Increasing Referrals to Palliative Care and Hospice

<table>
<thead>
<tr>
<th>Problem Statement</th>
<th>Root Causes</th>
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<tbody>
<tr>
<td>Patients with advanced lung cancer are not receiving referrals to palliative care and hospice in a timely fashion</td>
<td>• Patients may not understand the term palliative care</td>
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<td>There is a need for better symptom management; earlier referrals to hospice; better care planning at the end of life</td>
<td>• Patients may confuse palliative care with hospice</td>
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<td>Oncologists may be reluctant to refer patients to palliative care</td>
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</tbody>
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Begin with the following patient lists:

- Patients with stages III and IV NSCLC from the last 6 months of 2019 (or any defined time period)
- Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer

Baseline assessment:

- Proportion of all patients with stages III and IV NSCLC who died from cancer that were admitted to hospice for less than 3 days
  - Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer
  - Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer and were admitted to hospice for less than 3 days

- Proportion of patients with stages III and IV NSCLC treated who died from cancer that were admitted to the intensive care unit (ICU) in the last 30 days of life
  - Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer
  - Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer and had an ICE admission within 30 days of death.

- Proportion of patients with stages III and IV NSCLC treated who died from cancer and were not admitted to hospice
  - Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer
  - Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer and were not admitted to hospice

1 Association of Community Cancer Centers
• Proportion of patients with stages III and IV NSCLC treated who died from cancer and were not referred to hospice.
  o Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer
  o Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who died from cancer and were not referred to hospice (anyone who was admitted to hospice should be counted as being referred, even if referral not documented).

• Proportion of patients with stages III and IV NSCLC who received a referral for palliative care services
  o Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019
  o Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who were referred for palliative care.

• Proportion of patients with stages III and IV NSCLC who received a referral for hospice
  o Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019
  o Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who were referred for hospice.

–Additional Metrics: the proportions above will also be calculated with the denominator of all stage III and IV patients from the last 6 months.

Exploratory questions:

• When were patients referred for palliative care? When were they referred for hospice?
  o What could be done to facilitate earlier referrals?
• With the launch of the palliative care service pilot, what other measures are you tracking? (eg, symptom management, patient experience, etc.)
• What patient demographic factors may impact the following:
  o How patients understand the services of palliative care and/or hospice?
  o Whether patients are willing to receive hospice care?
Discuss causes and effects:

Aim Statement (example):

• Over the next <xx> months, we will increase referrals to palliative care for patients with stage IV NSCLC by <xx>.

Potential Solutions

• Incorporate an electronic palliative care referral into the EHR so that the process is as easy as possible
• Use audit/feedback to let oncologists know how often they are making palliative care referrals for patients with advanced lung cancer
• Discuss palliative care referrals during tumor board meetings
• Assign a nurse navigator who will identify patients who may benefit from a palliative care referral

This data collection sheet is a resource from the ACCC educational initiative, Fostering Excellence in Care and Outcomes in Patients with Stage III/IV NSCLC.