

Acceptability by Patients and Caregivers of an "Automatic" Referral to Supportive and Palliative Care for Patients with **Advanced Lung Cancer**

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BACKGROUND

<u>Problem</u>: People living with advanced lung cancer often experience high symptom burden and emotional distress. Lack of timely access to supportive and palliative care (PC) services remains a problem.

Proposed solution: Automatic referrals to PC triggered by pre-determined clinical criteria.

But: What is patient acceptability of automatic referrals?

Objective: Understand the acceptability for patients and families to receive a call from a palliative specialist to offer a consult shortly after initial visit to oncologist/Cancer center

METHODS



Step 1: Semi-structured one-on-one interviews with patients living with advanced lung cancer.



Step 2: Co-design working group members: 6 patient and family advisors, 20 healthcare providers. Prepared script for calls to new patients.



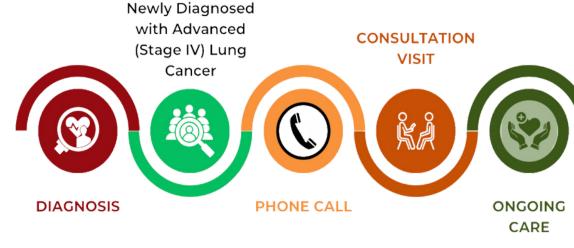
Step 3: Palliative Clinical Nurse Specialist called 81 patients to offer a palliative consult to the patient and their family.



Step 4: 58 palliative consults were booked and completed.

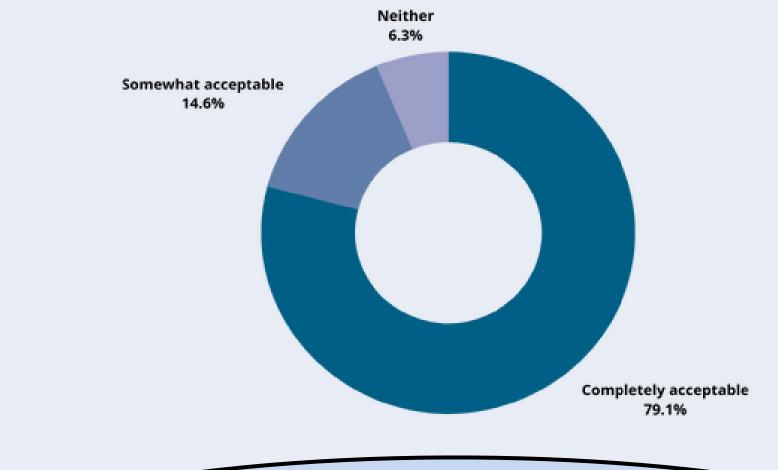


Step 5: Quantitative patient surveys were completed following the initial phone calls. Qualitative interviews were conducted following the palliative consult.



Overall, how acceptable was the phone call?

The majority of patients (94%) contacted found the initial phone call somewhat or completely acceptable.

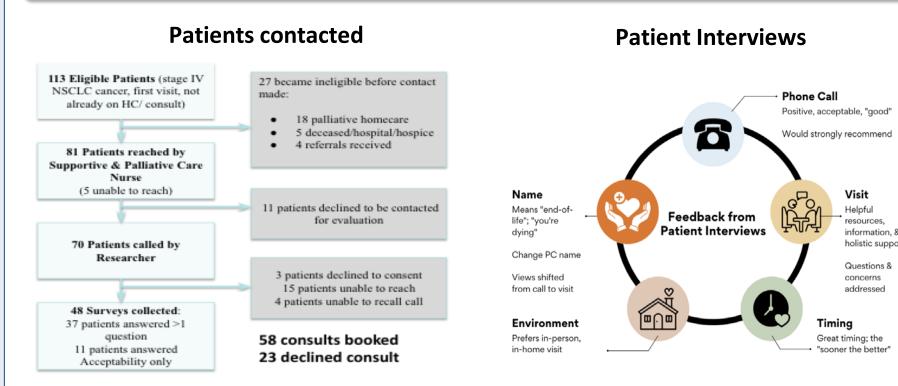


"That really made me feel good that yes, here we're going to get some actual concrete help."

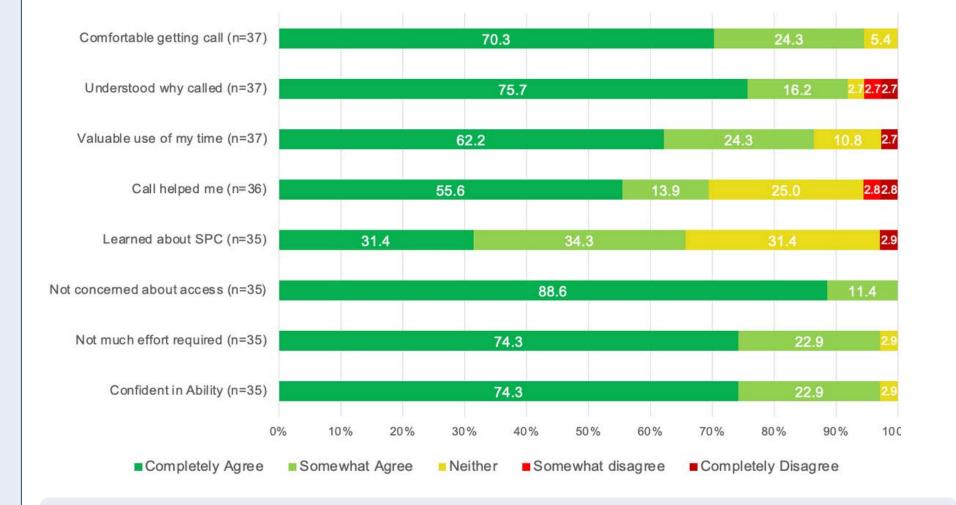




RESULTS



Acceptability Domains



IMPACT

Following this research, automatic referrals to the palliative consult service continue as a standard of practice for advanced lung cancers, in Calgary. Opportunites are being explored to spread.



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