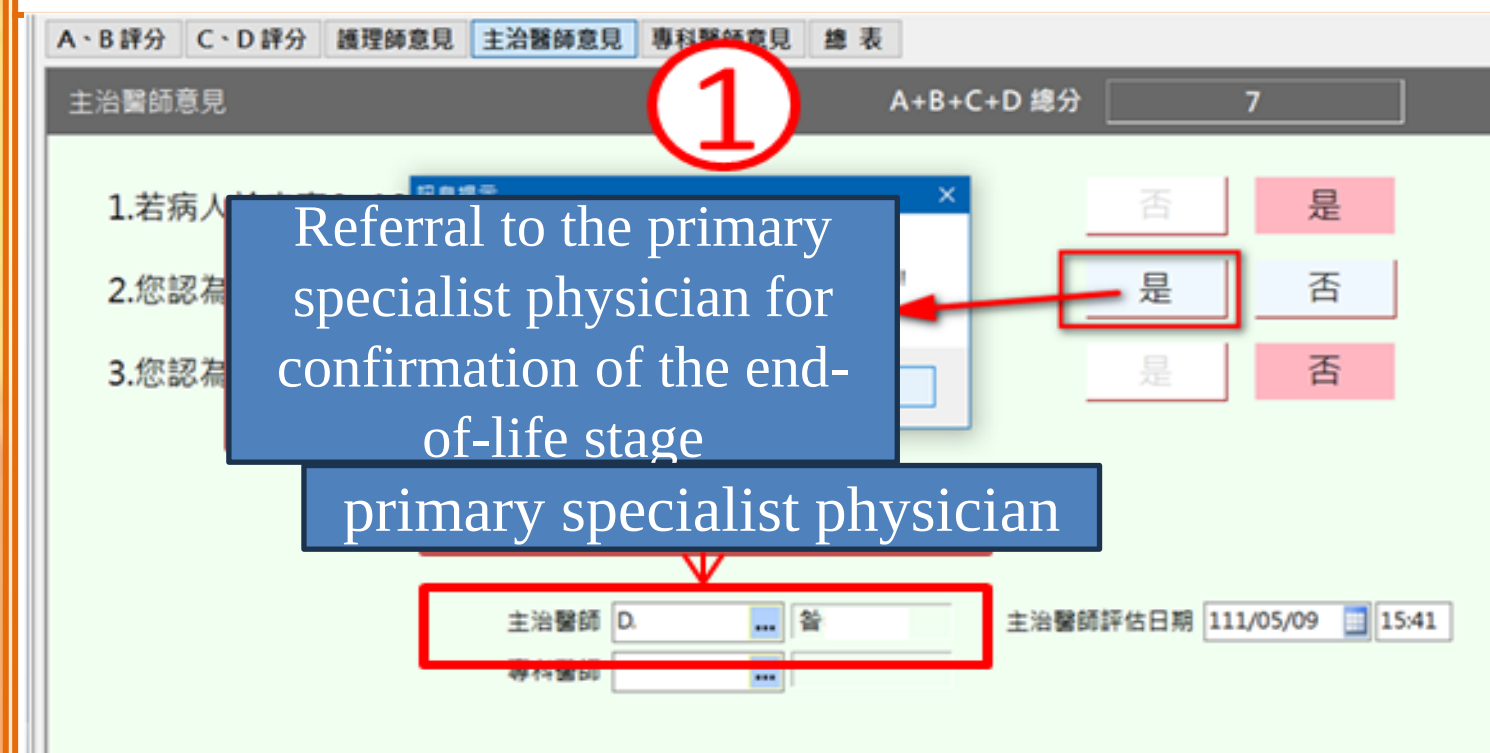
### Data analysis

This study aimed to examine the disparity in re-evaluation rates conducted by the second specialist physician before (January 1, 2022, to May 31, 2022) and after (June 1, 2022, to November 30, 2022) the implementation of re-evaluation enhancements.



## Results

### The evaluation page for primary specialist physicians in the health information system(HIS)



### The utilization of short message service (SMS) notifications

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**Example:** complete the palliative care needs assessment form for patient Lin Xiaomei, 87 years old, with medical record number 00123340.

### The evaluation page for secondary specialist physicians in the Health Information System (HIS)



The findings, as shown in Table 1, revealed that during the period from January 1 to November 30, 2022, a total of 34,718 hospitalized individuals were enrolled in the investigation. Among the participants, 18,470 were male (53.2%) and 16,248 (46.8%) were female, with an average age of 63.7 $\pm$ 22.5 years.

The rate of re-evaluation exhibited a substantial increase, rising from 0.4% to 55.59% with a significant difference observed ( $p < .001$ ).

**Table 1. evaluating palliative care (n=34,718)**

| Variables                                               | Pre- improvement phase<br>n=15,076 (A) | Post-improvement phase<br>n=19,642 (B) |
|---------------------------------------------------------|----------------------------------------|----------------------------------------|
| Palliative care needs assessment scores of $\geq 4$ (C) | 2,193                                  | 2,591                                  |
| Evaluated by the first specialist physician (D)         | 1,733                                  | 1,857                                  |
| Confirmed as end-of-life by the first physician (E)     | 1,342                                  | 1,038                                  |
| Re-evaluated by the second physician (F)                | 5                                      | 577                                    |
| Confirmed as end-of-life by the second physician        | 5                                      | 544                                    |
| Re-evaluation rate ( $\frac{F}{E} \times 100$ )         | 0.4%                                   | 55.6%                                  |



## Conclusions



The implementation of re-evaluation measures resulted in a significant increase in the re-evaluation rate, leading to enhanced quality of life for patients in the terminal stage and their families.



Disparities exist in the viewpoints regarding palliative care needs between registered nurses and specialized physicians.



### Suggestions



Our ongoing efforts focus on advancing the implementation of re-evaluation enhancements, aiming to attain a 100% re-evaluation rate.



By means of education and training, we seek to enhance death awareness among nurses and physicians, fostering greater sensitivity in end-of-life assessment.



To facilitate consensus on the assessment of palliative care and subsequent treatment, we aim to establish effective communication channels between nurses and physicians.



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## Contact Information

Email address: B1800@tpech.gov.tw