Aim Statement. To increase referrals from oncology clinic to palliative care to 60% for patients with advanced solid tumor malignancies.

Methods. A PC screening tool was used to identify patients with advanced solid tumor malignancies with other poor prognostic factors seen in oncology clinic from October 1 to November 17, 2017. Patients were followed over 6-months. Oncology clinicians, nurse coordinators, and social workers were educated in the use of the screening tool. Additional PDSA cycles included individual provider feedback on PC referral rates and integration of PC referrals to clinician pay-for-performance in 2018 fiscal year.

Results. Among 559 unique patient encounters, 174 patients met PC screening criteria. 33% of these patients had been referred previously to PC, primarily by oncology, other providers (ie GI, ENT, Radiation Oncology), and inpatient medicine. At 6-month follow up, 51% of patients had a PC referral, with new consults placed primarily by inpatient medicine, then oncology providers. 25% of patients had died and 26% were on hospice at 6 months. 42% of patients who died were on home hospice and 84% were seen by palliative care prior to death. Palliative care consultation was associated with hospice referral prior to death ($p<0.01$).

Conclusions and Implications. Oncology patients with advanced solid tumor malignancies are not currently referred to palliative care in congruence with current guidelines. Outcomes data on the results of a screening tool to increase these referrals showed minimal improvement by oncology providers over 6-month period. Further long-term analysis is necessary to evaluate the effect of pay-for-performance on PC referrals for advanced cancer patients.

Supportive Cardiology Quality Improvement Project: Identifying Symptomatic, Advanced Heart Failure Patients for Palliative Care Consultation (QI723)

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Objectives

1. Reflect on one possible barrier faced by healthcare providers in documenting goals of care discussions for in-patients with heart failure.
2. Describe the benefits and drawbacks of using the numerical rating scale (NRS) for dyspnea as a screening tool for symptomatic patients with heart failure.

Background. Heart failure is a life-limiting illness and the leading cause of hospitalization in Canada. The Toronto Western Hospital Palliative Care Consultation Service identified an opportunity for improvement when it noted only 9 in-patient cardiology referrals for palliative consultation were received from January to September 2017 despite 472 cardiology in-patient admissions.

Aim Statement. The aim of this quality improvement project was to increase the number of palliative consultations completed for cardiology in-patients with symptomatic, advanced heart failure by 50% compared to the previous year, starting in February 2018. The project also aimed to document a numerical rating scale (NRS) score for dyspnea for 100% of patients at the time of initial consultation and last palliative care visit and document goals of care discussions for 100% of referred patients by time of discharge.

Methods. A process map identified an opportunity for screening cardiology in-patients and screening criteria were developed: nurses identified patients with a NRS for dyspnea of $> 3/10$; a palliative care physician then attended cardiology interdisciplinary team rounds once weekly to identify symptomatic patients with advanced heart failure and approached the cardiology physicians for referral.

Results. Results from February to June showed an increase in total cardiology referrals for palliative consultation from 3 (2017) to 19 (2018), with 16 referrals received at team rounds. Though all referrals received were appropriate for palliative consultation, only 6 of 19 referrals screened positive using screening criteria. Only ten out of 19 patients were able to report dyspnea using a NRS. Five of nineteen patients referred had documentation of goals of care discussions prior to consultation, compared to 18 out of 19 patients post-consultation.

Conclusions and Implications. Refinement of screening criteria and criteria used to identify symptomatic patients is ongoing. This project may expand to other in-patient services and provided evidence to support teaching serious illness communication skills to cardiology fellows.

Evidence-Based Triggers: Incorporating Patient-Reported Outcomes (PROs) into Palliative Care Referrals (QI724)

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Objectives

1. Describe how to develop, scalable, transferable and sustainable symptom management systems to monitor and address common cancer