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Increasing Palliative Care Team Involvement in Pediatric Oncology Patients

Sana Farooki
Children's Mercy Hospital, sfarooki@cmh.edu

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Submitting/Presenting Author (must be a trainee): Sana Farooki, MD
Primary Email Address: sfarooki@cmh.edu

☐ **Resident/Psychology Intern**
☐ **Fellow – X (Fellow in Pediatric Hematology Oncology)**

Primary Mentor (one name only): Karen Lewing, MD
Other authors/contributors involved in project: Oluwaseun Olaiya MD, Lisa Tarbell, APRN, Nicholas Clark, MD

IRB Number (if applicable): N/A

Describe role of Submitting/Presenting Trainee in this project (limit 150 words): Framing of problem statement and objective, designing department wide survey to gather information regarding barriers, presenting at information dissemination sessions, implementing PDSA cycle interventions, data crunching and analysis of results

Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words

Problem Statement/Question: Palliative Care Team (PaCT) involvement with pediatric oncology patients improves quality of life and increases the likelihood of receiving end-of-life care consistent with patient and family wishes. Barriers to early integration of PaCT exist. The U.S News & World Report benchmark is >75% of patients with refractory cancer should receive PaCT consult >30 days prior to death, with our institution reporting 62% for all children with refractory cancer in 2018.

Background/Project Intent (Aim Statement):

Background: Pediatric patients with cancer diagnoses known to have a 5-year event free survival (EFS) of < 50% and treated at Children's Mercy Hospital, Kansas City were identified between January 1, 2017 through December 31, 2018 . 34 patients with these diagnoses died during this timeframe, and 50% had a PaCT consult note placed >30 days prior to death. During the same timeframe, 29 patients with these diagnoses were newly diagnosed and 27% (n=8) had a PaCT note placed within 30 days of diagnosis.

Project Intent/Aim Statement: Our global aim was to increase PaCT involvement in children with refractorycancer diagnoses. Our primary aim was to improve the percent of patients with a PaCT team consult note placed > 30 days prior to death from 50% to 60% for patients with target diagnoses between March 1, 2019 to December 31, 2019. Our secondary SMART aim was to improve the percent of patients with a PaCT note placed within 30 days of new diagnosis from 27% to 47% during the same timeframe.

Methods (include PDSA cycles):

Our PDSA cycle ramps included a division-wide survey of oncology providers identifying barriers to consulting PaCT and an agreed list of oncologic diseases with 5-year EFS < 50% for which consultation was recommended at the time of diagnosis (Infant acute lymphoblastic leukemia, infant acute myeloid leukemia, diffuse intrinsic pontine glioma, high grade glioma, atypical teratoid rhabdoid, metastatic ewing sarcoma, metastatic osteosarcoma, high risk neuroblastoma, desmoplastic small round cell tumor, alveolar high risk rhabdomyosarcoma). A template for documenting discussion regarding PaCT team involvement was designed and information dissemination sessions were held (Intervention # 1). We emailed monthly reminders about the template and criteria for when PaCT consult was recommended (Intervention #2). Reminders were emailed to primary teams within two weeks of new diagnosis (Intervention # 3). Run and control charts assessed the impact of iterative PDSA cycles over time.

Results:

Between March 1, 2019 to December 31, 2019, 18 patients meeting criteria died and 61 % (n=11) had PaCT consult note placed > 30 days prior to death which was an improvement from baseline of 50%. There were 14 patients with new diagnosis meeting criteria and 71 % (n=10) had PaCT consult placed within 30 days of diagnosis which was an improvement from a baseline of 27%. Intervention # 3 was found to be the most beneficial.

Conclusions:

We demonstrated improvement in PaCT involvement in pediatric oncology patients with 5-year EFS < 50% both at diagnosis and > 30 days prior to death.