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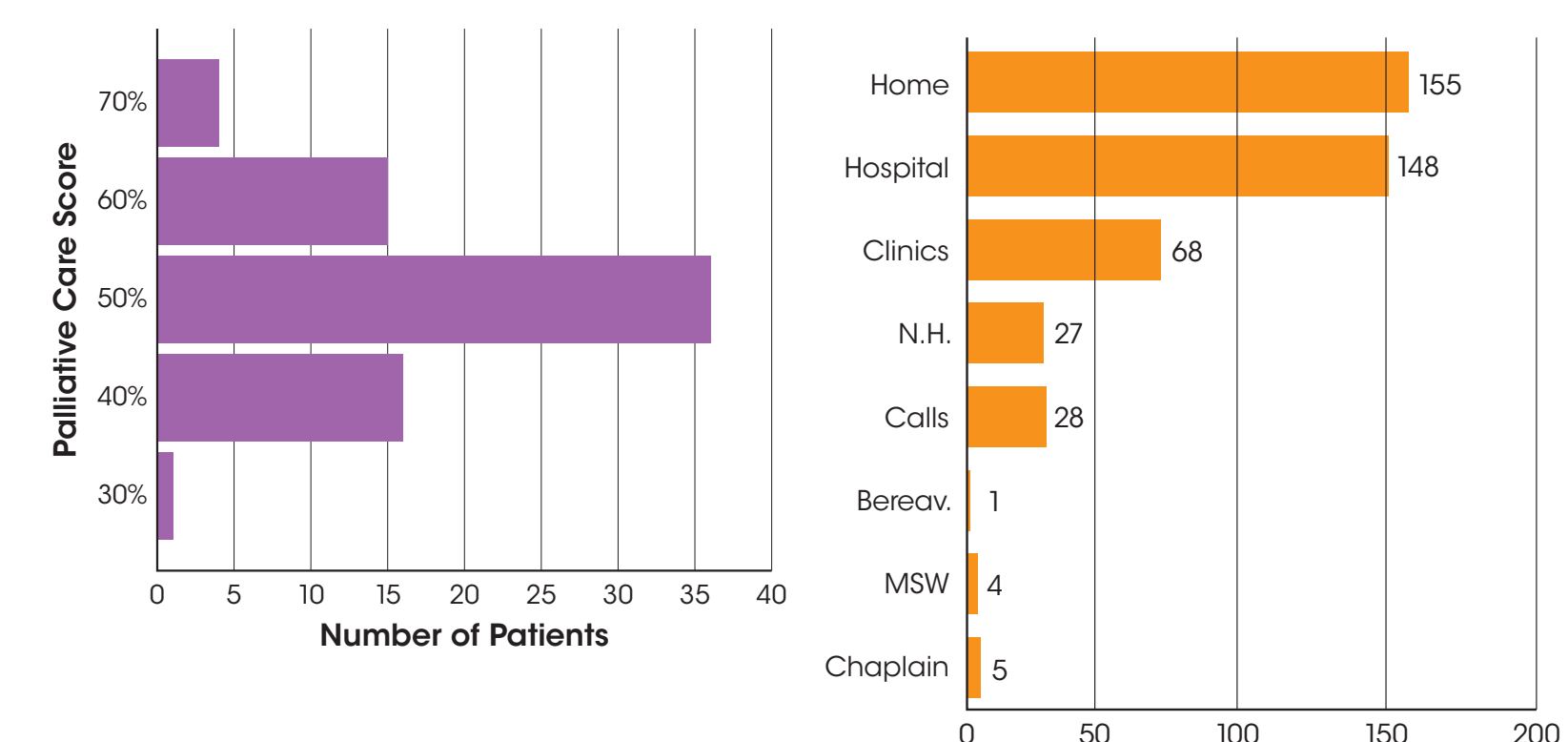
## BACKGROUND

Incorporation of Palliative Care (PC) into advanced disease management has been shown to be associated with improved symptom control, quality of life, and patient/family satisfaction. Combining standard oncology care with PC can facilitate better outcomes in cancer care. Lack of awareness of PC mission and provider factors have led absent or decreased/late access to PC services especially in the community oncology setting. An oncology PC program was launched at Morrison Cancer Center-a community hospital-based cancer program in Hastings Nebraska- for patient identification and automatic referral to the outpatient PC program as part of standard oncology care. We present the findings from our first 18 months of oncology PC practice.

## METHODS

A palliative care team consisting of practicing oncologists, PC-certified APRN, social worker, OCN-RNs and chaplain identified appropriate patients for palliative care referral. Patients were then contacted by the nurse practitioner of the palliative care team. If they agreed to participate, APRN assessed the patients and coordinated the care in communication with the rest of the palliative care team. A reproducible patient eligibility and referral process incorporating PC to our oncology care was formed. Palliative Care Prognostic index (PPI) was utilized to monitor patients' clinical course. 33/72 patients had visits in their own home.

## PALLIATIVE CARE SCORE TOTAL SN AND APRN VISITS



## RESULTS

Over an 18-month span from the launch of the program, a total of 72 patients were referred to the palliative care program. 66 patients accepted and engaged with palliative care, while six patients declined or were unable to be reached for palliative care. Mean time from diagnosis to PC referral was 5.6 months (range 1-36). Mean PPI score was 50% (range 30-70). Lung, pancreas, gastro esophageal, and head and neck cancers were the most common sites. Most common symptoms were weakness (71%), anorexia (58%), pain (32%), fatigue (24%), and anxiety (19%). 32% of patients had no caregiver support, 43% had one care giver, and 25% had more than one caregiver support. 83% of patients continued active anticancer treatment while on PC. 17% of patients eventually switched to hospice care.

## PATIENT STATISTICS

Patient gender	43 female 29 male
Patient race demographic	100% caucasian
Average age of patient	68.75 years
Average PPI	50.60%
Average time from cancer diagnosis to first palliative visit	18.8 months
Average distance patient traveled for treatment	17.5 miles
Average number of visits per patient	6.5

## INSURANCE STATUS

Insurance Status	Number of Patient	Percent
Medicare	51	71%
Insurance	13	18%
Medicaid	8	11%

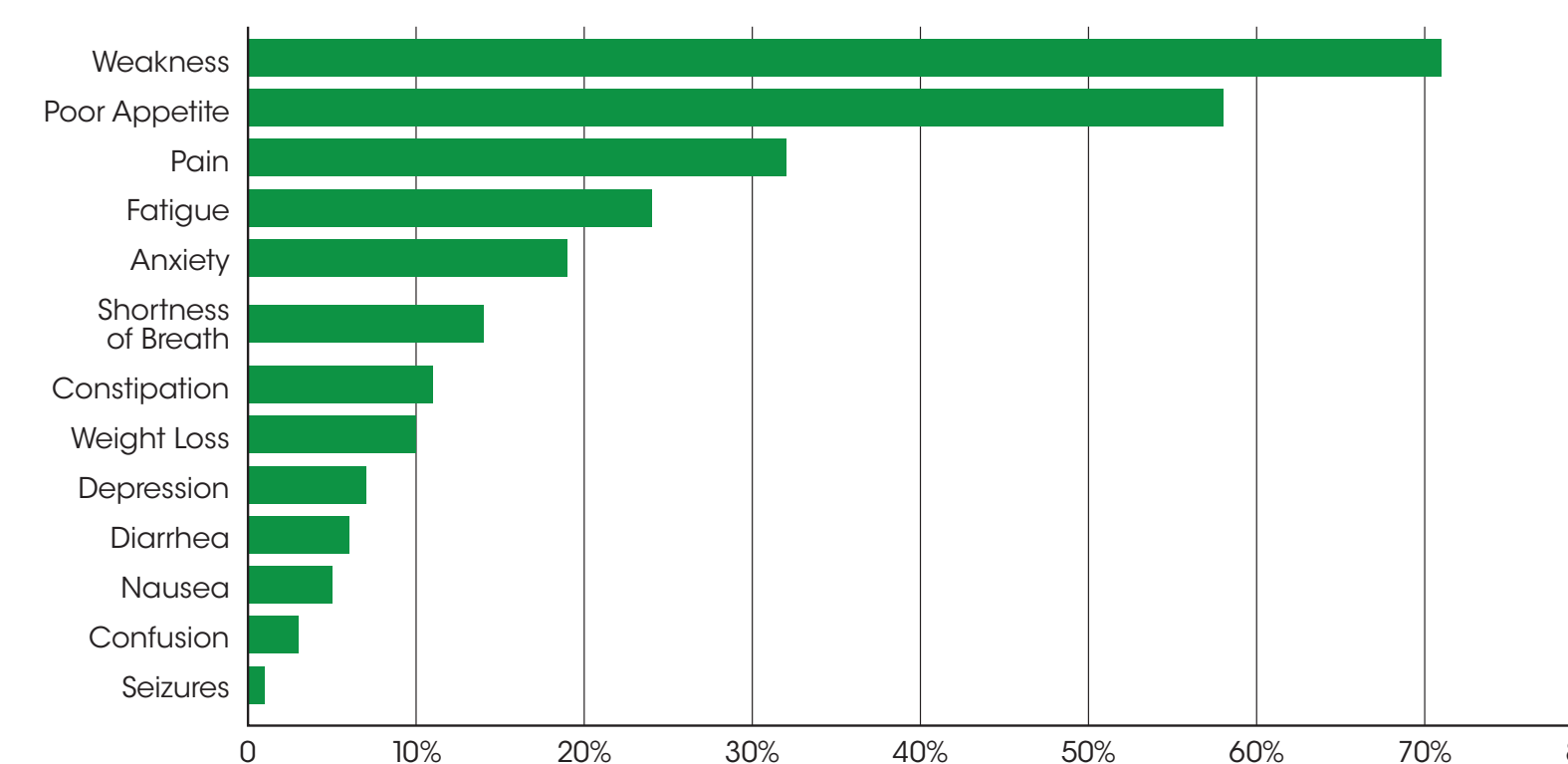
## INCOME STATUS

Income Status	Number of Patients	Percent
Low	34	47%
Middle	35	48%
High	3	4%

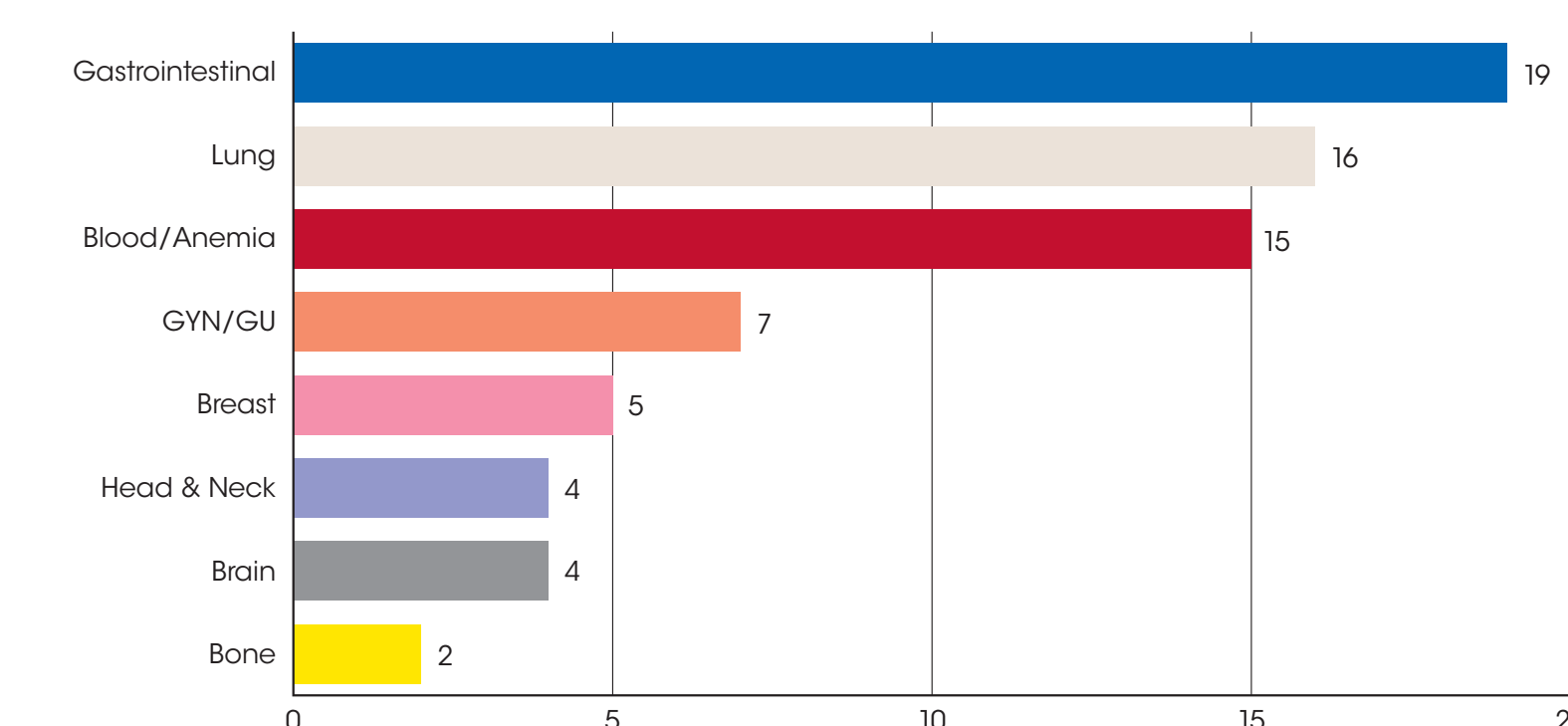
## CAREGIVER SUPPORT

Caregiver Support	Number of Patients	Percent
No caregivers present for visits	23	32%
One caregiver supported by palliative care	31	43%
Two or more caregivers supported by palliative care	17	24%

## COMMON SYMPTOMS



## COMMON DIAGNOSIS



## CONCLUSIONS

Our first one and a half year of community oncology PC program focused on building collaborative relationships between cancer care providers and PC team. Steady referral growth over a short time indicates the increasing acceptance of PC by the cancer care providers. Early referrals for symptom management facilitated goals of care discussions and unified the messages on treatment options. Eighty-three percent of patients were able to remain on anticancer treatment with a reasonable hospice referral rate of 17%. Incorporating palliative care in oncology fosters expert symptom management, seamless communication, and trusting relationships between oncologists, palliative care team, and patients enabling continued anticancer treatment in community oncology setting.

## HOSPICE • COMFORT CARE • LIVING STATUS

Hospice/Comfort Care/Living Status	Number of Patients	Percent
Transitioned to hospice	27	37%
On comfort cares	9	13%
Alive and Still Seeking Treatment	36	50%

## PALLIATIVE CARE STATUS

Palliative Care Status	Number of Patients	Percent
Died	40	55%
Refused further service	8	11%
Currently on service	21	29%
Moved out of area	1	1%
Alive on hospice	2	3%

