

Integrating Palliative and Oncology Care for Patients with Advanced Cancer

9 July 2015

AIM

Palliative Care consultations and interventions including comprehensive symptom assessment and documentation of life sustaining treatment preferences will increase on Med E services for patients with advanced cancer by July 2016.

PROBLEM

Palliative care is not highly incorporated into the multidisciplinary care of incurable cancer patients at UNC. Only 22% had comprehensive symptom assessment and 32% documentation of life sustaining treatment preferences. ICU transfer and 30-day readmission rates are relatively high.

IMPORTANCE

The project will review the census on a daily basis to identify patients with metastatic cancer who could benefit from a Palliative Care consultation. In addition, the project will provide monthly feedback of palliative care metrics and provide training in Palliative Care skills to the Hematology/Oncology fellows, residents, and NP/PA staff. Cancer patients who receive palliative care have better advanced care planning, reduced ICU admissions, and earlier Hospice referral providing a better quality of life for the patient and reduced cost savings for everyone. An unintended consequence may be to increase the resistance among patients and clinicians to engage with Palliative Care.

EXPECTED OUTCOMES

The Advance Care planning discussions on Med E for people with solid tumors will increase from 32 to 48% by July 2016. The secondary outcome measures are to increase Hospice referral from 3 to 15%, decrease ICU transfer from 8.2 to 6.5%, and decrease 30-day re-admission rates from 22.4 to 18% by July 2016.

MEASURES

The primary outcome, treatment preferences, will increase from 32 to 48% and secondary outcomes, ICU transfers will decrease from 82/1000 to 65/1000, 30 day re-admissions will decrease from 22.4 to 18% and Hospice referrals will increase from 3 to 15%. The primary outcome will be tracked on a monthly basis in the medical record and the secondary outcomes tracked on a quarterly basis through the Cost Accounting Analysis database.

RISKS/BARRIERS

An unintended consequence may be to increase the resistance among patients and clinicians to engage with Palliative Care. Some oncology attending physicians will be resistive to palliative care because they see it as end of life care for people who are actively dying.

STAKEHOLDERS

Hematology/Oncology fellows, residents, and NP/PA staff and patients with advanced cancer and their families are the key clinical stakeholders. The nursing leadership and the interdisciplinary project team will provide interprofessional input on an ongoing basis through monthly meetings. The nursing supervisors will keep the team aware of patient and family perspectives and relay any feedback received during the project.

SCOPE

In Scope:

In-patient Med E advanced cancer patients

Out of Scope:

Patients who are out-patients, patients admitted to other units in the hospital and patients without advanced cancer.

SCHEDULE

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The first team project meeting was held in June 2015. The team will meet on a monthly basis. A research assistant will be hired before the end of July. The chart review and root cause analysis begins in July along with the fellow and housestaff training. Quarterly collection of quality metrics are scheduled for October 2015, January 2016, April 2016, and July 2017. The final report and sustainability planning will begin at the end of June 2016.

PROJECT TEAM

| Team Member | Project Role (<i>sponsor, lead, SME, coordinator, etc.</i>) |
|-------------------|---|
| Laura Hanson | Lead |
| Lisa Carey | Sponsor |
| Ashley Freeman | Heme-Onc Fellow |
| Stephen Bernard | Co-Director of Palliative care Program- will engage Oncology faculty and ensure access to outpatient supportive care services |
| Lydia Chang | Liaison to ICU services |
| Bhishamit Chera | Consultant |
| Frances Collichio | Associate Fellowship Director for Hematology/Oncology- implement trainings and provide feedback of outcome metrics |
| Erin Burgess | Performance Improvement Manager at UNC |
| Matthew Milowsky | Medical Director of NC Cancer Hospital- liaison to Cancer Hospital |
| Charlotte Rowe | Palliative Care NP-chart reviews |
| Crista Creedle | Nurse manager for Hematology/Oncology-provide a nursing perspective and assist with implementation |
| Summer Cheek | Nurse manager for Hematology/Oncology-provide a nursing perspective and assist with implementation |
| William Wood | Attending Hematologist- will assist in extending to hematologic malignancy |
| Paul Ossman | Hospitalist-assist with implementation |
| Robin Gilliam | Coordinator |