

# A MULTI-SITE IMPLEMENTATION OF EARLY PALLIATIVE CARE INTO ROUTINE PRACTICE FOR PEOPLE WITH CANCER

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## Introduction

There is strong evidence that early referral to palliative care improves outcomes for patients and family carers living with cancer. These referrals are not routine and there are significant barriers to access.

## Aim

To understand the implementation of early palliative care integration for people with 5 cancer types at agreed trigger points across 4 cancer treatment centres in Australia.

## Methods

A multi-site stepped wedge implementation trial. All patients with specified cancer diagnoses and at agreed pre-defined trigger points were offered early palliative care consultations (CarePlus). This involved 3 x monthly outpatient appointments to assess symptoms, understanding of disease and possible decisions and a comprehensive needs assessment undertaken by a palliative medicine physician and included a case conference with the Family Physician. Outcomes were sought through qualitative interviews with patients, family members, health care professionals and clinic support staff. Ethics approval was provided by St Vincent's Hospital Melbourne and Central Adelaide LHN HREC.

**“the embeddedness of palliative care with an oncology team, is perhaps the major achievement that you can achieve by this CarePlus program.”** (medical oncologist)

## Results

Across all sites 311 patients accessed early palliative care through CarePlus. In South Australia 59 patients were triaged. The majority had pancreatic cancer. There was high symptom burden identified and most required further referral for usual palliative care community support within one or two CarePlus appointments.

49 interviews revealed emerging themes of CarePlus program providing 'permission' to refer; streamlined pathways to access care; reduced stigma associated with the name "palliative care"; increased collegial discussion and building of networks; and trust between teams along with enhanced trust in palliative care.

In particular, there has been high acceptance from the haematologists referring Multiple Myeloma at the transition point of time of diagnosis, and, following the study conclusion, increased continuing referrals to the palliative care service.

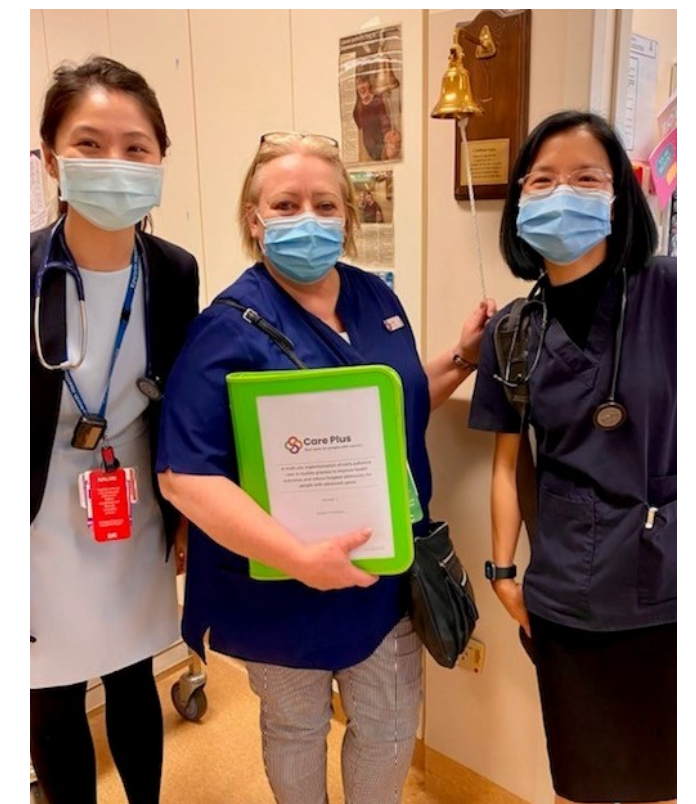
## Conclusions

It is possible to implement a standardised early palliative care cancer clinic into routine cancer care, with high satisfaction.

**“...its really good to have that concurrent pathway where we can link patients in from an early point...it makes things much easier when you get further down the line.”** (palliative care nurse)

## Core elements of CarePlus

- CarePlus introduced at cancer-type trigger point
- Outpatient palliative medicine consultation
  - Review of underlying disease management
  - Screening for symptom including psychosocial distress
  - Review of supports
  - Information and future planning
  - Involvement of family carer
- Regular prescribed follow-up
  - Minimum 3x monthly consults
  - Then ongoing follow up as desired
- Case conference with Family Physician
  - Current and anticipated issues
  - Recommended management and therapies



Medical oncology registrar, CarePlus nurse, palliative medicine physician.

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**“before CarePlus, it was difficult because...I felt I needed... some problem to be able to refer...where as CarePlus allows us to be able to be much more fluid.”** (medical oncologist)

**“I think ...to help people to understand ... there is an endpoint in the not-too-distant horizon, but there's plenty of time between now and then...to make our lives the best they possibly could be in this period of time.”** (patient)