QUALITY IMPROVEMENT IN ADOLESCENT AND YOUNG ADULT (AYA) SUPPORTIVE AND PALLIATIVE CARE IN CANCER

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Introduction

International consensus recommends specialised care for adolescent and young adult (AYA) cancer patients, including timely AYA-specific supportive and palliative care (SPC) referral, regardless of prognosis. Timely SPC engagement is valuable *throughout* the cancer trajectory to optimise cancer outcomes as well as psychosocial and quality of life outcomes for AYAs.

Liverpool Cancer Therapy Centre lacked a streamlined AYA cancer approach despite growing AYA cancer referrals and local challenges of socioeconomic disadvantage and cultural and linguistic diversity. Contextual barriers included poor clinician appreciation for the value of AYA specialised care and significantly larger older adult cancer referral numbers.

Despite the breadth of support a SPC service could offer, of the 884 AYA referrals made to the centre from 2016 to 2022, only 8.4% received *any* SPC input, with indications limited to symptom management and/or end of life support. In response, the multidisciplinary AYA Supportive and Palliative Care (AYASPC) Service was formalised in 2022, aiming to encourage timely AYASPC referrals for a broad range of indications and to promote collaborative AYA cancer care.

Methods

Over 18 weeks in 2022, the AYASPC Service carried out a quality improvement (QI) project utilising Stanford Medicine QI methodologies.

QI Project Aims:
Primary aim:
- **to increase the AYASPC referral rate from less than one per month up to four per month**

Secondary aims:
- **to improve cancer clinician awareness of the benefits of specialised AYA cancer care and timely SPC referral.**

Root Cause Analysis *(Figure 3)*:
Root causes for poor referral rates to the AYASPC Service were identified, including existing AYA appointment burden, unclear referral processes to the AYASPC Service and limited clinician appreciation for specialised AYA cancer care and AYASPC.

Key Drivers and Interventions *(Figure 1)*:
The root cause analysis generated "key drivers" (circumstances necessary to achieve the desired change) which informed sustainable interventions:

- the AYASPC Service developed an **innovative responsive model of care** with broad referral indications and reviewing AYAs when, where and how they preferred, which minimised appointment burden
- The AYASPC Service developed a **streamlined referral process and guideline**
- The AYASPC Service delivered focussed **education** to cancer nurse navigators to advocate for appropriate AYASPC referrals, and education to the wider clinician group on AYA cancer and SPC to improve confidence in AYA care and referring to the AYASPC Service.

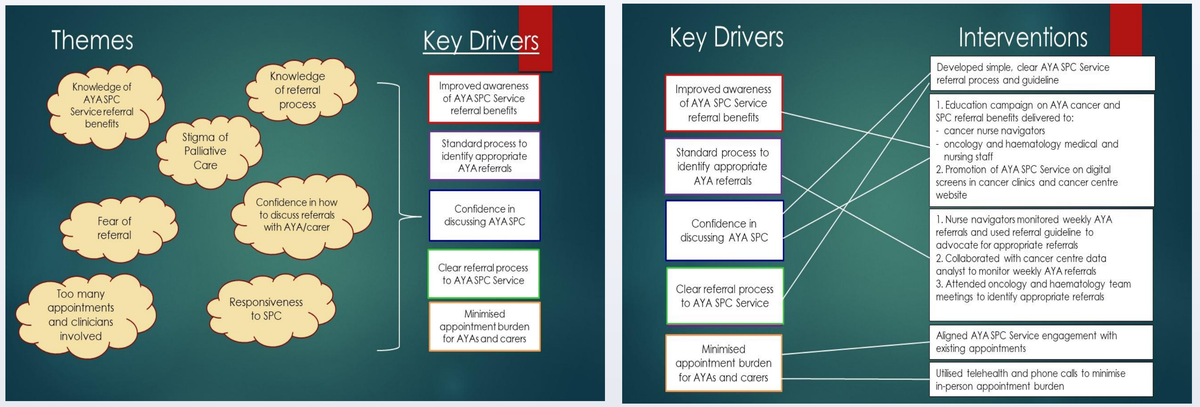

Figure 1. Key drivers and Interventions

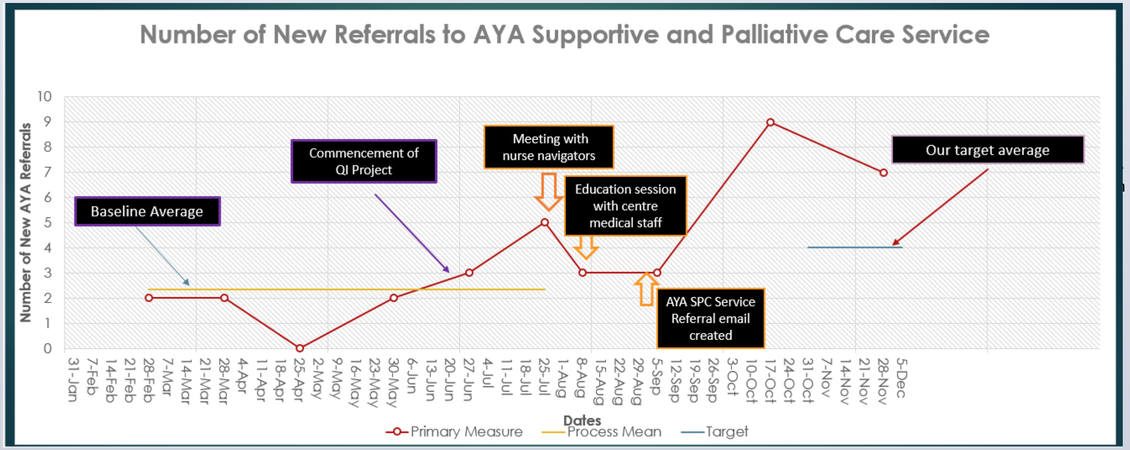

Figure 2. Run Chart of new AYASPC Referrals during QI Project Period

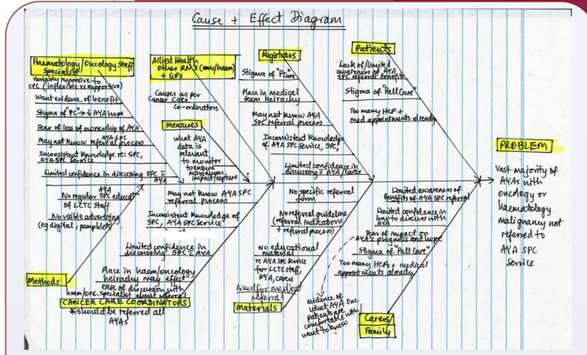

Figure 3. Root cause analysis

Results

- Within three months, monthly AYA SPC referrals exceeded the target four referrals per month ***(Figure 2);***
- Positive referral pattern shifts were observed of earlier referrals not limited to poor prognosis and for a broad range of indications beyond symptom management and end of life care, including adjustment to a new cancer diagnosis, existential distress, support with financial, educational and vocational challenges and support with medical decision-making and advance care planning;
- Greater clinician appreciation for and collaboration in AYA cancer care was observed;
- AYA cancer became part of mainstream discussion in our centre;
- One year post-project completion, AYASPC referrals have been maintained at an average three per month, with sustained positive referral pattern shifts and AYA cancer advocacy continuing through a sustained cultural shift regarding the value of an AYA-specific cancer care approach.

Conclusions

Despite contextual barriers, evidence-based QI enabled the AYASPC Service to sustainably enhance its AYA referral numbers thus helping AYAs optimise their cancer, psychosocial, quality of life and/or end of life outcomes, and promoting AYA cancer care on the Liverpool Cancer Therapy Centre's agenda.

Next steps include evaluating experiences of referred AYAs, caregivers and clinician referrers and developing an overarching AYA cancer model of care for the centre that incorporates our AYASPC Service to promote ongoing, timely integration of SPC in AYA cancer management.