

EARLIER PALLIATIVE CARE REFFERALS FOR ONCOLOGY PATIENTS

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REVIEW OF LITERATURE

OBJECTIVE

- Create and implement a more consistent, effective, and efficient early palliative care referral process. In doing so more palliative care referrals will be made and patients will receive the best care available.

BACKGROUND

- 1950 palliative care first started as hospice.
- 1974 “palliative care” was coined and introduced.
- 1990 recognized as specialty by World Health Organization (WHO), separate from hospice.
- 1997 Institute of Medicine reported US lacks in offering end-of-life care, having conversations about end-of-life wishes, and improving quality of life with the progression of the disease.
- 2004 National Consensus Project [NCP] released Clinical Practice Guidelines for Quality Palliative Care to be used as a framework to develop services, last updated in 2013.
- 2006 American Board of Medical Specialties (ABMS) recognized Hospice and Palliative Medicine as a subspecialty.
- 2010 *New England Journal of Medicine* published the first randomized trial showing the palliative care benefits in oncology.
- American Society of Clinical Oncology (ASCO) released its first palliative care recommendations for cancer care in 2012, last updated in 2016.
- ASCO recommends every patient diagnosed with advanced and/or metastatic cancer should receive an early palliative care referral as best practice.

PROJECT DESCRIPTION

- Create a new palliative care referral process for outpatient cancer clinic.
- Consistent and efficient integration of early referrals.
- Patient check in will fire a task to ask a series of assessment questions.
- All questions of the assessment are yes or no answers.
- If referral is warranted, then a message/notification is sent to one of the oncologists and/or palliative care practitioners.
- Nurses must document and sign off that this task was completed.
- Assessment tool will be built into the Cerner electronic medical record for the outpatient clinic staff.

- Providing high-quality care to oncology patients includes utilizing palliative care. It should be incorporated into the care plan as early as possible.
- Studies demonstrated consistent findings and adequate evidence to suggest early palliative care referrals are beneficial.
- Reports include improved quality of life, symptom relief, and overall satisfaction.
- Cancer patients that received an early referral had less intensive medical treatment/care, reduced hospitalizations, improved quality outcomes, and cost savings at the end of life.
- Studies also suggest there is a longer survival rate of patients receiving early palliative care along with standard oncology care only when compared to those only receiving standard care.
- Advanced cancer patients discussed the importance of having palliative care involved early in the course of treatment and feel it should be incorporated into standard oncology care.
- Integrating early palliative services led to a better understanding of the disease, prognosis, and advanced care planning opportunities.
- Patients receiving services viewed providers in a respectful complementary manner and felt the collaborative care team provided was excellent.
- Improper and inadequate utilization of early palliative care services along with standard oncology care was a common finding.
- Palliative care continues to be underutilized and usual practice is still limited to the terminal stage of the illness.
- The pathways, strategies, and cancer care models have a poor design and are not incorporated.
- To achieve better integration of palliative care the standardization is needed in education, protocols, referral pathways, and guidelines

IMPLICATIONS FOR ADVANCED PRACTICE

- APNs can play a vital role in the specialty of palliative care.
- Address the whole person, mind, body, and soul in a respectful compassionate manner.
- Provide holistic care, offer diagnostics and treatment guidance.
- Utilize and evaluate cost-effective uses of available resources for disease-modifying care, management of symptoms, and the best quality of life.

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▲ Palliative Assessment		
Diagnosis of cancer or chronic illness?		
Are your pain and symptoms well managed?		
Adequate social support at home?		
Is it difficult managing your ADLs?		
Palliative referral needed?		
▲ Patient Education, Infusion/Oncology		

THEORETICAL FRAMEWORK

- Watson’s Human Caring Theory allows providers to give patients and their families the attention they need.
- Concepts: Human uniqueness & Transpersonal relationships.
- Offers a better understanding of a life-threatening illness, the associated problems, and the end of life.
- Focus: Interests, independence, and ability to make decisions.
- Goal: To build a relationship that promotes a supportive system, so the patient feel their needs have been met.

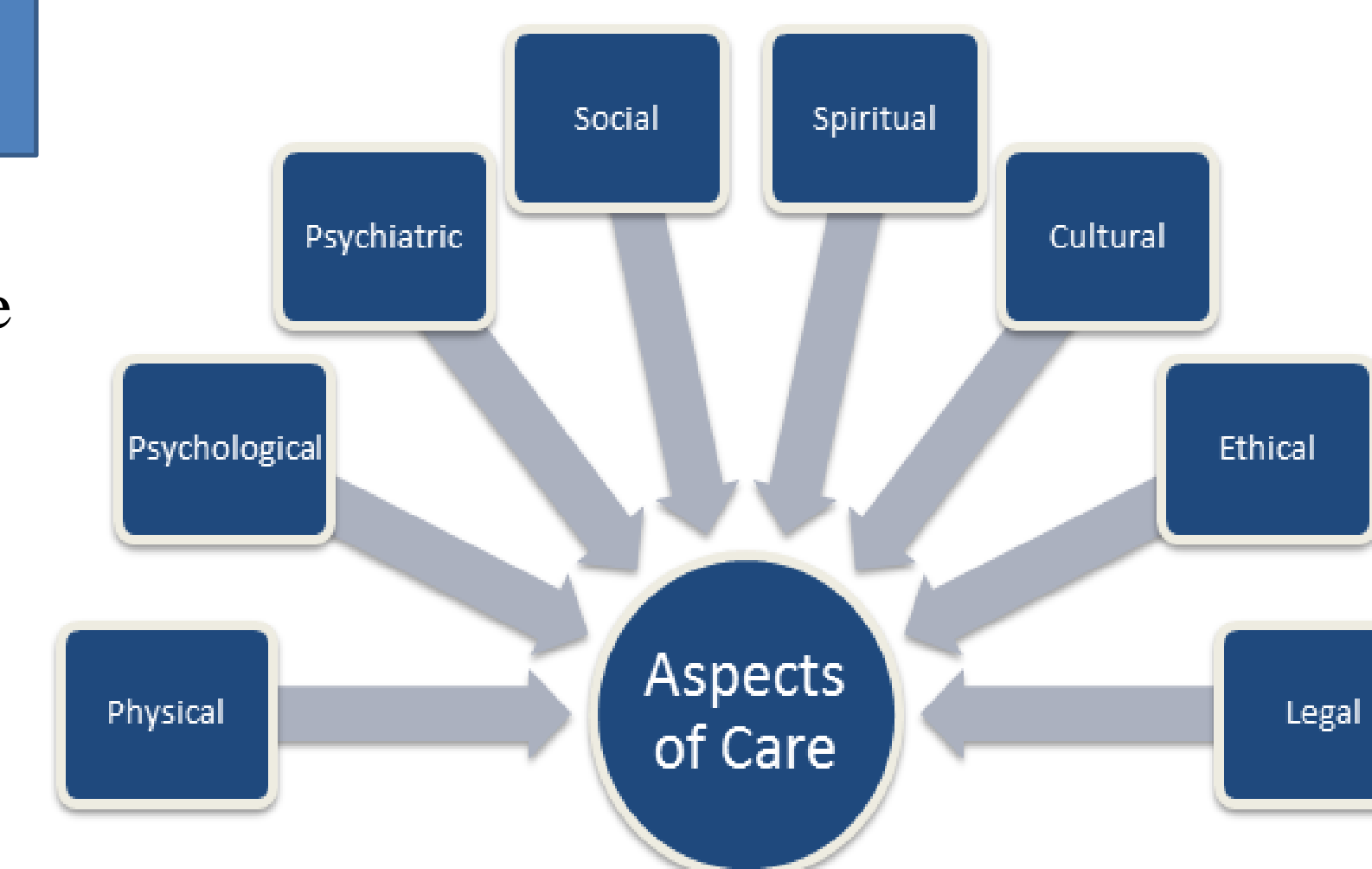


BARRIERS

- Push back from the oncologists.
- Coronavirus Pandemic, COVID19.

EVALUATION

- Will be evaluated at some point.
- Plan:
 - Clinical coordinator to have monthly meetings with the multi-disciplinary palliative/hospice team to discuss and evaluate this project.
 - Identify areas of improvement if needed, and additional ways to increase consult volumes.
 - Clinical coordinator will track and monitor all clinic referrals.
 - Chart reviews will be completed to monitor patient status and to collect data to evaluate patient outcomes.
 - Data will be analyzed quarterly, and then upcoming goals would be established.



EXPECTED RESULTS

- Increase in referral rates for the oncology population.
- Provide recommended standards of care to improve outcomes and satisfaction.
- Increased awareness and education.
- More involvement in goals of care discussions.
- Reduction in the number of palliative consults that transition directly to hospice or death. There is also an expectation that there will be a reduction in hospitalizations for symptom management.

CONCLUSION

- The intention of creating a palliative care assessment referral tool was to increase early palliative care referrals in an outpatient setting.
- By implementing this tool into the standard care FMC will be offering best practice per ASCO guidelines. The ASCO recommends every patient diagnosed with advanced and/or metastatic cancer should receive an early palliative care referral, regardless of the disease prognosis and/or stage.
- Having palliative care available early in the disease trajectory is beneficial to the patient and their family. It improves the quality of life, manages symptom control, and reduces caregiver burden.
- The services that palliative care will offer are based on each individual patient’s needs.
- The integration of early palliative care services has proven to reduce hospitalizations and improve overall patient satisfaction.