

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

Daniel Khodabakhsh, MD

## Statement of the Problem

- Under resourced and rural communities often do not have access to community-based palliative care services.
- Little data exist to know if these programs can be successfully implemented in underserved regions.

## Background/Literature Review

- Palliative care consultation is associated with better symptom control and improvements to quality of life in patients with cancer diagnosis.<sup>1,2,3</sup>
- Large academic centers with robust palliative care programs have demonstrated successful interventions.<sup>1,4,5</sup>

## Purpose/Aims

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.

- To implement a community-based palliative care program.
- To improve patient's symptom burden pre- and post-palliative care consultation.
- To improve patient's quality of life pre- and post-palliative care consultation



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## Methods

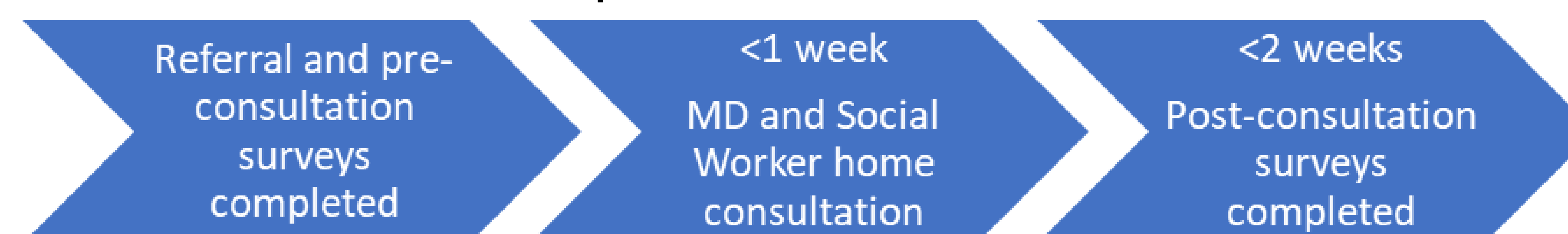
**Design or Project Type:** Quality Improvement

**Sample:** 12 patients referred by the local cancer center

**Setting:** Community-based, home visits

**Evaluation (Measures):** ESAS-r<sup>6</sup> and McGill Quality of life<sup>7</sup> surveys

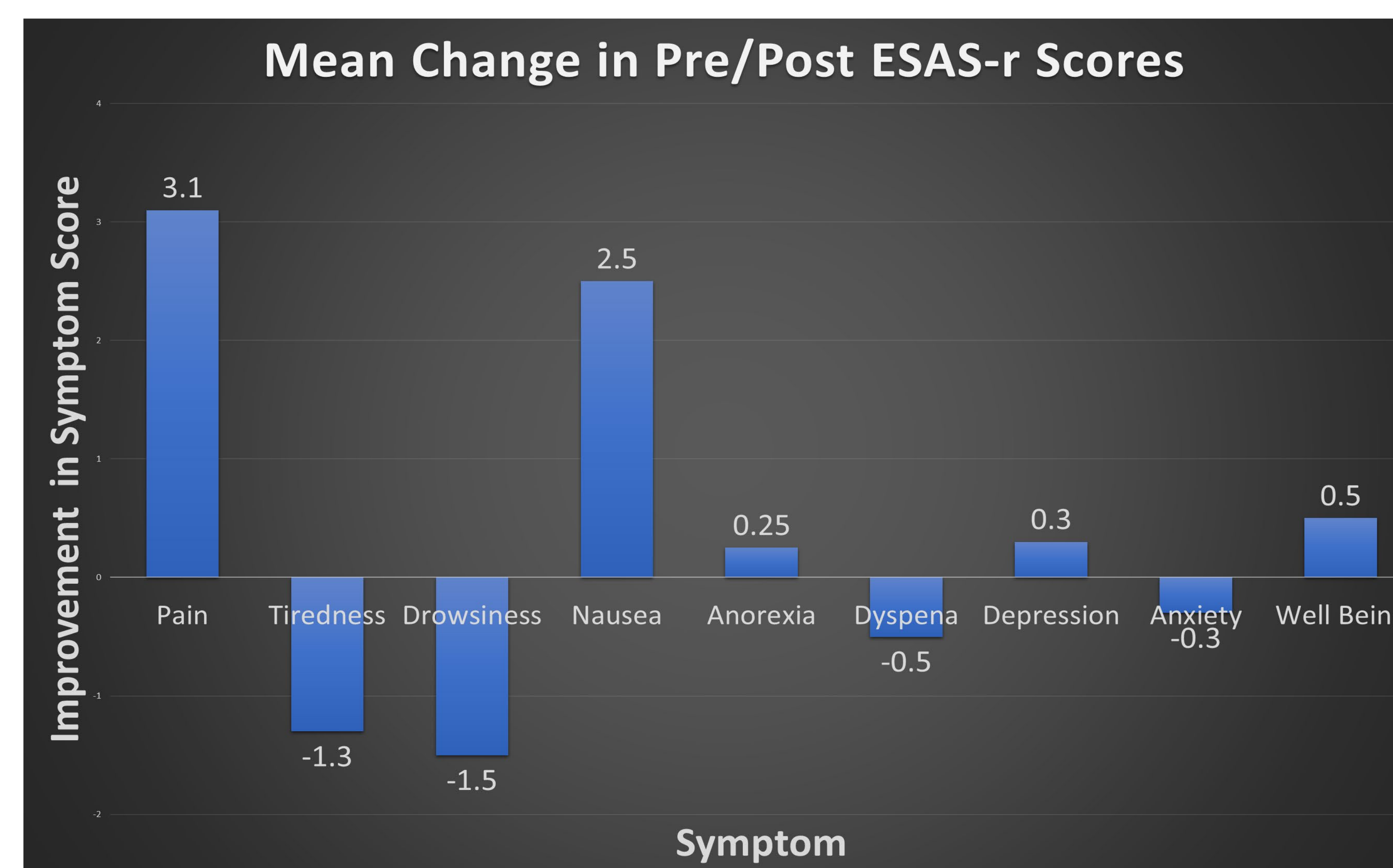
**Data Collection and Analysis:** Data collected by Palliative Care Coordinator usually within 1-2 days of referral and a week post intervention. Mean scores tabulated after enrollment closed and all data collection completed.



## Implications

- Initiating a community-based palliative program is possible in this setting.
- With a limited intervention, pain and nausea symptoms can be rapidly assessed and treated.
- This intervention was not shown to be sufficient in impacting other aspects of symptom burden or quality of life.
- Though not shown in the quantitative data, the frequent communication between Palliative Care Coordinator, patient/family and the cancer center was recognized as among the most helpful program elements.
- Future directions include full IDT involvement.

## Findings



0=no symptom; 10=worst possible symptom

- The McGill QOL Survey showed a trend in improved pain but little effect on other outcomes.

## Limitations

- Incomplete IDT
- Short intervention measurement
- Confounding factors of disease progression
- Possible transient opiate effect worsening tiredness and drowsiness

## Acknowledgements/References

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