

ORAL ABSTRACT #1

Building an early palliative care pathway for advanced colorectal cancer patients: identifying barriers and gaps

Submission Type: General Abstract
Submission Status: Complete / Locked
Submitter: Patricia Biondo – University of Calgary

Category

- Quality Improvement

Introduction: Earlier palliative care (PC) improves patient outcomes. Choosing Wisely Canada recommends not delaying or avoiding PC for patients with metastatic cancer who are also pursuing disease-directed treatment. However, many metastatic colorectal cancer patients encounter PC providers Learning objectives: 1) Discover how process improvement methods were used to understand gaps and barriers preventing earlier PC, and 2) Learn how one healthcare system is using this information to develop an early palliative care pathway for advanced colorectal cancer patients.

Methods: Stakeholders from PC, Oncology, Psychosocial and Family Medicine, as well as patient/family advisors, participated in 'current state' process mapping sessions to understand the complexities of connecting patients with PC services. Participants validated the resulting current state maps and discussed 'pain points'. Problem statements were developed and root causes identified by Ishikawa diagram.

Results/Impact: Over 100 pain points were identified and distilled down to seven problem statements. Problem statements related to care transitions, healthcare provider role confusion, fragmented communication, skill gaps, knowledge of PC services, patient resource utilization, and varied practice in advance care planning. Stakeholders brainstormed solutions, which were ranked according to their potential value, complexity and reach. The following major solutions were adopted for inclusion in the early PC pathway: templated shared care letters, PC definitions in patient education materials; and electronic medical record flags to identify patients that may benefit from an early PC approach.

Discussion/Application: Process improvement methodologies were helpful in understanding the complexities associated with early PC referral. By bringing teams together, we provided an opportunity for collaboration, devised solutions, and prioritized pathway elements. This activity was successful in engaging a large number of stakeholders and front line workers in future state improvement, and ultimately, development of a new early palliative care pathway for advanced colorectal cancer patients.

References (not considered in word count)
n/a

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ORAL ABSTRACT #2

Referral Practices of Cardiologists to Specialized Palliative Care in Canada

Submission Type: General Abstract

Submission Status: Complete / Locked

Submitter: Michael Bonares – University of Toronto

Category

- Clinical Service Delivery

Introduction:

1. To learn about the perceptions of Cardiologists of specialist Palliative Care (SPC)
2. To learn about the factors that are associated with frequency and timing of referral to SPC by Cardiologists

Methods: Cardiologists across Canada completed an anonymous survey about referral to SPC. Associations between likelihood of referral to SPC and perceptions of these services were analyzed using multiple and logistic regression.

Results/Impact: The response rate was 51% (551/1082). Forty-two percent of respondents were satisfied with the availability of SPC, but 35.1-64.2% were not aware of local SPC services' referral criteria with regard to acute care management, continuous infusions of cardiac-specific treatments, or resuscitation. Forty-two percent of respondents thought that SPC prioritizes patients with cancer and only 34.7% agreed that SPC has adequate knowledge in titration of cardiac-specific treatments. Forty-four percent of respondents would refer to SPC earlier if it was renamed "Supportive Care." Higher frequency of referral was associated with comprehensiveness of SPC services for patients with nonmalignant disease ($p = 0.006$), SPC accepting patients on continuous infusions ($p = 0.002$), and satisfaction with SPC ($p < 0.001$); lower frequency of referral was associated with discomfort with SPC ($p < 0.001$), and not being aware of SPC services' referral criteria ($p < 0.001$). Discomfort with SPC services was associated with later referral ($p < 0.001$), referral at a poorer prognosis ($p = 0.001$), and the opinion that later referral is ideal ($p < 0.001$).

Discussion/Application: The likelihood of referral to SPC by Cardiologists may be informed by the comprehensiveness of SPC services, awareness and compatibility of local SPC services' referral

criteria with regard to cardiac-specific treatments, and degree of comfort with SPC. Education about the role of SPC in advanced cardiac disease is needed to address barriers to patient referral, including Cardiologists' lack of awareness of and discomfort with SPC services.

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ORAL ABSTRACT #3

Assessing preferences for early palliative care among rural-living advanced cancer patients and caregivers

Submission Type: General Abstract

Submission Status: Complete / Locked

Submitter: Skye Crawford

Category

Research

Introduction: Early access to palliative care (PC) leads to fewer potentially inappropriate, aggressive (and costly) interventions at end-of-life, and improves outcomes for patients and families living with advanced cancer. However, rural PC is characterized by late referrals, limited access to specialized care, and poorer symptom control. Learning objectives: Learn from rural-living advanced cancer patients and their caregivers: 1) how they perceive early referral to PC; and 2) how to improve PC alongside cancer treatments.

Methods: This qualitative study utilized interpretive description methodology to guide data collection and analysis. Interview transcripts were analyzed in an iterative process of constant comparison in keeping with Charmazian Grounded Theory methods.

Results/Impact: Thirteen patients and nine caregivers were interviewed. The following themes emerged:

1. Rural patients and caregivers appear unaware of PC as a treatment option, or as adjuvant care alongside curative and disease control therapies. Most recognize PC as focused on comfort and quality of life, but many perceive it useful only at the very end of life.
2. Patients and families want PC to be introduced early, in a straightforward manner, and based on patient readiness.
3. Rural patients and families face challenges common to all those living with advanced cancer, but challenges are exacerbated by long travel times and scarcity of specialized services.
4. Homecare, nurse/patient navigators and satellite cancer clinics are critical services.
5. Support groups for patients and caregivers are crucial but lacking.

Conclusions/Application: The availability and benefits of PC remain largely unknown to rural cancer patients and their families. When PC is recognized as a supportive modality available throughout the disease trajectory, participants reported they would benefit from early palliative

interventions. Further study is needed to determine whether the underutilization of PC represents the relative unavailability of services in rural areas, or misunderstanding regarding the benefits of early PC.

References (not considered in word count)

n/a

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ORAL ABSTRACT #4

Assessing goals of care conversation quality during Serious Illness Care Program Quality Improvement Initiative

Submission Type: General Abstract
Submission Status: Complete / Locked
Submitter: Christina Ma – McMaster University

Category

- Quality Improvement

Introduction: Seriously ill inpatients have indicated that better goals-of-care conversations are vital for improving care. We adapted and implemented the Serious Illness Care Program (SICP) to improve goals-of-care conversations at H**** Hospital (HH) medicine wards. Previous work in tertiary care outpatient cancer clinics has shown that the SICP results in more, better, and earlier conversations about goals of care. The aim of this study is to assess whether goals-of-care conversations improved after implementation of the SICP at HH.

Methods: This retrospective chart review evaluated patients who were admitted to medical wards at HH. Eligible patients were admitted for at least 48 hours and were at risk of prolonged hospital admission or increased need for community-based services (Assessment Urgency Algorithm score

>4; score range from 1 to 6). We used a validated codebook to assess the quality of documented goals-of-care conversations for patients who were and were not enrolled in the SICP, specifically examining the following domains: patients' values and goals, prognosis and illness understanding, end-of-life care planning, and code status.

Results/Impact: The study sample included 56 control patients from a time period before SICP implementation and 56 patients from the SICP implementation period. The conversations of intervention patients scored significantly higher ($p < 0.05$) on all codebook domains than those conducted in the control group. This indicates that the SICP is effective in improving goals-of-care conversations.

Discussion/Application: Implementation of the SICP was associated with a higher quality of documented goals-of-care discussions and can be successfully adapted to the inpatient medicine setting.

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