Purpose

The purpose of this project was to determine if a consultation with the Palliative/Supportive Care (PSC) Team had a statistically significant impact on pain management outcomes in an inpatient oncology setting.

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 58.9 ± 13.017 years.
- 82% of patients were males.
- GI cancer made up the largest composition of patients at 33%.
- 78% of patients had presence of metastases.

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 understated. Effective management of pain requires comprehensive inter-disciplinary 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.

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 Medicine Service who have received a consultation with the Palliative/Supportive Care (PSC) Team 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 consultation.
- Demographic data: Age, Sex, Primary Cancer, Presence of Metastasis

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.

Table 1. PIS Comparison

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Mean (Baseline)</th>
<th>Mean Difference</th>
<th>Standard Deviation</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline &amp; 24hrs</td>
<td>5.69</td>
<td>4.40</td>
<td>2.27</td>
<td>5.84</td>
<td>0.00</td>
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<tr>
<td>Baseline &amp; 48hrs</td>
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<td>4.29</td>
<td>2.30</td>
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<td>0.00</td>
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<tr>
<td>Baseline &amp; Final PI</td>
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<td>3.56</td>
<td>2.65</td>
<td>8.01</td>
<td>0.00</td>
</tr>
</tbody>
</table>

- 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.

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.

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References

- Please see handout for a list of references.