

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.