Abstract

Background and Purpose: Early palliative care referrals in advanced solid tumor patients are essential to improving quality of life (QOL) and improving outcomes. The purpose of this quality improvement project was to implement an evidence-based approach to increase early palliative care referrals in an adult outpatient solid tumor medical oncology clinic.

Methods: This evidence-based QI project utilized a pre and post-intervention design set at a hospital in the mid-Atlantic region. The QI project was implemented at an outpatient adult medical oncology clinic that provides care to adult oncology patients with various oncology diagnoses. This project has two samples. The patient sample included adults aged 18 and older with a newly diagnosed advanced (stage 3/4) solid tumor malignancy. The second sample included 5 oncology nurse practitioners who were provided education with a pre and post-test survey and implementation of the screening tool for eligible patients.

Results: In the pre-intervention phase, there were a total of 51 patient charts reviewed, 31.37% \((n=16)\) were referred to early palliative care. In the post-intervention period, there were a total of 67 charts reviewed, 62.69% \((n=42)\) were referred to early palliative care. There was a nearly 100% increase in patients referred to early palliative care in the post-intervention phase. There was a 66.7% change in palliative care and ESAS knowledge following the online educational program.

Conclusions: Findings suggest an intervention increased early palliative care referrals and with the education provided to nurse practitioners had a clinically significant impact on adult advanced oncology patients in the outpatient setting and should be further developed.

Implications: Outpatient solid tumor oncology clinics with patients with advanced cancer can implement the ESAS screening tool to increase the number of early palliative care referrals. Increasing early palliative care referrals can improve patient outcomes and oncology patients’ QOL.

Keywords: oncology, early palliative care, ESAS, outpatient, advanced cancer