

Palliative Care Initiative in Older Adults Diagnosed with Cancer

Janelle Vicens DNPc, MSN, FNP-BC, BSN, RN

Johns Hopkins University School of Nursing

On my honor, I pledge that I have neither given nor received any unauthorized assistance on this
paper.

Abstract

Background: Earlier referrals to palliative care in the community for cancer patients can lead to increased QOL, decreased health related expenses and decrease in aggressive end-of-life treatment. (Howie & Peppercorn, 2013; Rowland & Schumann, 2010).

Problem: Older adults with cancer do not have sufficient access to palliative care services in the outpatient setting resulting in poorer quality of life (QOL). Consequential to knowledge deficits regarding the purpose and role of palliative care, palliative care referrals are placed late in the disease trajectory further decreasing patient access to care and QOL.

Purpose: The purpose of this quality improvement project was to increase patient knowledge and acceptance of palliative care, increase patient satisfaction with care and improve the quality of life (QOL) of cancer patients through the development of a clear clinical pathway within one organization.

Methods: This quality improvement project employed a pre- post- design to determine the effects of an educational and symptom management intervention on persons with cancer. Convenience samples for the education (n= 8) and palliative integration (n= 12) interventions consisted of persons enrolled at the organization of interest aged 65 or older with a cancer diagnosed within 8 weeks of initial palliative care consult.

Results: The project found that with the educational intervention there was an increase in knowledge of palliative care (p=0.027) despite not increasing preference for palliative care (p=0.611). The clinical intervention found that participants were more satisfied with their care (p=0.038) despite no significant improvements in their QOL (p=1.000).

Conclusions: The project demonstrated the positive impact earlier implementation of palliative care could have on overall satisfaction with care. The project also found that palliative care education increases participant knowledge of palliative care and helped de-stigmatize end-of-life care for this culturally homogenous population.

References

- Howie, L., & Peppercorn, J. (2013). Early palliative care in cancer treatment: Rationale, evidence and clinical implications. *Therapeutic Advances in Medical Oncology*, 5(6), 318-323.
- Rowland, K., & Schumann, S. A. (2010). PURLs. palliative care: Earlier is better. *The Journal of Family Practice*, 59(12), 695-698.