

Utilization of the Oncology Palliative Care Clinic in 2023 – Identifying Areas for Improvement

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Background

- **Timely palliative care (PC)** for patients with advanced cancer leads to **improved symptom control and quality of life**, and **better health outcomes**¹⁻⁶
- The Cancer Centre of Southeastern Ontario (CCSEO) at Kingston General Hospital is an academic cancer centre affiliated with Queen's University, with a catchment population of approximately 500K across Southeastern Ontario
- Assessing the utilization of the oncology PC clinic will help **identify** and **guide** future areas of growth and investment

Objective

Investigate the utilization of the oncology PC clinic in 2023 to **identify areas for improvement** using guideline-based quality metrics.

Methods

Study Design: Retrospective chart review

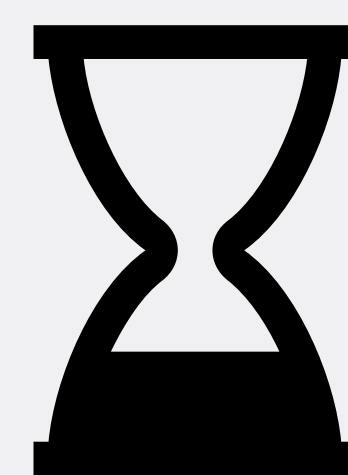
Data Collection: Demographic, clinical, referral and utilization characteristics data

Quality Metrics: Access to early palliative care, defined as within 2 months of advanced cancer diagnosis or earlier than 6 months from death
Number of ED visits and hospital admissions in the last month of life. Location of death.

Analysis: Descriptive statistics were used to describe data (SPSS v. 29)



~50% of the patients may have benefited from earlier PC referral, particularly for advance care planning



Reduce **2 week** wait time from referral to PC consult



Expanding community outreach supports may benefit patients who travel long distances to reach the PC clinic

Next steps: Analyze the **quality metrics** and their association with clinical and demographic factors to identify targets for intervention

Results

Figure 1. Characteristics of patients attending the oncology PC Clinic for the first time in 2023 (N=441)

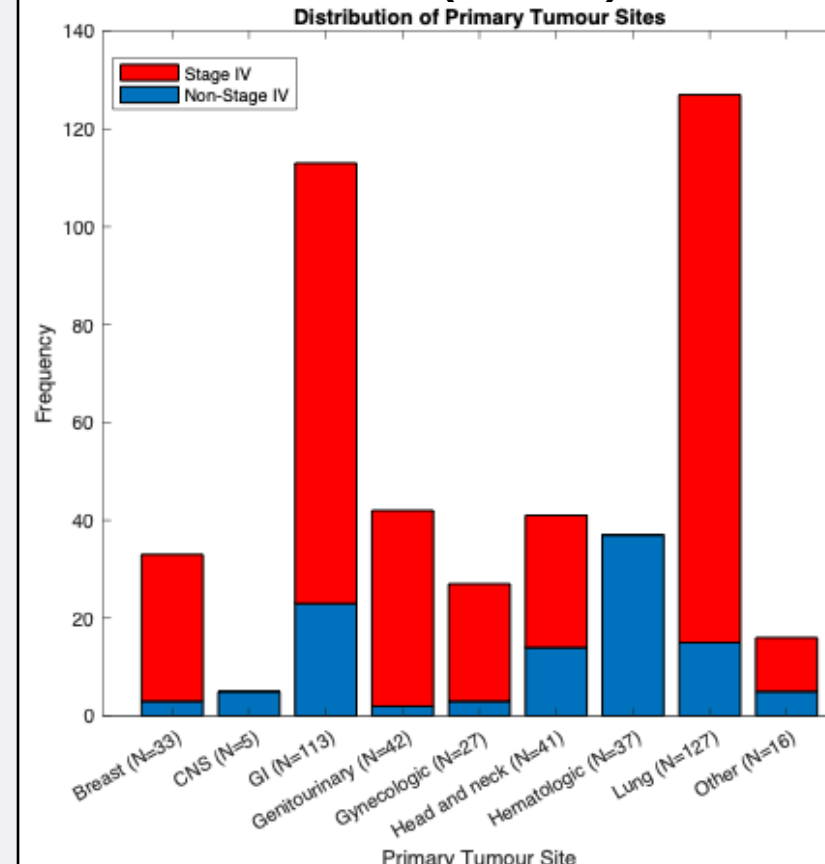


Figure 2. Patient performance status and ESAS scores at initial Oncology PC consult

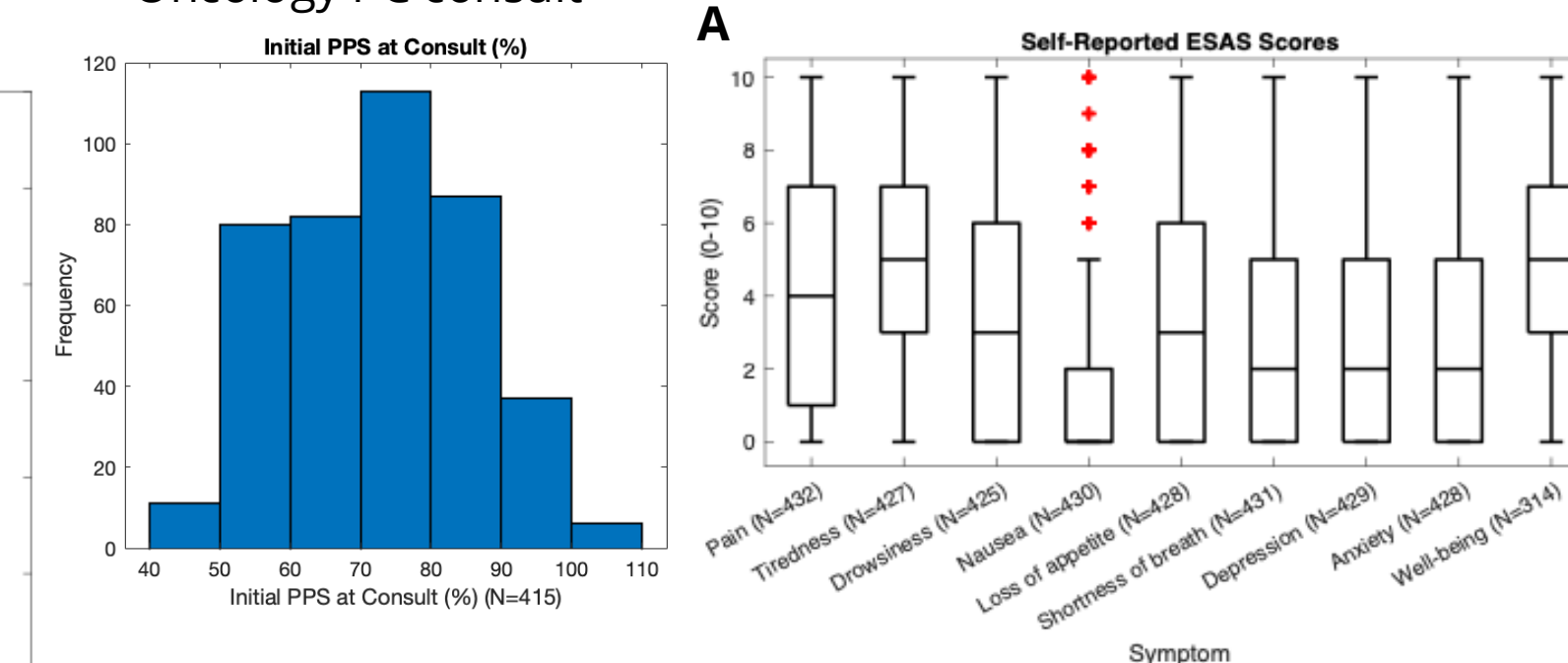


Table 1. Quality metrics for early outpatient oncology PC

Metric	N (%)
Patients that had a PC consult ≤ 2 months of advanced cancer diagnosis (N=371)	196 (52.8)
Patients that were alive ≥ 6 months from PC consult (N=441)	258 (58.5)

Table 2. Patients who died within 6 months of PC consult (N = 183)

Location of Death	N (%)
KHSC Hospital	39 (21.3)
Other hospital	21 (11.5)
Home	42 (23)
Providence Care PCU	27 (14.8)
Other Hospice/PCU	9 (4.9)
Unknown	45 (24.6)
Metrics	Median (Quartiles)
ED visits at KHSC in last 30 DoL	0 (0-1)
Patients died at KHSC (N=39)	1 (0-2)
Hospital admission to KHSC in last 30 DoL	0 (0-1)
Patients died at KHSC (N=39)	1 (1-1)
# Days admitted to KHSC	0 (0-6)
Patients died at KHSC (N=39)	7 (3-14)

- N= 441, mean age 70yrs, 54% male, 34% lived in Kingston
- Distance traveled to clinic: 40 km (1-304km)

- Referral details: 79% for symptom management, 46% referred by medical oncology, 2 week wait time from referral to PC consult; 1.8 months from advanced cancer diagnosis to PC consult
- Clinical details: 52% had moderate to severe pain at initial consult, 39% dyspnea, 39% anxiety; 58% had PPS>60%; 67% were engaged in advance care planning at initial consult

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