ASCO Quality Training Program

Palliative Care Referrals at Hospital Sírio-Libanês – Itaim Unit

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Institutional Overview

HOSPITAL SÍRIO-LIBANÊS

QOPI® Certified

Bela Vista Unit
São Paulo

Itaim Unit
São Paulo

Brasília I Unit
Brasília

Brasília II Unit
Brasília

Cancer care services:
- Specialized oncology nursing care
- Psychology support
- Palliative care
- Pharmacy
- Laboratory
- Radiology services

Clinical staff
- 17 oncologists
- 1 palliative care physician
- 1 geneticist
- 9 oncology nurses
- 1 psychologist

250 cancer patients/year

ASCO® Quality Training Program

Team members

- Project Sponsor:
  - Artur Katz, MD, Director of Oncology Department
- Team members:
  - Aguirre Chung Micca, Administrator
  - Ana Brunetto Tancredi, Psychologist
  - Diego de Araújo Toloi, MD, Palliative Care Physician
  - Elaine Roberto Lopes, Chemotherapy Infusion Nurse
  - Gabriela Braida Gonçales, Clinical Nurse
  - Giovanni Bariani, MD, Clinical Oncologist and Project Manager
  - Guilherme Harada, MD, Clinical Oncologist
  - Juliana Roberto de Castro, Nurse Coordinator – Itaim Unit
  - Samanta Sansão, Chemotherapy Infusion Nurse
  - Silvana Carmona, Administrator
- Coaches:
  - Vedner Guerrier, MBA, LSSBB
  - Arpan Patel, MD

Problem Statement

- From July to December 2019 at HSL-Itaim, 5% of patients with metastatic cancer that had a 5 year survival of less than 10% (such as lung, upper GI and CNS cancers) were referred to a palliative care. This results in unnecessary or excessive non-beneficial treatments at the end-of-life, poor psychological and spiritual support, and leads to a waste of resources.

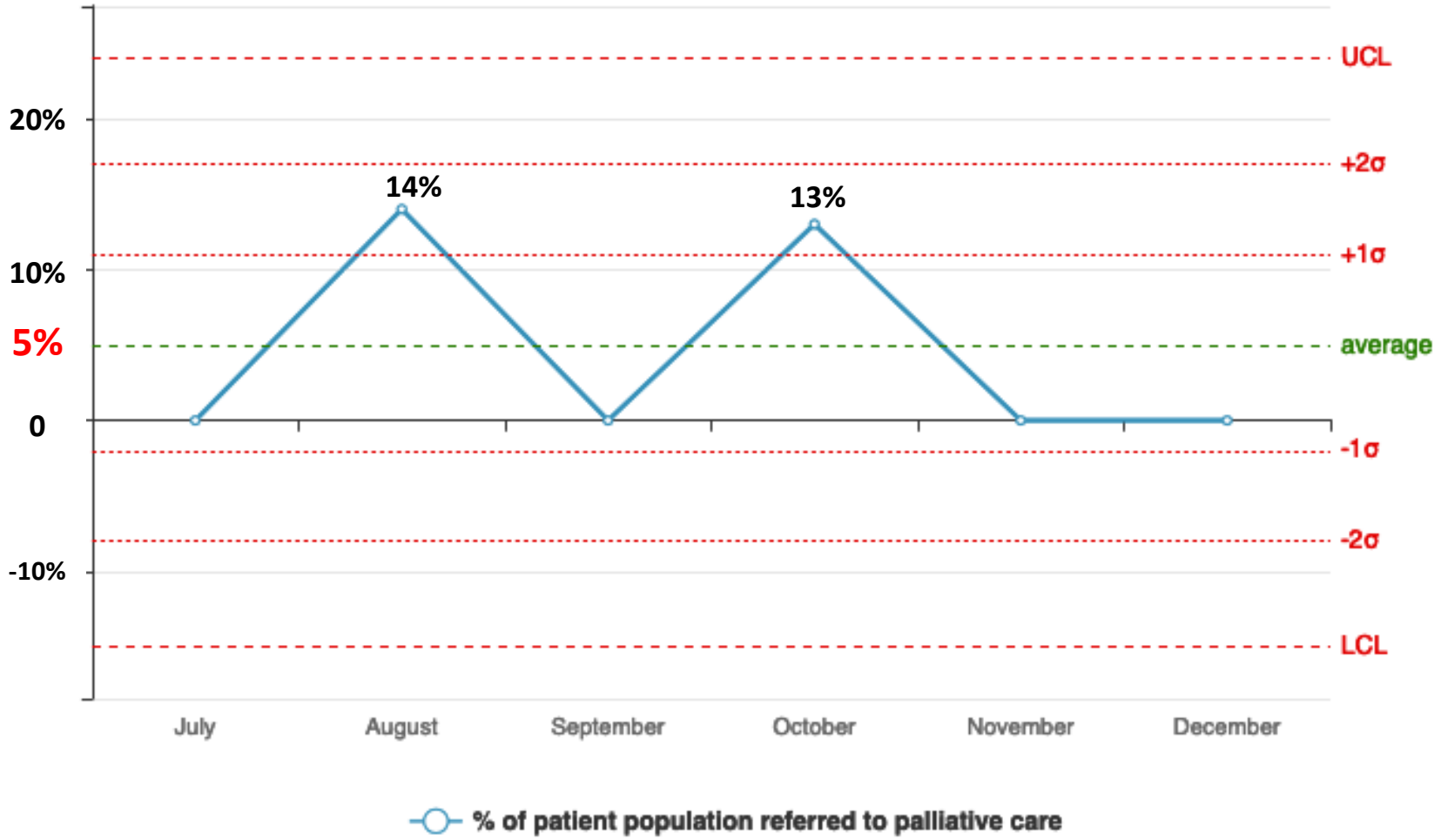
Outcome Measure

Baseline data summary

Item	Description
Measure:	Frequency of patients referred to palliative care from Jul to Dec 2019
Patient population: *(Exclusions, if any)*	Patients with lung, upper GI and CNS cancer
Calculation methodology: *(i.e. numerator & denominator)*	$\frac{\text{Patient population referred to palliative care}}{\text{Total patient population}}$
Data source:	Excel worksheet controls and EMR
Data collection frequency:	Retrospectively
Data limitations: *(if applicable)*	Patients that have already been followed at the service were excluded from denominator

Outcome Measure

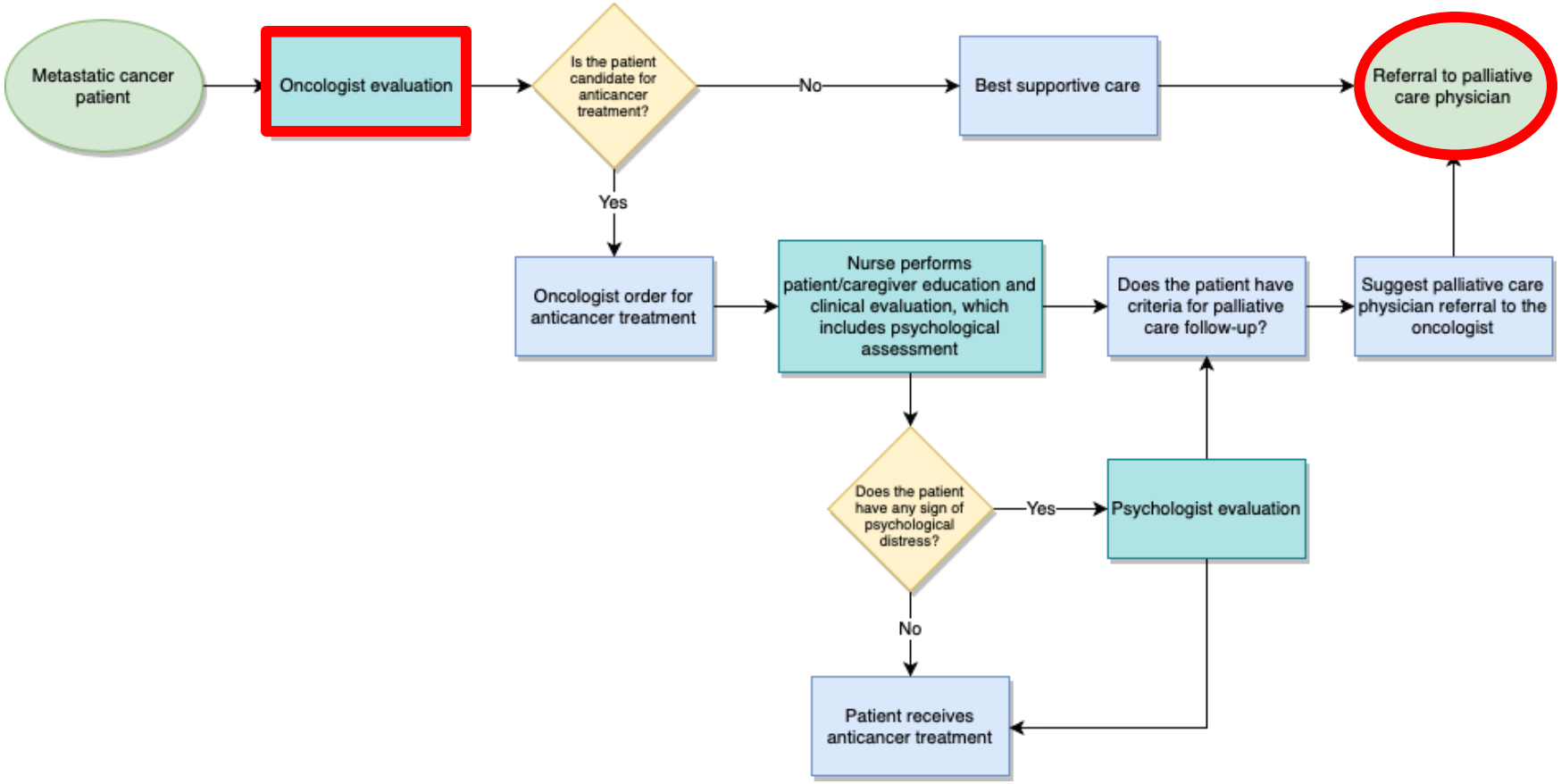
Baseline data



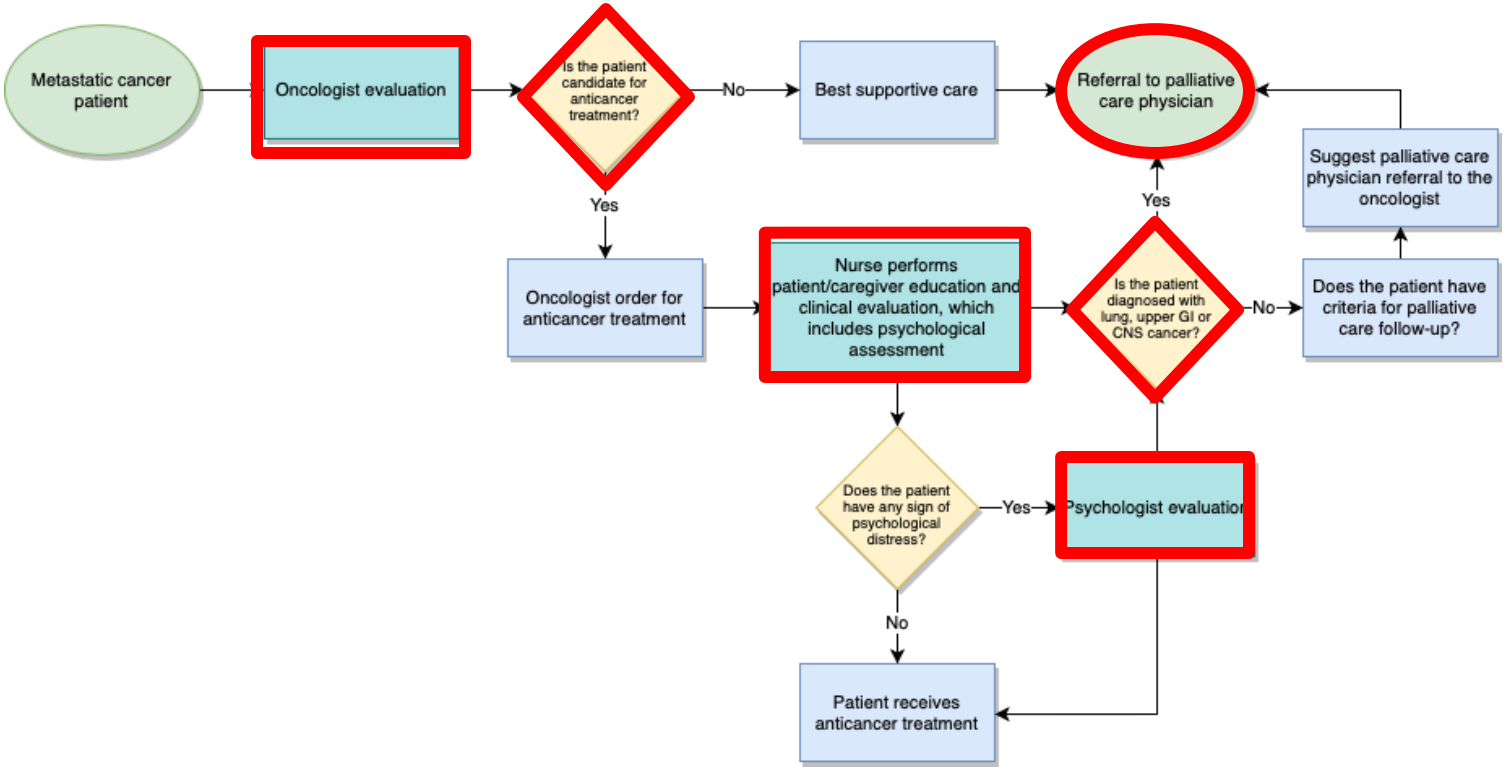
Aim Statement

- Increase the percentage of patients with metastatic lung, upper GI and CNS cancer receiving appropriate palliative care consultation to 20% by Sep/2020 at HSL-Itaim.

Process map - Prior



Process map - Current



3 pathways for palliative care referrals (by oncologists, nurses and psychologists)

4 roles involved in the process (oncologists, nurses, psychologist and palliative care physician)

3 decision points: indication of anticancer therapy by the oncologist, evaluation of psychological distress by nurses and identification of patient population of this project

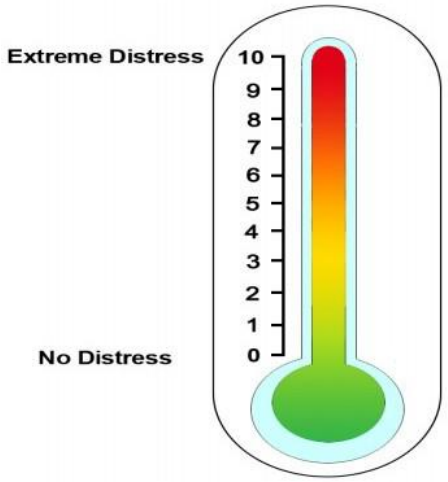
Screening and Monitoring Tools

Edmonton Symptom Assessment Scale (ESAS) – Br adapted

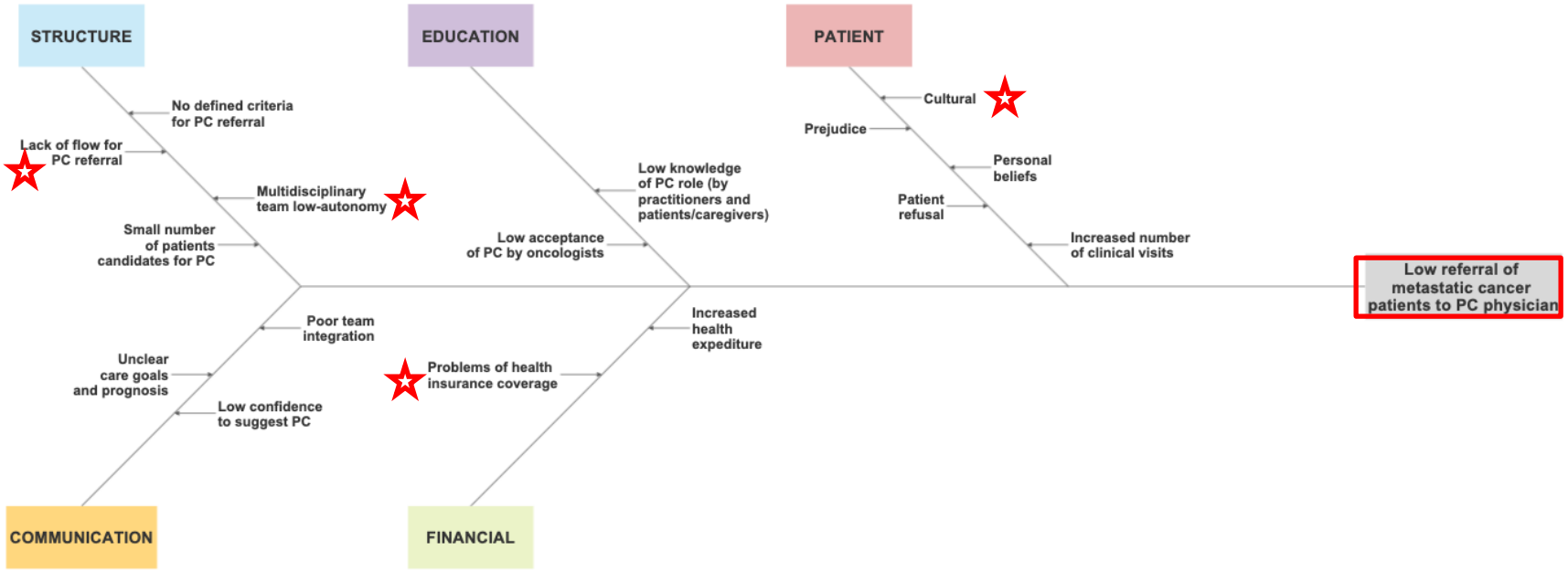
Symptom 0 to 10 in the last 24h
Pain
Tiredness
Nausea
Depression
Anxiety
Drowsiness
Lack of appetite
Wellbeing
Shortness of breath
Sleep quality

Distress Thermometer

Distress week (0 - 10)
Practical problems (0 – 6)
Family problems (0 – 4)
Emotional problems (0 - 6)
Spiritual/ Religious concerns
Physical problems (0 - 22)

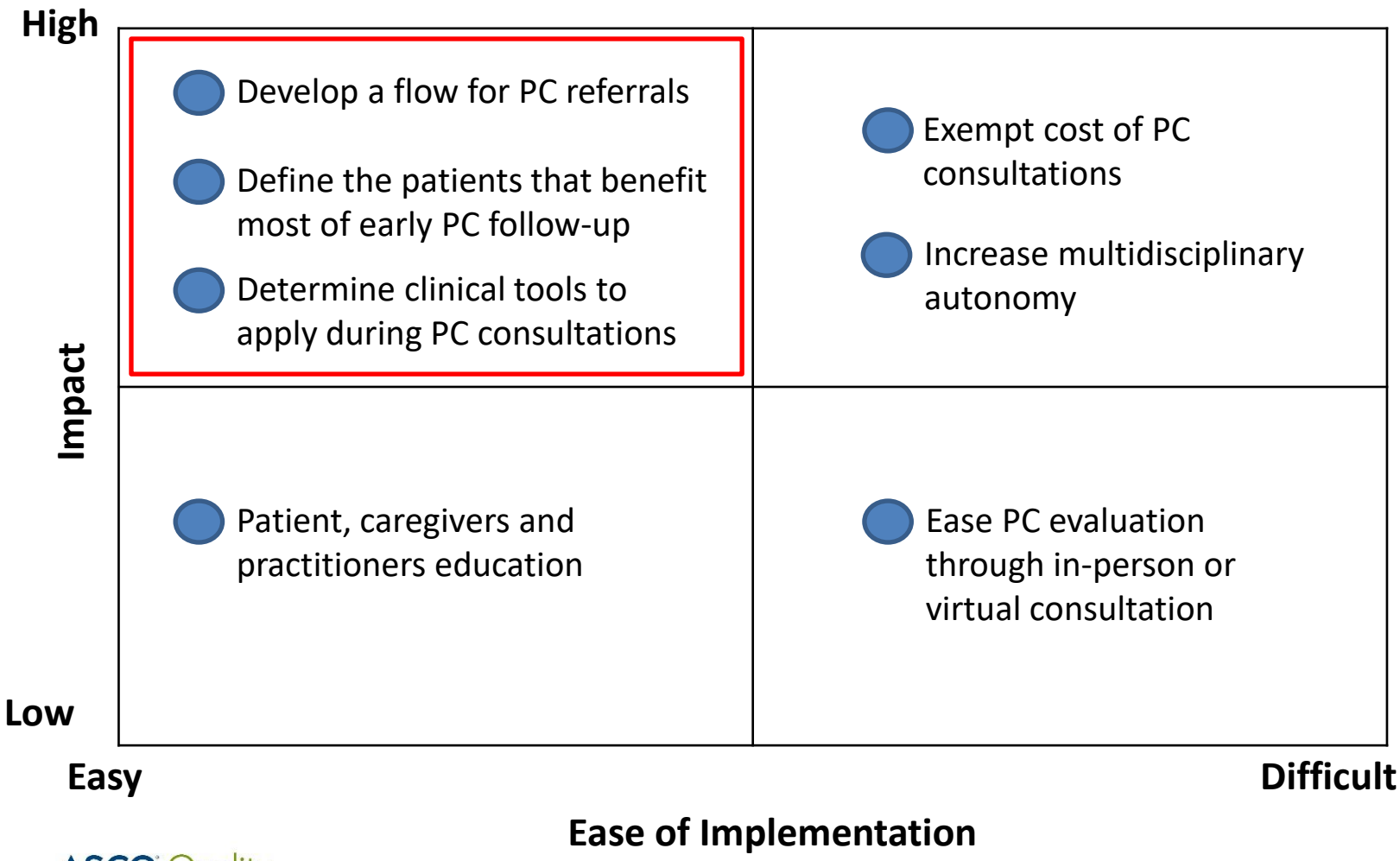


Cause and Effect diagram



Lack of flow for PC, multidisciplinary team low-autonomy, financial difficulties, cultural barriers

Priority Matrix



Process Measure

Diagnostic Data summary

Item	Description
Measure:	Frequency of patients with metastatic cancer with 5 year survival rate < 10%
Patient population: *(Exclusions, if any)*	Patients with metastatic cancer with 5 year survival rate < 10% that had first-time visit at HSL Itaim-unit from Jul to Dec 2019
Calculation methodology: *(i.e. numerator & denominator)*	$\frac{\text{N of patients population by primary tumor type}}{\text{N of total patient population}}$
Data source:	Excel worksheet controls and EMR
Data collection frequency:	Project start
Data limitations: *(if applicable)*	Not applicable

Process Measure

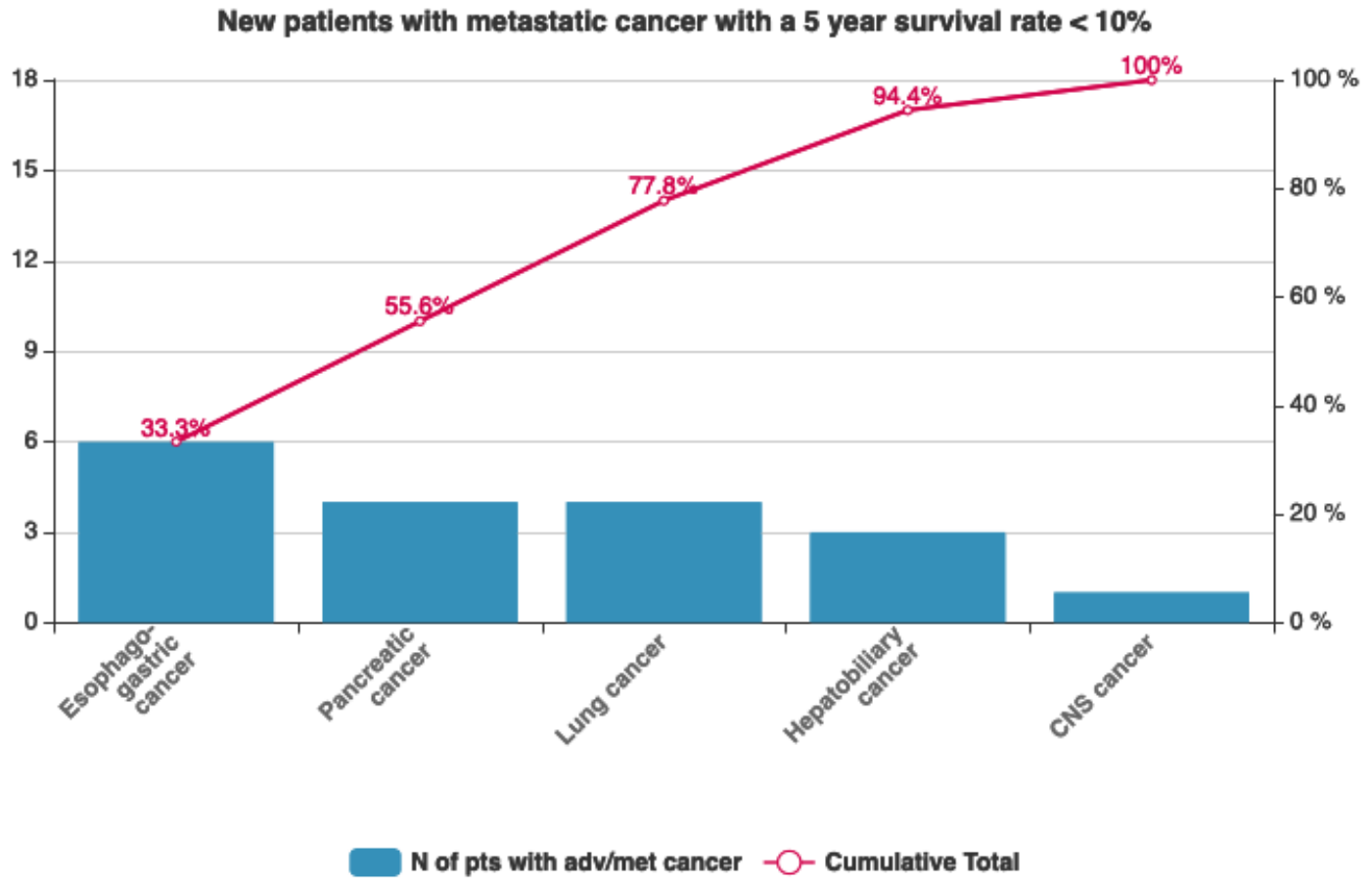
Diagnostic Data

Type of cancer	Rate of metastatic disease at HSL-Itaim	5-year survival rate*
Cancer of unknown primary	100%	-
Hematological malignancies, except lymphoma	80%	47%
Pancreatic cancer	57%	3%
Hepatobiliary cancer	50%	2%
Lung cancer	44%	6%
Esophagogastric cancer	43%	5%
Colorectal cancer	40%	14%
Non-prostate urological cancer	38%	5-74%
CNS cancer	33%	5%
Endocrine cancer	30%	56%
Lymphoma	30%	55%
Gynecological cancer	28%	16-29%
Non-colorectal lower GI cancer	25%	14%
Melanoma	25%	25%
Prostate cancer	25%	31%
Breast cancer	23%	27%
Sarcoma	17%	16%
Head and neck cancer	0%	39%

SEER Cancer Statistics Review, 1975-2015, National Cancer Institute, Bethesda, MD.

Process Measure

Diagnostic Data



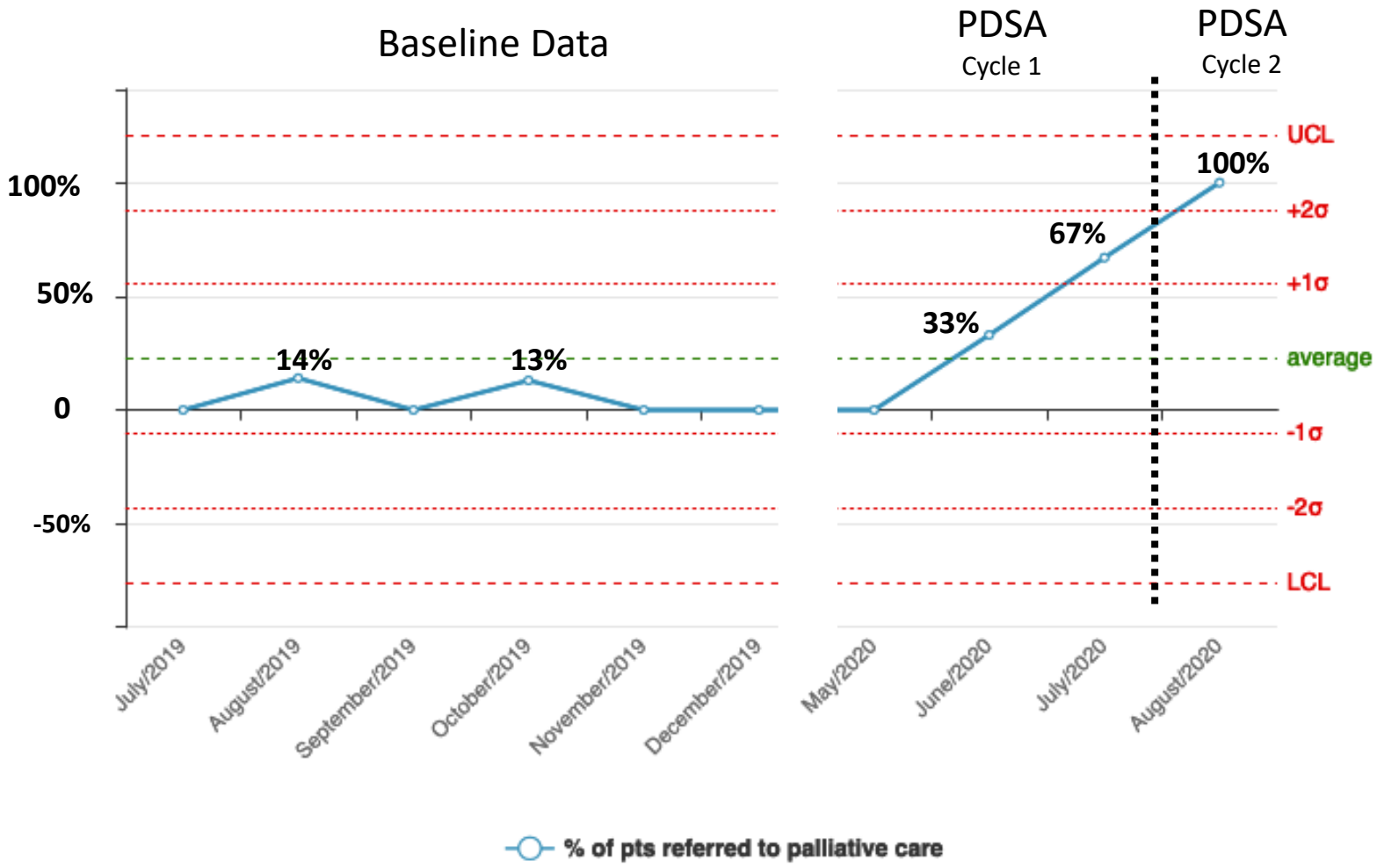
Test of Change

PDSA Plan

Date	PDSA Description	Result	Action
May-Jun/20	• Apply administrative exemption of the cost of PC consultations • Test acceptance of the project by oncologists through interviews	• Cost exemption • Oncologists' low acceptance of early referral by the multidisciplinary team	Oncologists would receive a notification before referring their patients to palliative care
Jul/20	• Calculate the frequency of palliative care referrals • Check the flow of referrals	Significant increase of referrals to palliative care	
Aug/20	• Check the frequency of palliative care referrals	Sustained increase of patient population referrals to palliative care	Maintain monitoring overtime

Outcome Measure

Change Data



Next steps

Sustainability Plan

Next Steps	Owner
On-going evaluation of the frequency of referrals to palliative care	Giovanni Bariani Diego Toloi
Monitoring of new patients candidate for palliative care	Gabriela Braida Samanta Sansão
Assessment of clinical condition improvement through tools applied during each palliative care consultation	Diego Toloi
Application of patient satisfaction score	Juliana Roberta de Castro Diego Toloi
On-going education	Juliana Roberta de Castro Diego Toloi

Patients' Voice

On a scale of 1 to 4, 1 being the worst grade (it did not help me) and 4 the best grade, (it helped a lot):	P1	P2	P3	P4
Did the team's performance assist in the management of symptoms and discomfort of treatment / illness?	4	4	4	4
Did the team's performance contribute to your quality of life?	4	3	4	4
How important is the team in your follow-up?	4	3	4	4

Conclusion

- Proven palliative care referral at 20% for patients with lung, upper GI and CNS cancer
- Better collaboration with oncologists, palliative care physician, nursing and psychologist
- Continue palliative care education
- Better psychological and spiritual support
- Impact of COVID-19

Thank you