

Palliative Pathways Project: An Initiative to Increase Timely Referrals to Palliative Care

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Background

Pancreatic cancer is frequently diagnosed at an advanced stage, often leading to significant physical and psychological distress, greatly impacting patients’ quality of life (American Cancer Society, 2024; Ebstein et al., 2020). Despite well-documented benefits supporting early integration of palliative care (PC), PC remains significantly underutilized amongst patients with pancreatic adenocarcinoma.

Early PC has been associated with improved quality of life, symptom management, patient-centered outcomes, and even better survival rates (Huo et al., 2022; Quinn et al., 2020). Utilizing a validated screening tool has consistently been found to increase timely PC referrals (Churchill et al., 2020; Paiva et al., 2020; Whyman et al., 2024).

Objective

At the intervention site, there is currently no formal screening and referral process in place to mitigate the underutilization of palliative services. The project aims to address this issue by implementing a standardized screening and referral process to facilitate early access to PC for adults with pancreatic adenocarcinoma.

Disclosure

There are no conflicts of interest to disclose.

Methods

Inclusion criteria: Adult patients with pancreatic adenocarcinoma presenting for their first oncology consultation | **Exclusion criteria:** Patients seeking second opinions without transferring care

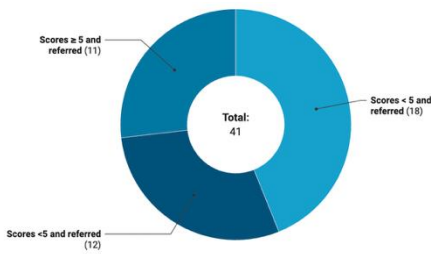
- All patients screened with Glare et al.’s (2014) 11-Item Palliative Care Screening Tool (11i-PCST) (Figure 1) on their new patient intake assessment by the nurse practitioner over a three-month period, with most screenings occurring before the first visit with the oncologist
- All patients with total scores ≥ 5 referred to palliative care (PC)
- Electronic analytics data report generated from EHR to obtain information
- Descriptive analysis used to evaluate results and summarize findings

Figure 1:
11i-PCST

Criterion	Points*
Locally advanced or metastatic cancer	2
Functional status of patient (ie, ECOG score)	0-4
Any serious complication of cancer associated with survival < 12 months†	1
Any serious comorbidity	1
Any other condition complicating care‡	1
Additional criteria	
Uncontrolled symptoms	1
Moderate-severe distress	1
Patient/family concerns regarding decision making	1
Team needs assistance with decision making	1
Patient/family requests PC consult	1
Prolonged length of stay	1
Total	0-14

Note: Order referral to Palliative Care for scores ≥ 5 . (Glare et al., 2014)

Figure 2:
11i-PCST Score Categories and Palliative Care Referral Distribution



Discussion

- **High screening compliance:** 82%
- **Appropriateness and accepted referrals:** All patients who scored ≥ 5 were referred and accepted referral
- **Earlier access to PC:** As compared to 2023 and 2024, the project intervention decreased referral times to PC and number of days to initial PC consult, resulting in more time to facilitate supportive interventions
 - Reduced **number of days to PC referral** by ~ 16 days
 - Reduced **number of days from referral to initial PC visit** by ~ 6 days
- **Significant patient needs:** 14% of patients (n = 7) died during the intervention

Results / Conclusion

This quality improvement initiative showed that implementing a structured PC screening tool for patients with pancreatic adenocarcinoma is both feasible and effective, significantly improving the timing and frequency of PC referrals. Future recommendations include lowering the referral threshold to capture more patients, integrating the tool into the EHR, and automating referrals to reduce variability. Ongoing work should evaluate the impact of early PC on patient-centered outcomes like quality of life and care alignment.

References

Glare, P. A., & Chow, K. (2014). Validation of a simple screening tool for identifying unmet palliative care needs in patients with cancer. *Journal of Oncology Practice*, 11(1), e81– e86. <https://doi.org/10.1200/JOP.2014.001487>

Glare, P. A., Semple, D., Stabler, S. M., Saltz, L. B. (2011). Palliative care in the outpatient oncology setting: Evaluation of a practical set of referral criteria. *Journal of Oncology Practice*, 7(6): 366-370. <https://doi.org/10.1200/JOP.2011.000367>

