

Title: Improving Symptom Management and Quality of Life Outcomes in a Community Palliative Care Practice in the Mojave Desert

Author: Daniel Khodabakhsh, MD; Mellissa Palmer, LCSW, ACHP-SW, APHSW-C, JD;
Regina Fink, PhD, APRN

Problem Statement: Early integration of palliative care (PC) improves symptom burden and quality of life (QOL) in seriously ill patients and provides support and resources to patients and family caregivers. A community-based PC program can provide this support; however, these services are lacking in rural, underserved areas.

Background: PC consultation in large academic centers with established PC services is correlated with better symptom control, improvements to QOL, and is associated with prolonged survival. There are little data regarding effective community-based PC programs in poorly resourced regions.

Purpose: This quality improvement project aims to improve symptoms and QOL of patients undergoing cancer therapies by providing PC support in a community setting in California's Mojave Desert.

Methods: Twelve patients had ESAS symptom burden and McGill QOL assessments performed pre-/post- (two weeks) PC consultation to determine intervention efficacy. The intervention consisted of a MD home visit focusing on whole person assessment and needs identified on pre-consultation surveys and a LCSW home visit that included an assessment, assistance with accessing resources, and coordinating continued outpatient care. A treatment plan was developed with patients and family caregivers.

Findings: Pre-/post- ESAS surveys demonstrated improvements in pain ($\bar{x} = 3.1$) and nausea ($\bar{x}=2.5$); worsening tiredness ($\bar{x}=1.3$) and drowsiness ($\bar{x}=1.5$) which may be secondary to initiation or increase of opioid therapies and may be a transient effect. The McGill QOL showed trend in improved pain but little effect on other outcomes. Time often limited the LCSW's capacity to provide therapy.

Practice Implications: Limited community-based PC programs can successfully be started and used to rapidly treat cancer patients with uncontrolled pain and nausea. More sustained intervention, including attention to psychosocial and spiritual concerns is needed to impact other aspects of symptom burden and overall QOL. Future directions include full IDT with additional follow-up surveys.