

Profile and evaluation of a palliative medicine consultation service within a tertiary teaching hospital in Sydney, Australia.

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Abstract:

The role of a Palliative Medicine Liaison Consultation Service (LCS) in a large tertiary referral teaching hospital was examined by the prospective evaluation of 50 cases consecutively referred, together with the subsequent advice/recommendations (4 categories: pharmacological, non-pharmacological, clarification of goal of treatment, care system upon discharge) given during the consultation. The utility of a simple scoring system in quantifying the impact (4 grades: deleterious, no effect, positive, very positive) of the advice given on individual patient outcome, scored by both the referring team and the LCS, was studied. Eighty percent of cases had a cancer diagnosis. Pain was the most common symptom (50% cases and "pain control" the most common referral reason cited. The median number of recommendations per patient was 3.0 and the majority (70%) concerned symptom control recommendations. Advice was given regarding discharge planning in nearly two-thirds of cases and such advice dealing with the care system upon discharge was judged by the referring team to have the highest positive impact of all recommendations. Nearly three-fourths of cases (74%) were graded by the referring team as having at least one recommendation with a positive impact. The simple scoring system used is demonstrably a useful outcome assessment tool. The LCS is perceived to have a positive impact on patient care in an acute hospital setting and appears to fill a gap in the multi-speciality provision of care.

Comments:

Strengths/uniqueness:

The authors attempt to evaluate the impact of recommendations of a palliative care service with a novel scoring system comparing the assessments of the attending and consulting physicians.

Weaknesses:

The results suggest a significant delay in completing the assessments and a major difference between the timing of the assessments in individual patients. The palliative care assessment appears to have been done by a consultant whereas the attending team assessments were completed by junior staff.

Relevance to Palliative Care:

A further step forward in the growth of palliative care consult teams in the acute care setting, and demonstration of a commitment to self-evaluation.