

Normalizing Palliative Care through Education and Consistent Exposure

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Statement of the Problem

- Advanced cancer patients are referred to palliative care (PC) late or not at all.
- Oncologists and nurses cite barriers/challenges to PC referral

Purpose

The goal of this quality improvement project is to determine if education and daily PC discussions increases PC referral and improves provider and oncology nurse comfort levels in discussing PC with patients.

Background/Literature Review

Palliative Care is underutilized despite studies proving benefits.^{1,2,3}

- Increased patient survival and documentation of resuscitation wishes
- Improved quality of life, symptom control, mood, end-of-life care
- Reduced use of aggressive treatments near end of life
- Decreased ED visits, hospitalizations, ICU admissions
- Provider benefits (saves 170 minutes over length of patient-provider relationship)

Intervention

Delivered to providers and nurses (2/1/18 - 4/30/18)

- 30 minute PC education sessions during monthly team meetings
- Screening and prognostication tools
- Daily nursing rounds and informal education
- "Is this patient appropriate for PC?"*
- "Which aspects of PC would benefit this patient?"*
- Patient education (bulletin board and handout)
- Scripted conversation



"You will be meeting with our palliative care team. Their role is to provide an extra layer of support, assist with pain and symptom management, and to talk with you about what is most important to you."



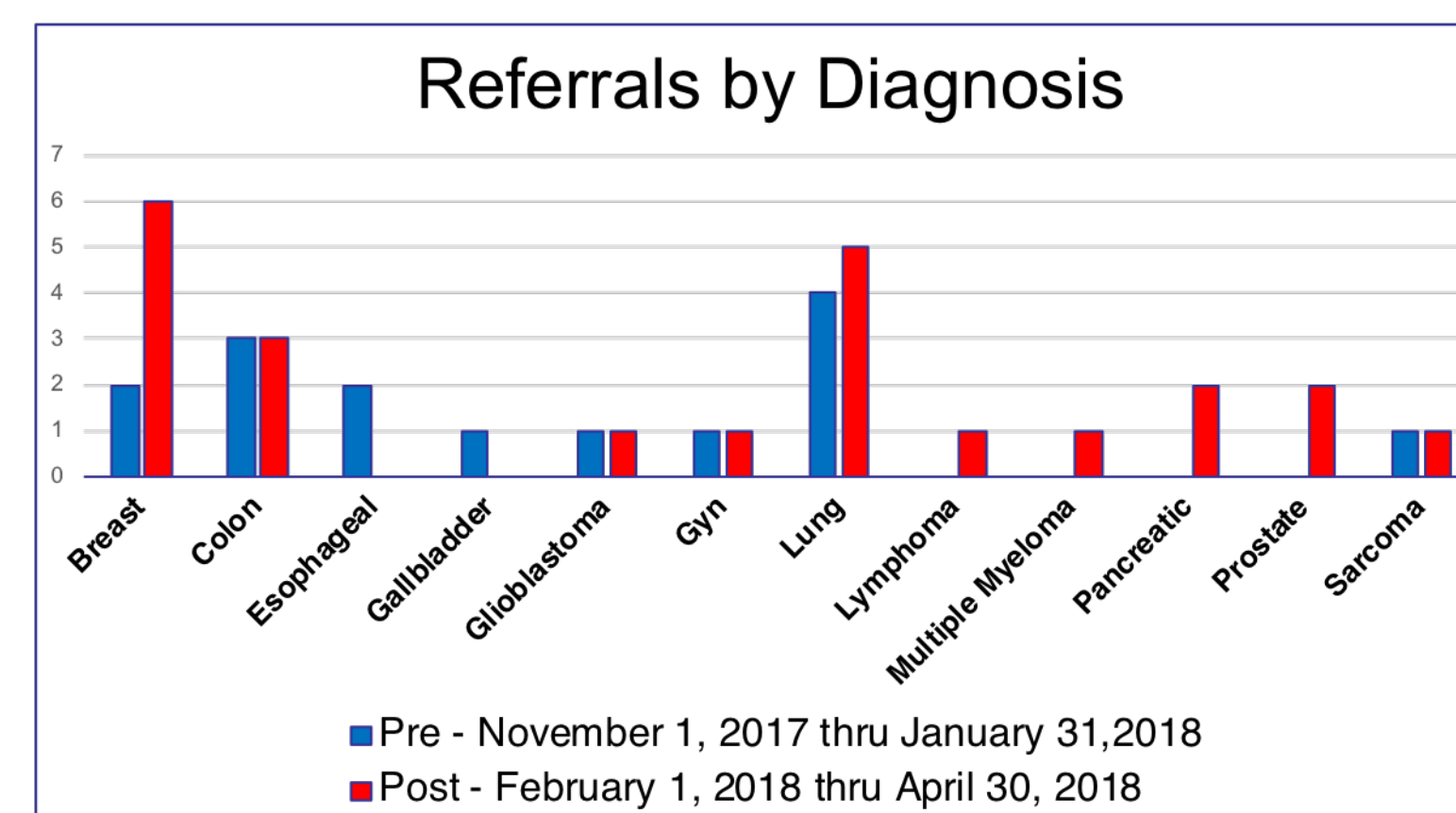
Conclusions

- Routine discussion about PC and one-on-one patient conversations may have contributed to increase in PC referrals
- Providers, oncology nurses demonstrated an increased self awareness of their personal discomfort about PC, end of life.
- Nurses are having difficult conversations with patients/family caregivers and advocate for their patients' PC needs with providers.
- Future Plans: daily rounds, quarterly check-ins, provider coaching, patient education

Pre/Post Intervention Results

- 8 providers, 14 RNs given a 6-question survey about comfort level, time, worries
- 17 responses (77% response rate)
- Referrals increased by 53% pre (15) and post (23) intervention

Question	Average Pre	Average Post	% Change
What is your comfort level in introducing palliative care to your advanced cancer patients? Not Comfortable - 1; Comfortable - 3; Very Comfortable - 5	3.41	3.88	7%
How much does time factor into introducing palliative care to your advanced cancer patients? Not at All - 1; Somewhat - 3; Very Much - 5	3.47	4.23	22%
How much do you worry about taking hope away from your advanced cancer patients by introducing the topic of palliative care? Not at All - 1; Somewhat - 3; Very Much - 5	3.23	3.41	-4%
How much do you worry about "giving up" on your patients with advanced cancer by introducing the topic of palliative care? Not at All - 1; Somewhat - 3; Very Much - 5	0.12	0.08	33%
How often do you discuss advanced care planning with your advanced cancer patients? Never - 1; Sometimes - 3; Always - 5	3	2.64	-12%
What is your comfort level with discussing advanced care planning with your advanced cancer patients? Not Comfortable - 1; Comfortable - 3; Very Comfortable - 5	3	3	0



Limitations

- Limited intervention time (3 months)
- Small sample size
- High census and short staffing may have impacted educational intervention.

Acknowledgements/References

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