

Outcomes in Kaiser Colorado Head/Neck Cancer Patients who received Chemo-Radiation Therapy and Palliative Care

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Statement of the Problem

Kaiser Colorado newly diagnosed Stage I-IVB head/neck cancer patients/families need symptom management, psycho-social-spiritual care and end of life care planning. In January 2017 Kaiser instituted a new protocol offering early, integrated palliative care for all patients starting chemoradiation at a single clinic site. The outcomes of this protocol when compared to Kaiser patients with similar diagnoses/ treatment who received standard care had not been evaluated.

Background/Literature Review

Head and neck cancer patients have airway management issues, speech/communication problems, dysphagia, disfigurement and xerostomia. The existing literature includes a Cochrane review of early palliative care of adults with advanced cancer in 2017 and an earlier Cochrane review of psychosocial intervention in patients with head and neck cancer in 2013 and has not been conclusive.

Purpose

The purpose of this program evaluation project is to compare outcomes in the protocol patient population to patients with similar pathology/treatment who receive standard care.

Methods/Measures

16 protocol patients were compared to 32 standard care patients. Data on rate of unplanned hospitalizations/ Percutaneous Endoscopic Gastronomy (PEG) tube placement, completion of Medical Decision Power of Attorney (MDPOA)/Advance Directive (AD) and Edmonton Symptom Assessment Scores (ESAS) were extracted from Electronic Health Records (EHR), reviewed and entered into Excel and Google. Descriptive and inferential statistics were used to analyze the data.

Implementation Timeline

This project compared the protocol patient data (Jan 2017-May 2018) to non-protocol patient data (Feb 2015-June 2017).

Findings/Results

Patients on the protocol had higher percentages of MDPOA /ESAS completion and lower percentages of disease related hospital admissions/unplanned PEG tube insertions. Differences were statistically significant for hospitalizations/ESAS completion.

Conclusions/Implications

There appears to be a role for integrating early palliative care in Kaiser patients undergoing cancer treatment and suggests that the program be expanded.