Early Integration of Palliative Care in Advanced Adult Oncology Patients in the Outpatient Setting
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Introduction and Background
- Cancer is the 2nd leading cause of death in the US.¹
- Cancer patients experience a median of 8-12 undetected and under-treated serious health-related symptoms each year.³
- Current recommendations are that patients with advanced cancer should receive early outpatient palliative care concurrent with active treatment. However, only 14% of patients who need palliative care receive it.¹,²,³
- Early Palliative care (EPC) has many benefits as depicted in Figure 1 to the right.¹,²,³

Figure 1. Benefits of Early Palliative Care.
- Increases Quality of Life
- Reduces Costs
- Increases Patient Satisfaction

Purpose and Aims
- This quality improvement project’s purpose is to determine the effectiveness of a symptom assessment screening tool, Edmonton Screening Assessment System (ESAS), to generate early palliative care referrals (EPC).
- The aims of the project are to:
  1. Increase outpatient medical oncology department nurse practitioners’ knowledge of the ESAS tool and the EPC referral process.
  2. Increase the EPC referral rates in the solid tumor medical oncology outpatient clinic by 20%

Intervention
- 15-minute, live demonstration of the ESAS tool and EPC referral protocol, online education
- Teach back sessions to check for understanding
- Optional 1-on-1 training sessions

Methods
Design: One-group, pre/post quasi-experimental intervention and chart review
Setting: Outpatient Medical Oncology Clinic
Sample: 5 Nurse Practitioners, 118 patient charts (51 pre and 67 post)
Measures: (a) 10-item T/F test to assess knowledge and (b) EPC referral rates
Analysis: Wilcoxon Signed Ranked for Aim 1 and Chi-Square test of association for Aim 2

Results
Sample Demographics
A total of 5 NPs, 60% of whom have nursing master’s degrees. See Figure 2 for details.

Figure 2. Sample demographics for race, nursing, and oncology experience.

Aim 1: Increasing Knowledge
- As shown in Figure 2, the median pre-intervention knowledge score was 60% (IQR = 20) and the median post-intervention knowledge score was 100% (IQR = 15.0). There was a 66.7% change in knowledge, but this was not statistically significant (p=.066).

Aim 2: EPC Referrals
- As shown in Figure 3, the pre-intervention EPC referral rate was 31.37% (n = 16 of 51) and the post-intervention EPC referral rate was 33.88% (n = 26 of 67). There was 23.94% change in EPC referrals, but this was not statistically significant (p=0.40).

Figure 2. Knowledge Scores % Correct

Figure 3. EPC Referral Rates

Future Directions
Based on the results and conclusions of this QI project there are opportunities to build and move this knowledge forward:
- Continued Education- For all oncology clinicians on EPC
- Assessment Tools - Use of standardized assessment tools to generate referral triggers in the EMR
- Referral - Standardized referral process to EPC
- EMR Tracking – Consistent data collection and analysis

Conclusion
- Overall, the intervention resulted in clinically significant increases in knowledge and EPC referrals.
- This intervention may improve outcomes for advanced oncology patients in an outpatient setting
- Replicating the project in other outpatient settings should be further developed.

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  - My Organizational Mentor: Dr. Suzanne Dutton
  - Staff and nurse practitioners at my project site

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