PaCES
PALLIATIVE CARE EARLY AND SYSTEMATIC

AUTOMATIC PALLIATIVE CARE REFERRALS

Acceptability and Uptake by Patients with Advanced Lung Cancer

People living with incurable cancer are **not routinely provided timely palliative care.**

Many people don't know they can **receive palliative care at the same time** as cancer treatments.

Cancer doctors often have to focus on cancer treatments **over palliative care.**

We wanted to develop a process so that
EVERYONE RECENTLY DIAGNOSED
with advanced cancer is offered a palliative care consultation.

PHASE 1: CO-DESIGNING THE PROCESS

Patient partners and healthcare providers worked together as equal partners.

INTERVIEWS with patients living with advanced lung cancer told us about needs in palliative care.

CO-DESIGN WORKING GROUP where patient partners and healthcare providers co-developed the process, named it **'supportive and palliative care',** and worked on language and script for patients.

Development of the pathway and assessment tool and
PILOT IMPLEMENTATION

Central to the new process was a phone call from a supportive and palliative care nurse specialist, offering a consult at home, to **ALL PATIENTS WITH ADVANCED LUNG CANCER AFTER THEIR FIRST CANCER CENTRE VISIT.**

*by specialist palliative care

PHASE 2: EVALUATING ACCEPTABILITY

We asked all patients how acceptable it was to receive the phone call offering a supportive and palliative care consultation. We also interviewed patients who had both the phone call and the supportive and palliative care consultation.

FEEDBACK FROM PATIENT INTERVIEWS

Phone calls were positive with patients strongly recommending

Timing was ideal, with phone calls within two weeks

Visits provided info & support, addressed questions & concerns

Name brought up end-of-life/dying, but views shifted from call to visit

Home environment preferred for in-person consults

94%
of patients contacted found the initial phone call somewhat or completely acceptable.

These findings helped us refine and implement a systematic early
SUPPORTIVE AND PALLIATIVE CARE PROGRAM.