Building an early palliative care pathway for advanced colorectal cancer patients in Alberta: *identifying current state barriers and gaps to early palliative care*

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Background

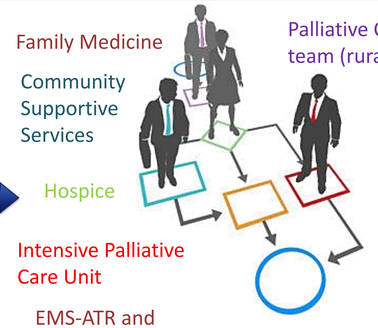
PaCES was conceived to address the problem of late referrals to palliative care (PC) for advanced cancer patients in **Alberta, Canada.**

Objectives

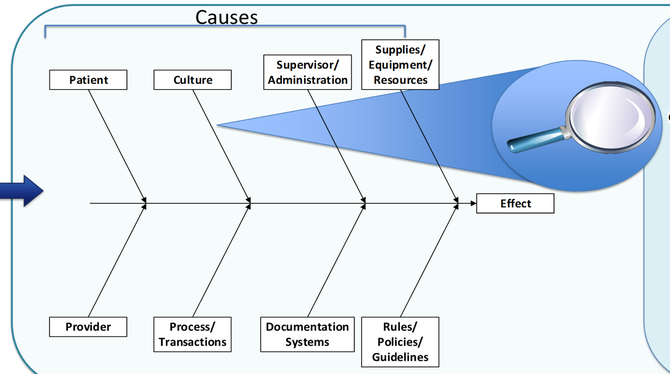
- Use process improvement strategies to identify why complex care becomes fragmented.
- Engage stakeholders in the proposal of solutions to gaps and barriers identified.

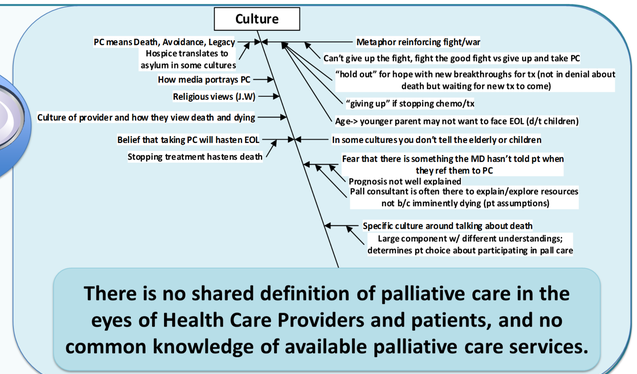
Methods

- Process mapping, affinity analysis, and fishbone analysis were used to understand the current state, identify gaps and barriers, and identify root causes.
- Stakeholders and front line workers (n=65, from 17 stakeholder groups) brainstormed solutions to the root causes.



- 8 current state process maps created with 17 stakeholder groups
- The maps highlighted **101 gaps and barriers** to connecting a patient to palliative care services





There is no shared definition of palliative care in the eyes of Health Care Providers and patients, and no common knowledge of available palliative care services.

- Gaps and barriers were grouped by affinity analysis to identify reoccurring themes, and **7 overarching problem statements**
- Each problem statement was explored by Ishikawa, or fishbone, diagram to identify "**root causes**"
- Once root causes are identified, solutions can be generated

Problem Statements

Transitions: There is no formal transition process for patients with advanced cancer being discharged from the cancer centre ("No Further Recall") to Family Physicians and community service providers, which creates a care gap for the patient. (2 root causes identified)

Role: It is not clear among health care providers (HCP), patients and their caregivers who is responsible for each aspect of patient care. (3 root causes identified)

Definition: There is no shared definition of palliative care in the eyes of HCPs and patients and no common knowledge of the palliative care services available. (5 root causes identified)

Communication: There is fragmented communication between HCPs and their teams particularly across sectors. (4 root causes identified)

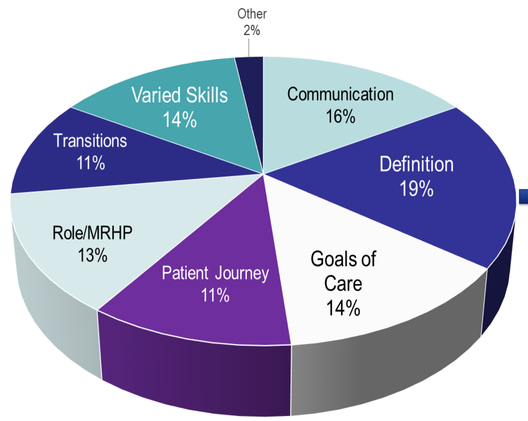
Patient journey: There is a lack of visibility of the patient's schedule and resources being used by that patient to various HCPs. (3 root causes identified)

Standard Advance Care Planning (ACP): While a standard policy/procedure exists for ACP, the practice is varied and there are gaps in its application. (6 root causes identified)

Varied skills: HCPs have varied skills in relation to providing a palliative care approach which may lead to gaps in the patient experience and late referrals to palliative care services. (4 root causes identified)

- **27 root causes** to the **7 problem statements** were identified
- Solutions were proposed by **65 individuals** from **17 stakeholder** groups through in-person meetings and online survey

136 Actionable Solutions



- Raw solutions were sorted with change management experts
- **136 actionable solutions were identified**

Discussion/Conclusions

- Process improvement strategies assisted in identifying why complex care becomes fragmented.
- The results are informing future state development and targets for improvement.
- By bringing individual teams together we created an opportunity for collaboration, increased stakeholder awareness and devised collaborative solutions.

WHERE ARE WE NOW

- Provincial Clinical Practice Guideline and accompanying pathway developed.
- Shared Care letters for advanced cancer given to patients and community medical provider.
- Definition of palliative care embedded in patient education materials.
- Creation of dashboard to flag patients on second line chemotherapy (or greater).
- Identification of early palliative care components.
- Community based palliative nurse to support patients and their families.

Contact Information
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Website: www.pacesproject.ca
Guideline and Resources: www.ahs.ca/GURU under Gastrointestinal or Palliative & Supportive Care