

The Impact of a Palliative/Supportive Care Medicine Team on Inpatient Pain Scores at an NCI Designated Comprehensive Cancer Center: A Program Evaluation

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Purpose

- The purpose of this project was to determine if a consultation with the Palliative/Supportive Care (PSC) Medicine Team at an NCI designated comprehensive cancer center positively impacted pain management outcomes in an inpatient oncology setting.
- To provide implications for use of a PSC team in the pain and symptom management of oncology patients

Background

- Pain is one of the most common and distressing symptoms reported by 30-50% of all patients and 70 to 90% of persons with advanced cancer. Cancer pain is often undertreated. Effective management of pain requires comprehensive interdisciplinary care.
- The PSC team acts with a primary focus on optimizing patients' comfort by anticipating, preventing and reducing suffering, thus causing decreased physical and psychological stress
- Studies have demonstrated that a PSC consult can often decrease distressing symptoms, such as, pain in cancer patients.
- The role of the PSC team can be implemented at any point in the disease trajectory and not just at the end of life. The PSC team is often under-utilized.
- The American Society of Clinical Oncology (2016) recommends palliative care be incorporated along with standard oncology care at an early stage of the disease.

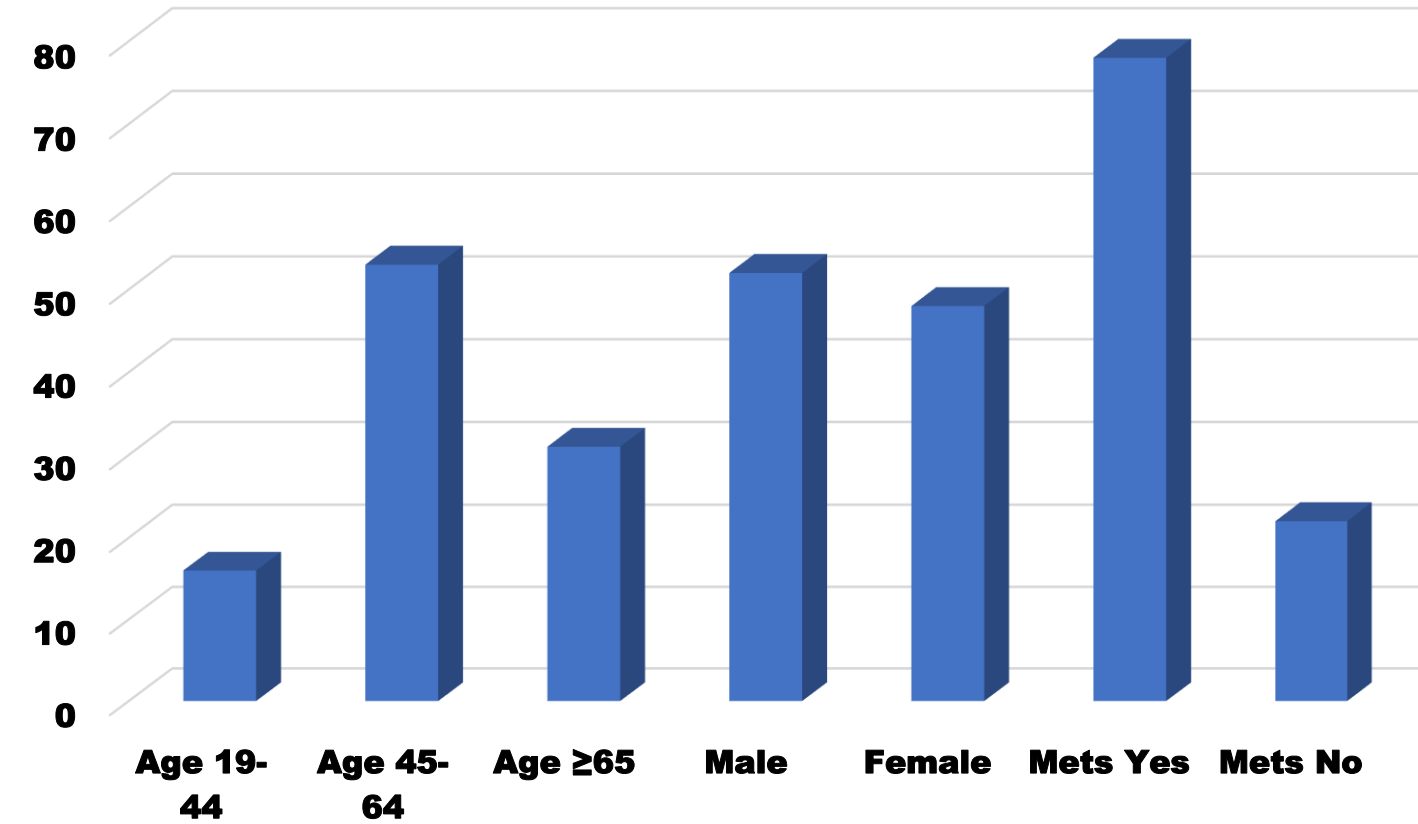
Methods

- Project Design: A program evaluation via a retrospective chart review of the Electronic health record comparing pain intensity scores (PIS) pre-and post consultation with the PSC team
- Setting: An NCI Designated Comprehensive Cancer Center in Tampa, Florida. The PSC at this facility consists of 6 physicians, 5 nurse practitioners, and one clinical nurse specialist who are certified and/or highly trained and have extensive experience in the field of palliative care
- Target Population: Oncology patients under the Internal Hospital Medicine Service who have received a consultation for pain management as an inpatient from the PSC from September 2016-December 2016
- Exclusion criteria: Hematology, Bone Marrow Transplant, and Surgical Patients. Those discharged within 24hrs of consultation.
- Outcome Measures:
 - PIS: nurse-recorded, from 0-10, at 24hr & 48hr intervals pre & post PSC consult
 - Final PIS: nurse-recorded final score before discharge
 - PSC scores: from 0-3, at initial consultation, 24-hours, and 48-hours post
 - Demographic data: Age, Sex, Primary Cancer, Presence of Metastasis

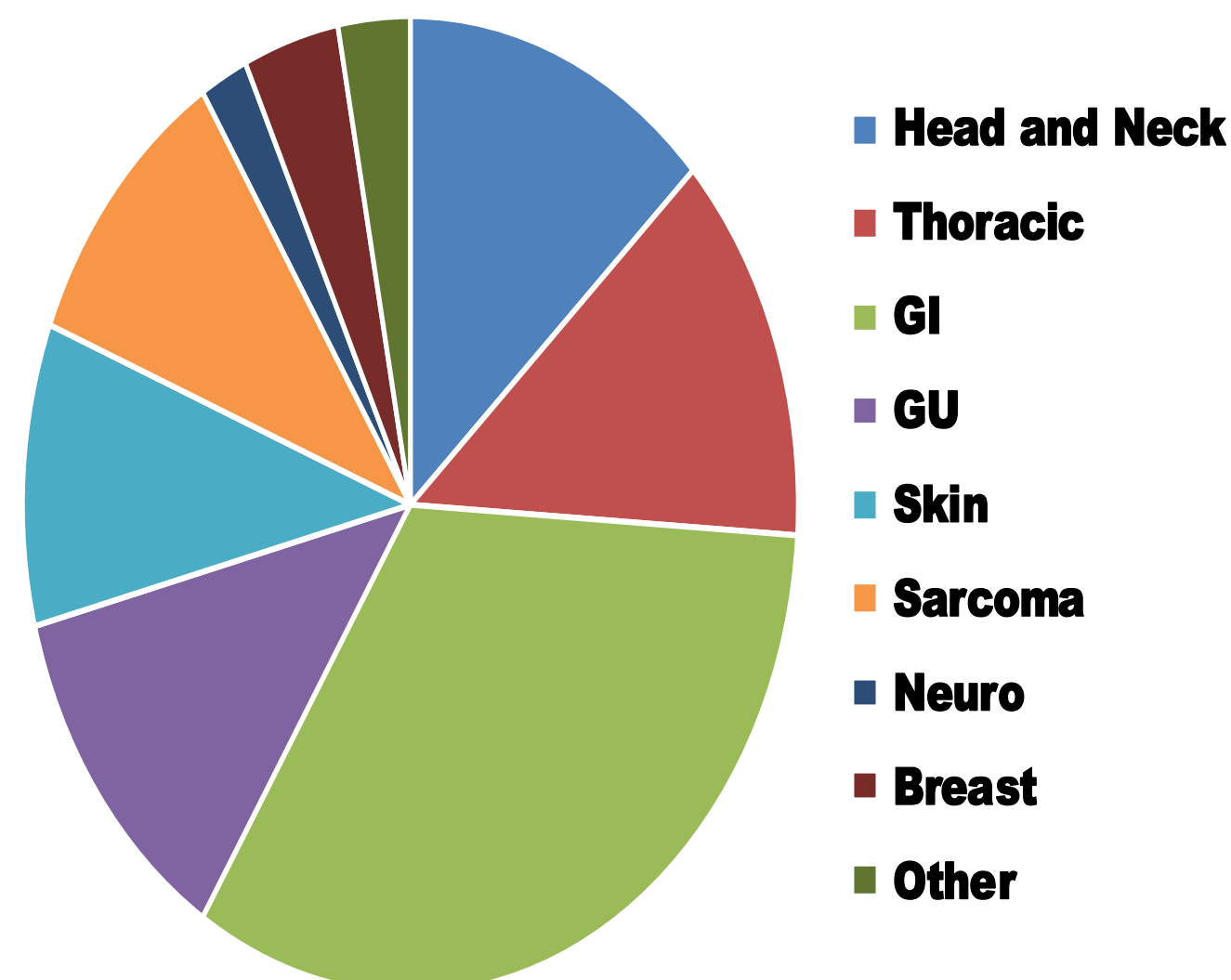
Results

- A total of 100 charts were reviewed
- 53% of patients were between the age of 45-64 and the mean age of patients was 56.9 ± 13.517 years
- 52% of patients were males
- GI cancers made up the largest composition of patients at 33%
- 78% of patients had presence of metastasis

DEMOGRAPHIC DATA



PRIMARY CANCER SITE

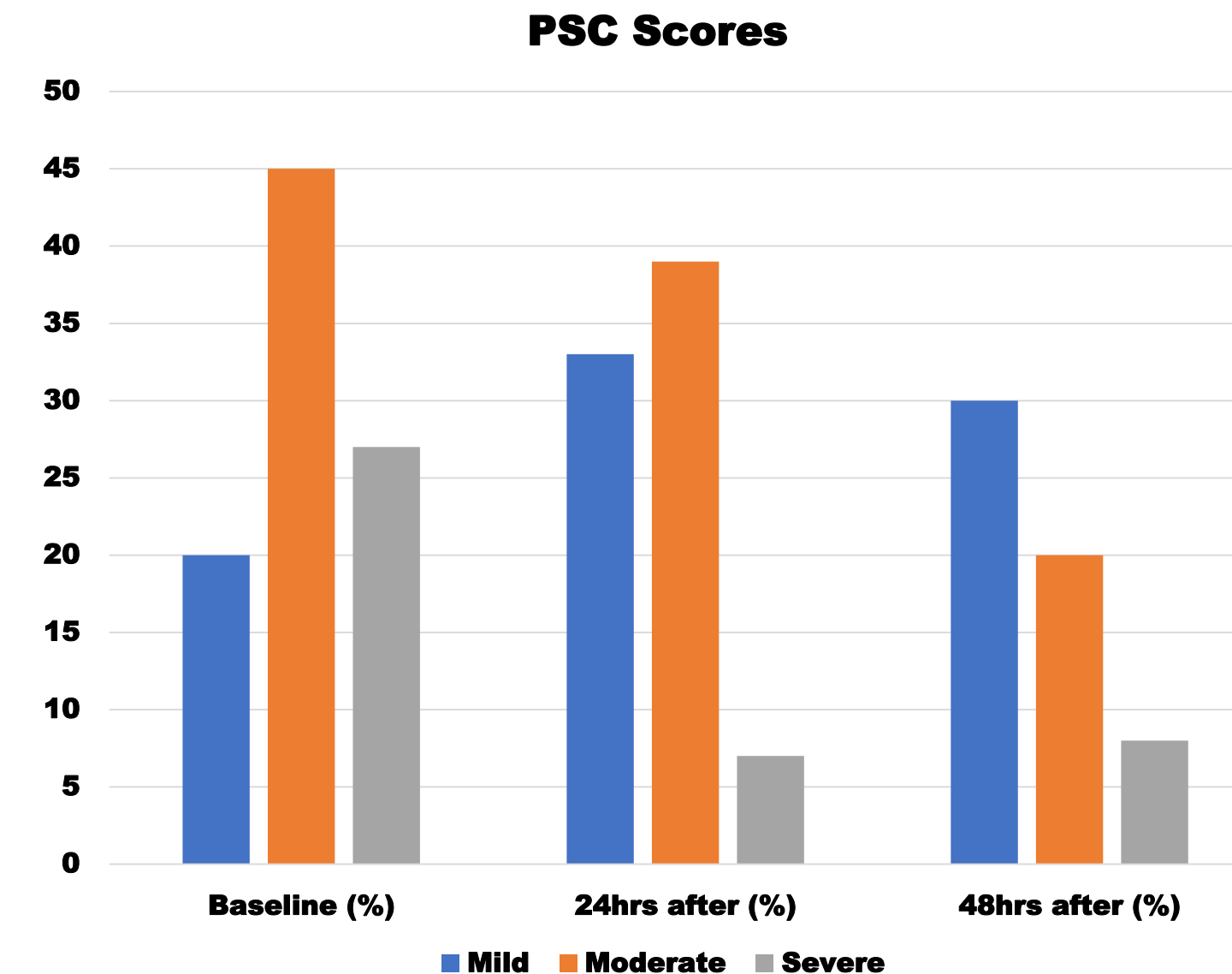


Results

- A Paired T-test demonstrated that there was a statistically significant improvement in average PI scores from:
 - 24-hrs before PSC consult to 24-hrs after PSC consult
 - 24-hrs before PSC consult to 48-hrs after PSC consult
 - 24-hrs before PSC consult to Final PI at discharge
- Statistical significance is referenced with a score <.05

Outcome Measure	Mean	Mean Difference	Standard Deviation	t	P
Baseline & 24hrs	5.69 4.40	1.288	2.204	5.84	0.000
Baseline & 48hrs	5.69 4.29	1.394	2.354	5.92	0.000
Baseline & Final PI	5.69 3.56	2.133	2.651	8.01	0.000

- The frequency of patients with severe pain decreased from 27% to 8% 48hrs post
- The frequency of patients with mild pain increased from 20% to 30% 48hrs post



Discussion

- 78% of patients reviewed had presence of metastasis which shows that a great majority of patients with advanced cancer experience pain
- There was an improvement in PI scores within 24 & 48hrs of consultation by the PSC
- There was also an improvement in PI scores from baseline to discharge
- The PSC had a statistically significant impact on pain management scores in oncology patients and should be utilized throughout the care continuum of the oncology patient
- These results were disseminated to the PSC team members

Limitations

- There was a large amount of incomplete data when reviewing the PSC scores. This was the result of either the PSC team signing off or patient's being discharged before 48hrs follow-up

Acknowledgements

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References

- Please see handout for a list of references