Using the PDSA Framework to Improve Rates of Clinical Tool Use in Outpatient Oncology Palliative Care Clinics

Mallikaben Patel, DNP, RN, Ashley Leak Bryant, PhD, RN, OCN®, FAAN, Deborah K. Mayer, PhD, RN, AOCN®, FAAN, and Gary Winzelberg, MD

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The literature indicates that patients with cancer receiving palliative care experience high symptom burden resulting from disease processes and treatment side effects. However, these symptoms may not be sufficiently or consistently screened in the outpatient oncology palliative care setting. The purpose of this quality improvement project was to implement consistent use of clinical assessment tools in outpatient palliative care clinics using the Plan-Do-Study-Act (PDSA) framework. This project determined the rate of completion of two clinical tools over 12 weeks among patients with cancer receiving palliative care.

AT A GLANCE

- To better understand patient needs in an outpatient palliative care setting, nurses can consistently assess symptoms and quality of life.
- Using the PDSA framework for a quality improvement project supports an iterative process for improvement over multiple PDSA cycles.
- As a strategy to identify barriers and challenges for a project early on, the PDSA framework enables adjustments so that project outcomes, such as completion rates, can improve over time.

Palliative care improves health-related quality of life (QOL), reduces symptom burden, decreases healthcare resource use, improves relationships between providers and patients, and may lengthen survival, based on reports from the American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (Dans et al., 2017; Kamal et al., 2014). To update ASCO's clinical practice guidelines, in 2017 an expert panel recommended integration of palliative care into standard oncology care (Ferrell et al., 2017). ASCO recommends offering palliative care to all patients with metastatic disease within 12 weeks of diagnosis. Despite these recommendations, the use of palliative care clinical assessment tools remains low. The use of clinical tools to collect symptom and QOL information before seeing patients in the outpatient setting has been limited. The purpose of this quality improvement project was to implement clinical assessment tools in three outpatient palliative care clinics.

Methods

Clinical Tools

This project determined the rate of completion of two symptom and QOL assessment tools among patients receiving palliative care.

ESAS: The Edmonton Symptom Assessment Scale (ESAS) is a well-established self-report measure with physical and psychological domains that asks patients to rate nine common symptoms: pain, tiredness, drowsiness, nausea, appetite, shortness of breath, depression, anxiety, and well-being. In addition, the tool includes an option to add a symptom, then discuss that symptom with the provider. ESAS scores range from 0 to 10 for each symptom, with 0 being the least severe and 10 being the most severe. ESAS was generally validated for use in palliative care and hospice settings, and it was validated as a tool to measure symptom severity in adults with cancer seen in palliative care (Paice, 2004). Over time, the ESAS has been revised to be easier to complete, allowing a description of symptoms (Watanabe et al., 2011). The ESAS-r is the revised ESAS measure and includes a body diagram to identify the pain site. The ESAS-r has been used extensively in cancer palliative care, as well as in inpatient and outpatient studies (Hui et al., 2017, 2020).