

## **Early Outpatient Palliative Care Referral for Ischemic Stroke Survivors**

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**Statement of the Problem:** Ischemic stroke survivors risk long-term burdensome sequelae and would benefit from early initiation of outpatient palliative care (PC). Yet, inpatient neurology stroke providers do not make necessary referrals.

**Background/Literature Review:** Research on PC and stroke only focuses on acute post-stroke management and end-of-life care. There is no guidance regarding early initiation of outpatient PC for stroke survivors.

**Purpose:** This quality improvement project's purpose is to increase referrals to outpatient PC for acute and subacute stroke survivors.

**Methods/Measures:** UHealth inpatient neurology stroke providers were educated regarding benefits of outpatient PC for ischemic stroke survivors and encouraged to identify patients appropriate for referral. Ongoing support included creation and implementation of an AgileMD™ computerized clinical pathway, an Epic SmartPhrase in the electronic health record, and informational PC "pocket cards". Records of ischemic stroke survivors discharged from the neurology stroke service were evaluated for PC referral pre/post intervention.

**Implementation Timeline:** Education occurred in October 2019 with ongoing education for residents rotating monthly onto service. The pathway and SmartPhrase were available 10/31/2019. Patient records were evaluated November 2019 - April 2020 and compared to pre-intervention.

**Findings/Results:** Average referrals over six months increased from 1.87% pre-intervention to 10.09% post-intervention ( $p < 0.001$ ). Results showed significant improvement at 1-month (27.27%) with continued, but less significant, improvement during subsequent 5 months. Barriers to referral included misunderstanding of PC, limited time with patients to discuss PC, and provider discomfort with difficult conversations.

**Conclusion/Practice Implications:** Education can increase referrals to outpatient PC. However, more support, training, and time are needed to improve attitudes, acceptance, and confidence of neurology providers to discuss PC with patients and refer to PC. The long-term efficacy of interventions used to educate providers to change practice still needs to be determined. Future direction could include incorporation of PC training into ongoing continuing education modules.