

Increasing Referrals to Palliative Care and Hospice

Problem Statement	Root Causes
<p>Patients with advanced lung cancer are not receiving referrals to palliative care and hospice in a timely fashion</p> <p>There is a need for better symptom management; earlier referrals to hospice; better care planning at the end of life</p>	<ul style="list-style-type: none"> • Patients may not understand the term palliative care • Patients may confuse palliative care with hospice <p>Oncologists may be reluctant to refer patients to palliative care</p>

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

- Proportion of patients with stages III and IV NSCLC treated who died from cancer and were not referred 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 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
 - Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019
 - Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who were referred for palliative care.

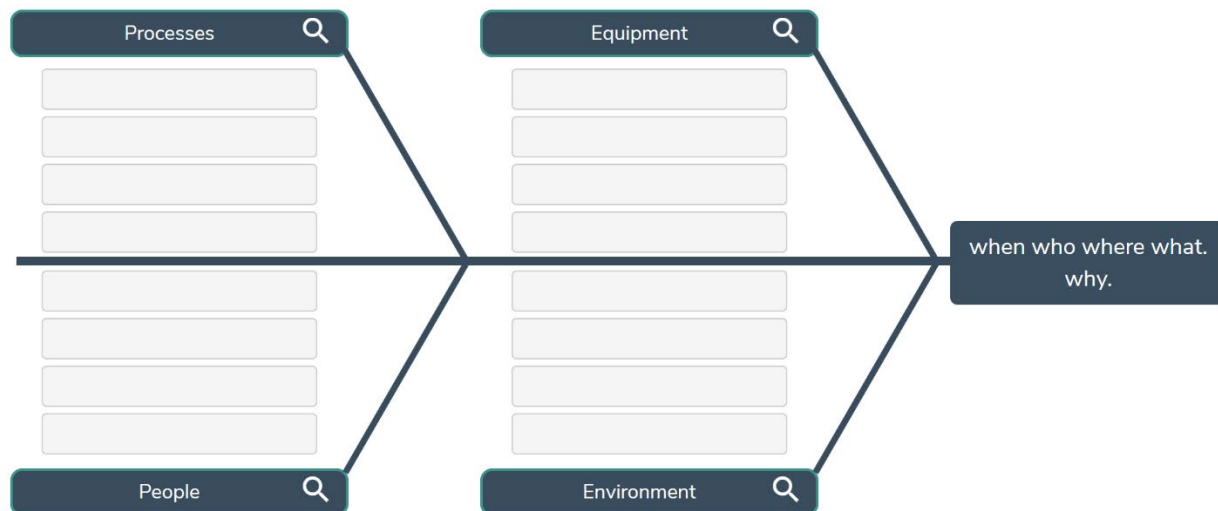
- Proportion of patients with stages III and IV NSCLC who received a referral for hospice
 - Denominator: Patients with stages III and IV NSCLC from the last 6 months of 2019
 - Numerator: Patients with stages III and IV NSCLC from the last 6 months of 2019 who were referred for hospice.

–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?
 - 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:
 - How patients understand the services of palliative care and/or hospice?
 - 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
<ul style="list-style-type: none">• 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.