

Improving Quality of Life with Early Initiation of Palliative Care in Patients with Advanced Cancer

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Background

- Cancer is 2nd leading cause of death in the US (Siegel, 2020)
- In 2020, 1.8 million new cancer diagnoses and 600,000+ deaths are projected in the US (Siegel, 2020)
- Oncologists have guided patients in making treatment decisions in the past (Vanbutsele, 2018)
- Many oncologists delay palliative care referral until all treatment options are exhausted (Bakitas, 2015)
- In last 10 years, there has been increase in overall aggressiveness of medical care in last month of life (Scibetta, 2015)

Needs Assessment

- As cancer progresses, patients often require hospitalization and costly diagnostic testing, invasive procedures and ICU admissions without improvement in patient outcomes (Fitzpatrick, 2018)
- Patients often don't understand disease is incurable and rarely engage in discussions with medical oncologist about preferences for end-of-life care (Scibetta, 2015)
- Palliative care providers are trained to help patients understand prognosis, make treatment goals and facilitate informed decisions at end of life (Temel, 2016)

PICOT Question

Practice question: How does early initiation of palliative care concurrently with usual medical oncology care, compared with only medical oncology care, improve quality of life, anxiety and depression in advanced cancer patients over a three-month period?

Literature Review

Evidence

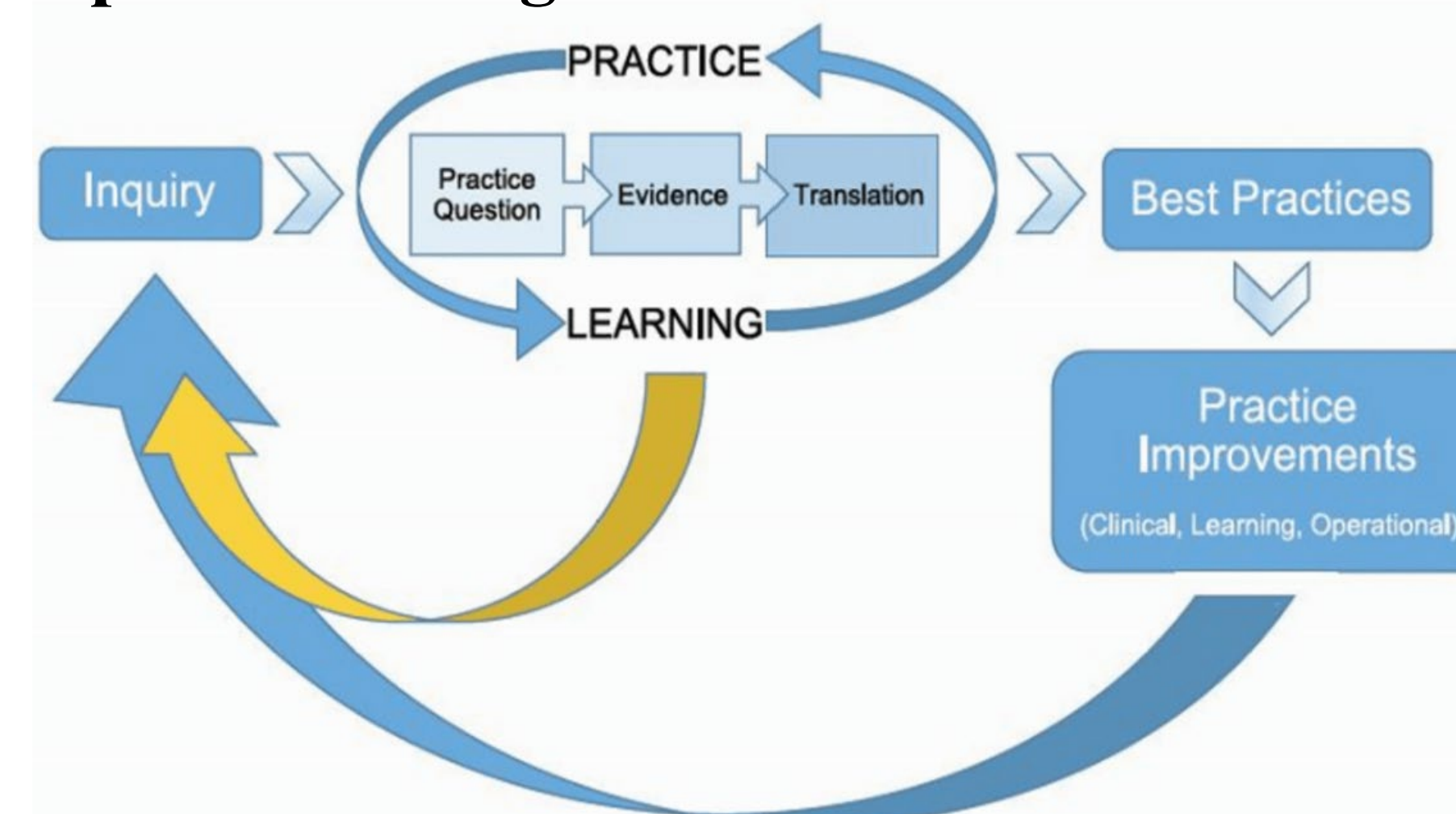
- **Databases:** CINAHL, PubMed, Cochrane Library & Google Scholar
- **Keywords:** 'Early palliative care', 'supportive care', 'advanced cancer', and 'quality of life'
- **Inclusion criteria:** Advanced or stage IV cancer, adults over 18, English
- **Exclusion criteria:** Studies published 7+ years ago, not from peer-reviewed journal, article not in English
- **Level of evidence:** Level I- 2 articles, Level II- 5 articles, Level IV- 1 article, Level VI- 2 articles
- **Summary:** Research shows that early initiation of palliative care improves quality of life, anxiety and depression in patients with advanced cancer. There is also evidence that early palliative care improves end-of-life communication.

American Society of Clinical Oncology EBP Guidelines (Ferrell, 2016)

- Patients with advanced cancer should be referred for dedicated palliative care services with 8 weeks of diagnosis or cancer progression, alongside active cancer treatment
- Consultations should be available in both inpatient and outpatient settings
- Palliative care addresses physical, intellectual, emotional, social, and spiritual needs and facilitates patient autonomy, access to information, and choice
- Providers can initiate caregiver-tailored support, including telephone coaching, education, referrals and face-to-face meetings
- Evaluate patient's quality of life, anxiety and depression

Theoretical Framework

The Johns Hopkins Nursing Evidence-Based Practice Model



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Implementation

Translation

- Obtain approval from administrative leaders
- Recruit interprofessional team
 - MD, APP, RN from med oncology and palliative care, EBP committee member and administrative rep
- Educate med oncology on palliative care services and tips to initiate conversations
 - In-service by palliative care team
- Identify patients with new diagnosis of stage IV cancer or new metastasis
- Med oncology will assess baseline quality of life (MQOL), depression (PHQ9) & anxiety (GAD7)
- Refer patients for initial palliative care consultation within 8 weeks
- Monthly telephone meetings with palliative care RN for 3 months

Evaluation

Evaluation

- Compare the scores of MQOL, PHQ9 and GAD7 before and after intervention
- Quantitative metrics
- Number of palliative care referrals before and after intervention
 - Average time from disease progression or diagnosis to palliative care referral
- Qualitative metrics
- Provider experience
 - Patient

References

- Available upon request

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