

Impact of Supportive Medicine Intervention on Symptom Management in a Community Hospital Setting



Project Summary

The ability to show an impact on managing symptoms is critical to the success of a Supportive Medicine program. While patients, family members and providers are able to anecdotally describe the decrease in many symptoms with which Supportive Medicine patients present, tracking this information and analyzing the data is necessary to demonstrate a statistically significant impact.

Appropriate management of symptoms can have a significant impact on the patient experience and also improve quality outcomes.¹ This study focused on the impact of a Supportive Medicine intervention on symptoms including – pain, tiredness/fatigue, nausea, depression, anxiety, drowsiness/sleepiness, anorexia, and shortness of breath.

Methods

Nurse coordinators completed the CAPC PCLC Daily Clinical Instrument to document patients' symptoms over time. Symptom data from eight categories were analyzed for comparison of the severity of symptoms from the time Supportive Medicine was consulted, until time of patient discharge. Symptom data from a patient population of 345 was used for analysis in one community hospital setting.

Patients who did not present with symptoms or whose length of stay was less than two days post Supportive Medicine consult were not included in the analysis. Symptoms were tracked using a 0 to 3 scale based on severity of symptoms, with "0" representing no symptoms present, and a "3" indicating severe symptoms. If patients were unable to describe their symptoms, the ratings were based on the observations of the nurse coordinator. Data was tracked over a 16 month period at Memorial Hermann Southeast Hospital in Houston, Texas. The sample sizes for each symptom varied based upon the number of patients who presented with a particular symptom.

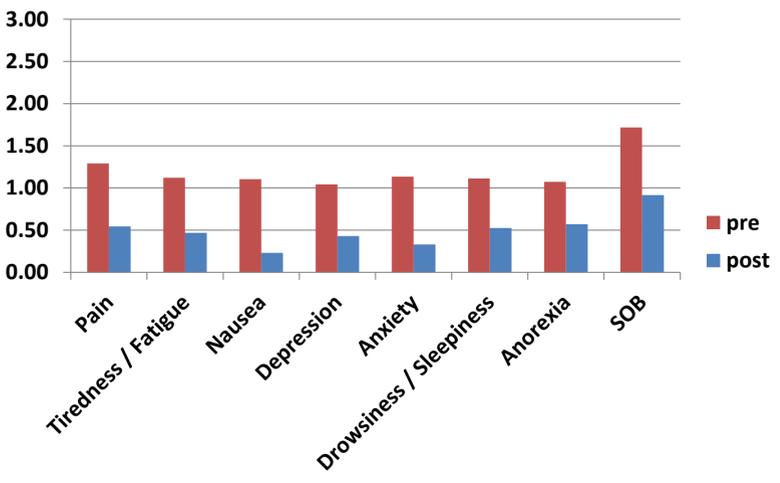
PCLC Daily Clinical Instrument

Patient Name: _____ Last _____ First _____ MRN #: _____

Date (month/day)																			
Respondent	Patient = P Family/Proxy = F Team = T Nurse = N All = A Other = 9																		
	Yes, on chart = 1 Yes, NOT on chart = 2 No and doesn't want to discuss = 3 No but was discussed today = 4 Doesn't have, patient is incompetent = 5 Discussed and created/completed today = 6 Not addressed today = 7																		
Advance Directives																			
DNR (Y/N)																			
Family Meeting (Y/N)																			
Symptom	Responsive patients: None = 0 Mild = 1 Moderate = 2 Severe* = 3 (*requires follow-up in 72 hours)																		
	Non-responsive patients: Symptom NOT present = 4 Symptom present, not requiring intervention = 5																		
	Symptom present, requires intervention = 6 Unable to rate = 9																		
Pain (current)																			
Pain (minimum)																			
Pain (maximum)																			
Tiredness/Fatigue																			
Nausea																			
Depression																			
Anxiety																			
Drowsiness/Sleepiness																			
Anorexia																			
Shortness of Breath																			
Constipation (Y/N)																			
Secretions (Y/N)																			
Delirium (Y/N)																			
Treatment	No = 0 Yes = 1 Discontinued = 2 Initiated = 3 Unknown/Missing Data = 9																		
Ventilator																			
BiPAP/CPAP																			
Oxygen																			
TPN																			
IV fluids																			
Tube feeding																			
Antibiotics																			
Restraints																			
Telemetry																			
ICU care																			
Other																			

Results

Data analysis displayed a statistically significant improvement in symptoms in each of the eight measured categories at a confidence interval of $p < .05$. The largest improvement was found in the control of nausea, which decreased from a rating of 1.11 on the initial date of consult to 0.23 upon discharge (n=95).



Conclusions

Intervention by the Supportive Medicine team can significantly decrease the level of symptom burden experienced by patients across a variety of symptoms. Future studies will be required to determine the impact on increased patient satisfaction, improved quality outcomes and decreased costs.

¹Wilkie, D. J., & Ezenwa, M. O. (2012). Pain and Symptom Management in Palliative Care and at End of Life. *Nursing Outlook*, 60(6), 357–364. <http://doi.org/10.1016/j.outlook.2012.08.002>