

Improving Quality of Care for Advance Cancer Patients in Rural Communities

Background

Palliative care is a crucial aspect of cancer care that focuses on managing symptoms, improving quality of life, and providing support for patients and their families.

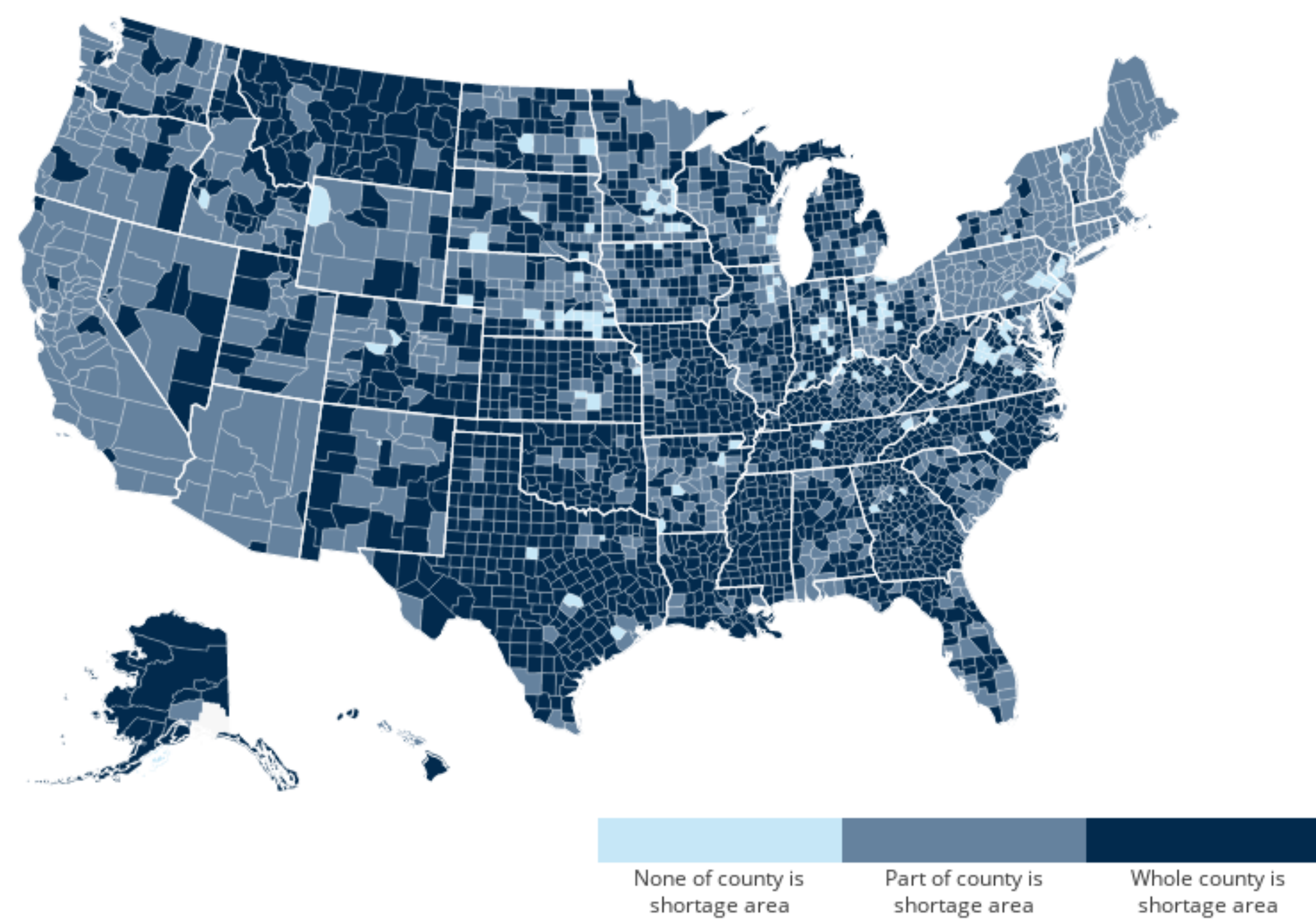
Early palliative care not only improves quality of life for patients but also reduces unnecessary hospitalizations and use of health-care services (World Health Organization, 2022).

Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care (World Health Organization, 2022).

Worldwide, only about 14% of people who need palliative care currently receive it (World Health Organization, 2022).

Importance of Issue

Health Professional Shortage Areas: Primary Care, by County, 2022



Source: [data.HRSA.gov](https://data.hrsa.gov), November 2022.



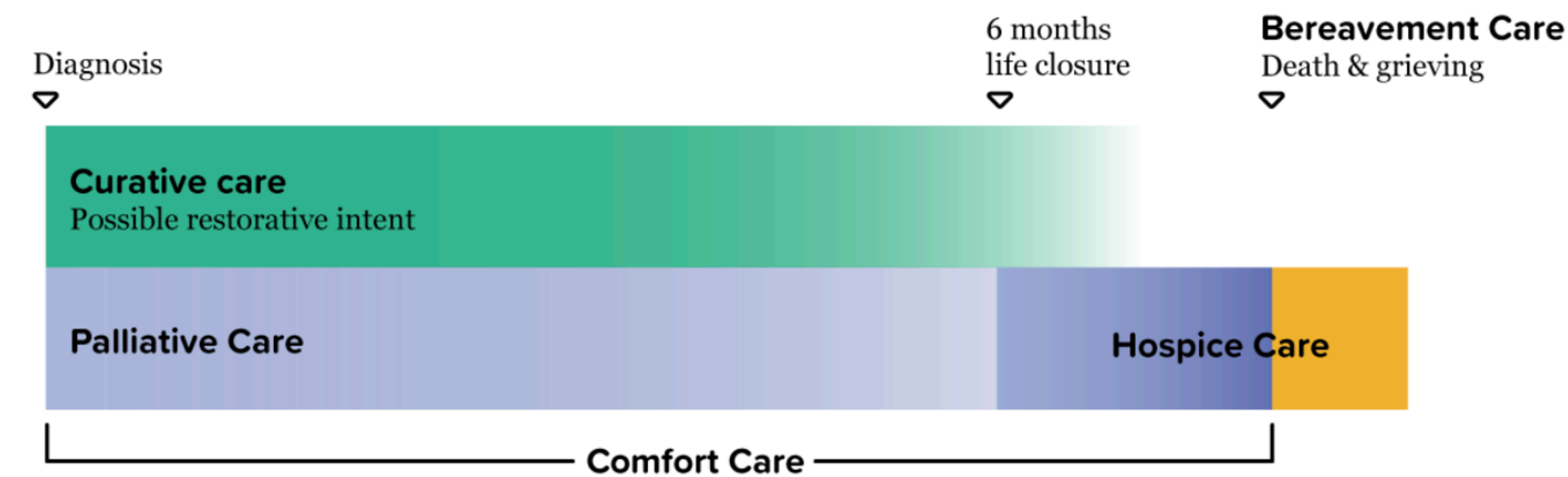
Without adequate access to primary care, individuals in rural areas may not receive regular cancer screenings or have their symptoms promptly evaluated, leading to delays in diagnosis and treatment.

By improving access to palliative care services, patients with advanced cancer in rural areas can receive timely and appropriate care that addresses their symptoms and improves their quality of life. This can help to reduce the burden of advanced cancer on patients, families, and communities, and promote better health outcomes overall.

Framework

The Iowa Model of Evidence-Based Practice to Promote Quality Care is a framework that guides the implementation of evidence-based practices in healthcare. Applied to this project, this framework provided a systematic approach for implementing evidence-based practices to improve access to advanced cancer care and palliative care services in rural areas.

Key Concepts & Outcomes



Source: <https://www.caringinfo.org/types-of-care/>

Addressing the issue requires a comprehensive approach that includes improving access to specialized medical professionals, investing in healthcare technology, and prioritizing palliative care services in coordination with oncology care.

Desired Outcomes:

Individual: Increase patient satisfaction with coordinated care by 20% within six months through the implementation of a patient feedback survey and targeted interventions such as palliative care referral to improve communication and coordination among primary care, specialty care, and social service providers.

Community: Improve clinical outcomes for patients receiving telehealth services by 30% within one year through the implementation of remote monitoring technology and regular evaluation of patient data to identify areas for improvement.

Policy/protocol: Increase healthcare provider knowledge and skills related to palliative care by 50% within three months through the implementation of a comprehensive training program that includes pre- and post-training assessments, hands-on practice, and continuing education opportunities.

Interventions & Solutions

Individual: Palliative care team ensuring that patients receive coordinated care from multiple providers, including primary care, specialty care, and social services.

Community: Providing access to telehealth services, such as video visits or remote monitoring, can help patients in rural areas receive care from specialists who may not be available locally.

Policy/protocol: Providing education and training for healthcare providers on the benefits of palliative care and how to initiate referrals to help increase referrals to palliative care.

Key Players



Evaluation

To evaluate the outcome of improving access to advanced cancer care and palliative care services in rural areas, several evaluations can be conducted.

Process evaluations:

Documentation review: Reviewing the documentation of patients who received advanced cancer care and palliative care services in rural areas to assess whether they received the services they needed, including the timing and quality of those services.

Staff feedback: Gathering feedback from healthcare professionals who provide advanced cancer care and palliative care services in rural areas. This feedback can be collected through surveys or interviews and can provide insight into the experiences of staff members in providing these services, including any challenges they may have encountered and recommendations for improvement.

Impact evaluations:

Patient outcomes: Assessing the impact of improved access to advanced cancer care and palliative care services on patient outcomes, such as symptom management, quality of life, and survival rates.

Community engagement: Assessing the impact of improved access to advanced cancer care and palliative care services on the local community, including patient satisfaction, community awareness, and support.

References

Rural Health Information Hub. Map of Health Professional Shortage Areas: Primary Care, by County, 2022. (n.d.). <https://www.ruralhealthinfo.org/charts/5>

Types of care: Palliative, comfort, hospice, bereavement. CaringInfo. (2022, August 11). <https://www.caringinfo.org/types-of-care/>

World Health Organization. (n.d.). Palliative care. World Health Organization <https://www.who.int/health-topics/palliative-care>

Cal Poly
Humboldt.

Robyn Jensen, RN