

FOSTERING EXCELLENCE IN CARE AND OUTCOMES IN PATIENTS WITH STAGE III/IV NSCLC

Saint Francis Cancer Center Tulsa, Oklahoma

Introduction

The Saint Francis Cancer Center provides state-of-the-art medical oncology and radiotherapy to residents in eastern Oklahoma and surrounding states. The program is accredited by the American College of Surgeons as a Comprehensive Community Cancer Program. Saint Francis remains a nationally recognized Lung Cancer Alliance Screening Center of Excellence in Oklahoma.

Problem Statement #1

Patients with advanced NSCLC who are treated with immune checkpoint inhibitor therapy may develop serious immune-related adverse events (irAEs). There may be a need for more proactive symptom identification, assessment, monitoring and management.

Improvements

- Develop a patient questionnaire designed to identify early signs of potential irAEs
- Pilot test the feasibility and clinical utility of a nurse-administered questionnaire
- Explore other ways to proactively identify and manage potential irAEs

Problem Statement #2

There is a need to streamline the process for referring patients with advanced NSCLC to receive outpatient palliative care services.

Improvements

- Develop a standardized electronic referral process
- Educate providers about outpatient palliative care services
- Explain the benefits to patients so they understand why a palliative care referral is being made

At Saint Francis, the cancer care team focused their efforts around two areas: 1) improving symptom tracking in patients with NSCLC who are treated with immunotherapy; 2) improving access to outpatient palliative care for patients with advanced NSCLC.

Recognizing that some patients with lung cancer who are treated with immunotherapy may develop serious irAEs, the nurse navigator proactively called patients treated with immunotherapy and administered a questionnaire to determine whether they may have early signs or symptoms of irAEs. Simultaneously, the cancer center explored the possibility of using an electronic patient reported outcome (ePRO) platform. After conducting a pilot with the nurse-administered questionnaire, the team found that 14% of patients with lung cancer treated with immunotherapy reported symptoms that may be irAEs. 94% of these patients were managed in the outpatient setting. The team determined that patients need ongoing education about immunotherapy and irAEs. They also continue to explore various ePRO platforms to meet their needs.

To improve the outpatient palliative care referral process, the cancer center developed a streamlined electronic referral pathway, delivered education to their clinicians, and tracked palliative care consults. Over the course of the project, 17 patients with lung cancer and 38 patients with other advanced cancers were referred to outpatient palliative care. All ten of their medical oncologists used the referral system and found that 96% of patients enrolled in palliative care after the initial consult was completed.

Among all cancer patients referred for palliative care: each patient averaged 5 visits by a nurse or social worker; the average length of stay (LOS) in palliative care before hospice was 72 days; the average LOS in hospice was 20 days; 76% of patients expired in hospice with a LOS of 4 days or greater; and 24% of patients had one or more emergency department visits while in palliative care before transitioning to hospice or expiring. Feedback from patients, caregivers, and clinicians were positive about the palliative care program.

Conclusion

By working on this project, the clinicians at Saint Francis had the opportunity to improve symptom identification, assessment, and management using a proactive team-based approach. The project also enabled their clinicians to improve communication with patients about symptom management and recognize when a palliative care consult may benefit patients.