**Background**

- Early access to palliative care specialists can have a positive impact on quality of life through symptom management, reducing hospital admission and length of stay, improving overall patient care by addressing goals of care and health care directives, and even prolonging survival of patients with cancer.
- However, a main barrier to providing this care early and on-time is the difficulty in identifying patients who could benefit from it.

**Objective**

- To compare the effectiveness of the Palliative Care Clinic Symptoms Assessment Tool (PCSA) and the Palliative Care Referral Criteria Index (PCRCI) in appropriately identifying and creating an effective method for referrals to palliative care services, within the Vince Lombardi Cancer Clinic (VLCC) at Aurora Sinai Medical Center.

**Methods**

- **Non-parametric methods were utilized for within and between group differences. A p-value of 0.05 was considered statistically significant.**
- **Patients fill out PCSA**
- **Referrals based on calculated PCSA score**
- **Major and Minor Criteria identified via chart review**
- **Patients undergoing transfusion for an oncology related diagnosis.**
- **Vince Lombardi Cancer Clinic (VLCC) at Aurora Sinai Medical Center.**

**Results**

- A Z test for equality of proportions showed that the PCSA and the PCRCI Major Criteria referred a similar percentage of patients (88.9% vs 85.2%), p=0.69. By contrast, the PCRCI Minor Criteria referred significantly less patients than the PCSA (48.2% vs. 88.9%), p=0.001. (Table 1).

- A Fisher’s Exact Test showed a statistically significant association between PCSA and PCRCI Major Criteria screening tools (p=0.05), while the PCSA and PCRCI Minor Criteria show no association (p=0.22). (Table 2).

- A Mann-Whitney U Test showed that the total PCSA scores were significantly different between those referred vs those not referred within the PCSA (Mdn=50.0, IQR=[24.0-79.0] vs. 6.0, [0.0-8.0]) and PCRCI Minor Criteria (61.0, [42.0, 84.0] vs. 20.5, [8.0, 57.0]) screening tools (p=0.01 and p=0.02, respectively). The difference (referred vs not referred) in total scores where not statistically significant within the PCRCI Major criteria (42.0, [17.0, 83.0] vs. 39.0, [3.0, 73.5]), p=0.38. (Figure 1).

**Conclusion**

- The PCSA and the major criteria were equally effective at referring patients while the Minor Criteria performed poorly. Future research should focus on whether the Major Criteria would still be as effective with the exclusion of the severe symptoms criteria, as severe symptoms are determined by the PCSA.

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**References**