Triggers for Palliative Care Consultation in Advanced Head and Neck Cancer:
A Quality Improvement Project
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Objectives:

Advanced head and neck (H&N) cancer is associated with high levels of physical, mental, emotional, and financial hardship on both patients and caregivers. It is also associated with high healthcare utilization at the end of life. We are conducting an initial quality improvement project to characterize the utilization of palliative care (PC) services in our practice with the intent of developing 'triggers' to automate PC consultation in appropriate advanced H&N cancer patients.

Materials and Methods:

A retrospective chart review will be performed to evaluate PC utilization in patients with advanced H&N cancer. PC consultation will be on standard, case-by-case basis in this phase. Overall PC consultation rate, length of stay, hospice referral rate, readmission rate, and ICU utilization data will be collected. From this data, 'triggers' for automated PC consultation will be suggested for future implementation and study.

Results:

PC utilization rates and quality metrics will be reported. Results of previous studies looking at all solid-tumor advanced cancer patients demonstrated lowered 30-day readmission rates, increased hospice referral rates, and reduced chemotherapy utilization upon implementation of a PC trigger. We hypothesize that we will see similar changes in this patient population.

Conclusions:

Appropriate PC services in advanced H&N cancer have the potential to both improve patient care and reduce healthcare costs. This QI project will characterize current PC utilization in our practice and allow us to prospectively standardize PC consultation through well-defined 'triggers.'