Utilization of Cancer Registry Data to Increase Outpatient Palliative Care Referrals in a Hospital Setting

Meredith Le Beau, BA, CTR • Sarah Dobra, JD, MPH • Jennifer Fournier, MSN, APRN-CNS, ACNS-BC, AOCN, CHFN • Kendra Johnson, MPH, CTR
The Nancy N. and J.C. Lewis Cancer & Research Pavilion at St. Joseph’s/Candler, Savannah, GA

Background
The Nancy N. and J.C. Lewis Cancer & Research Pavilion (LCRP) is a regional destination for community cancer care in Low-Country Georgia and South Carolina. Our cancer registry abstracts approximately 2,000 reportable cases per year. According to the National Cancer Institute, research shows that palliative care is beneficial to patient and family health and well-being. Preliminary research from the Georgia Comprehensive Cancer Control Plan Palliative Care Workgroup suggests that many Georgia Hospitals provide inpatient palliative care services, but that there are few outpatient oncology palliative care clinics serving these patients once they leave the hospital setting. It was determined that the Cancer Registry casefinding process could be beneficial to increasing the number of referrals to an outpatient palliative care clinic.

Primary Objective
Increase palliative care referrals to the LCRP outpatient palliative care clinic by oncology providers for newly diagnosed stage IIIB and IV lung cancer patients using the cancer registry and nurse navigation.

Secondary Objectives
• Describe self-reported change in symptoms from baseline to 6 months among eligible patients enrolled in outpatient palliative care
• Decrease care interventions among eligible patients enrolled in outpatient palliative care clinic over the continuum of care

Conclusion
Preliminary results indicate an increase in Outpatient Palliative Care referrals from 8% in 2014 to 18% in 2015. The method to determine eligible patients for palliative care referrals was based on Cancer Registry casefinding processes. There were 9 patients seen through the navigation/registry referral process, 7 of whom were seen in the clinic. The registry workload required only 1-2 hours of casefinding and follow-up activity. The LCRP outpatient Palliative Care Clinic used this study to highlight patient reported pain and symptom management as well as improved quality of life due to the services provided in the clinic and have successfully increased awareness and education regarding the need for outpatient palliative care services.

References