Assessing Palliative Care Needs Through the Plan, Do, Study, Act Model: A Case Study

Using a Plan, Do, Study, Act (PDSA) model, navigators from one site in the 2018 AONN+ Metric Pilot Study used the Edmonton Symptom Assessment System (Appendix) to assess patient symptoms: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, wellbeing, and shortness of breath for cancer patients. The navigators were using the tool to assess any palliative care needs that might exist during treatment. Navigators were not typically involved in such assessments, and the care team did not believe that every patient needed to be assessed. Ultimately the navigation team developed their own assessment tool, which they deployed during the survivorship stage, enabling them to incorporate palliative care assessments in a way that was consistent with their cancer care model.

Main Takeaway: Rather than neglecting the metrics measurement effort in the face of internal challenges, the navigation team adjusted to the circumstances and adapted their process to match the cancer care model that was in place.

PLAN ► DO ► STUDY ► ACT

1 PLAN

Assess navigated patients using the ESAS (see **Appendix**) for unmet palliative care needs at least once during the study timeframe.

Aim: Increase referrals to palliative care made by ONNs.

No benchmark data available.

2 DO

Develop and implement a formal, systematic process for ESAS assessment.

3 STUDY

They administered the ESAS tool for a 3-4-month period during disease trajectory.

However, the care team did not agree with timing for the use of the tool, nor with the idea that all patients needed this detailed assessment at the beginning of the care process.

Knowledge deficit related to ESAS tool, the value of proactive assessment in the treatment phase, and using a validated tool – Navigation Practice needs to define a standard of practice for symptoms management using a validated tool.

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4 ACT

Post-Study Data

Forty palliative care referrals demonstrated an increase in the number of referrals to palliative care by ONN.

Navigators found value in symptom assessment but do not believe they can administer routinely due to their program model (front-end navigation) with a handoff to clinical nurse coordinators for the treatment phase.

Gap: Due to the acuity protocol this site has in place, contact during the treatment phase of care is limited.

Gap: Standardization of ONN scope and role.

THE STUDY DATA

Palliative Care Referrals **0.0%**

Description

Number of navigated patients with palliative care referrals

Numerator **40**

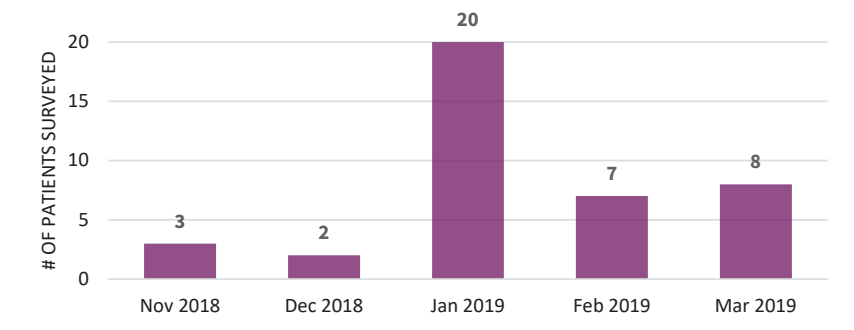
Number of navigated patients with palliative care referrals

Denominator **1,114**

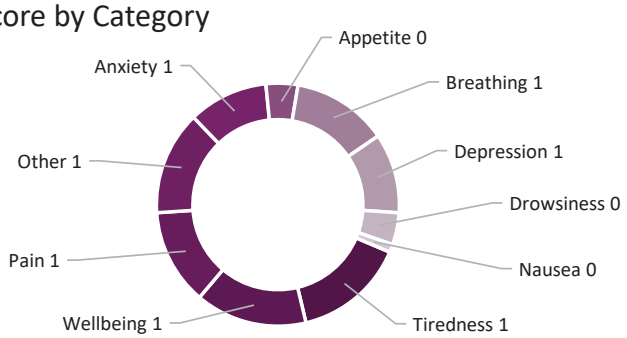
Total number of navigated patients

Palliative Care Referrals –
Number of palliative referrals per navigated patient with filters for diagnosis and navigator. Includes the average score for all 10 ESAS categories.

Monthly Trending



Average Score by Category



3.7 Average of anxiety	**5.7** Average of appetite	**4.4** Average of breathing	**5.8** Average of depression	**4.2** Average of tiredness
2.7 Average of drowsiness	**3.0** Average of nausea	**6.3** Average of other	**4.6** Average of pain	**3.4** Average of wellbeing

THE REST OF THE STORY

"We elected not to continue with the Edmonton Survey. We switched to another similar form that was developed in-house, administering it during the time of the treatment summary (TS)/ Survivorship Care Plan (SCP) delivery.

The survey was delivered either face-to-face or over the phone. After six months, ONNs did not feel that the time it took to complete the form was worth it because it did not generate many referrals. They also felt that patients didn't want to take the time to review the form. We have data to show that ONNs completed the form less than half the time and that use of the form generated sparse referrals to palliative care or any other services.

Eventually, we ditched the form. We concluded that the delivery of the Treatment Summary and Survivorship Care Plan was not the best time to be assessing for survivor needs. Our current practice is to come into the picture close to the end of the treatment and meet the patient on the same day they have an oncologist appointment. Most of their needs have already been met by the oncology treatment team or through referrals made by the treatment team.

Before COVID hit and navigation ground to a halt, we were planning to add a 6-month Survivorship follow-up call after the TS/SCP delivery to see if more needs could be identified once the patient was farther out from regular visits with the care team.

Our healthcare organization recently established a Supportive Care for Healing Program, which is the umbrella term for Palliative Care, Integrative Medicine, Wellness/Lifestyle Medicine, Survivorship, etc. We are trying to introduce patients to palliative care sooner – when they start treatment. This may or may not be a navigation intervention; we haven't worked out a plan yet."

Appendix

Edmonton Symptom Assessment System (ESAS) Screening Tool

NAVmetrics

Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem *(for example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name _____

Date _____ Time _____

Completed by (check one):
- ☐ Patient
- ☐ Family caregiver
- ☐ Health care professional caregiver
- ☐ Caregiver-assisted

BODY DIAGRAM ON REVERSE SIDE

ESAS-r
Source: http://www.palliative.org/NewPC/professionals/tools/esas.html

Please mark on these pictures where it is that you hurt: