

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

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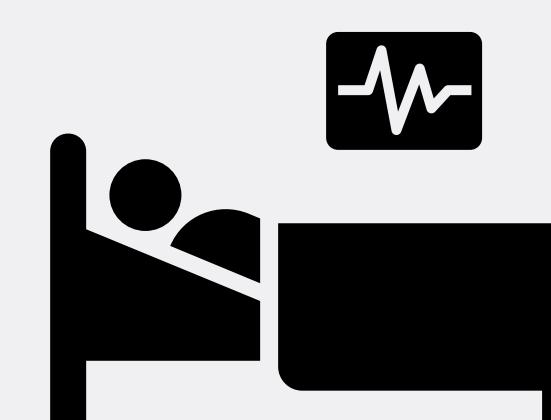
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Background

- Timely palliative care (PC) for patients with advanced cancer leads to improved symptom control and quality of life, and better health outcomes¹⁻⁶
- 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



~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

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)

Objective

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

Results

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

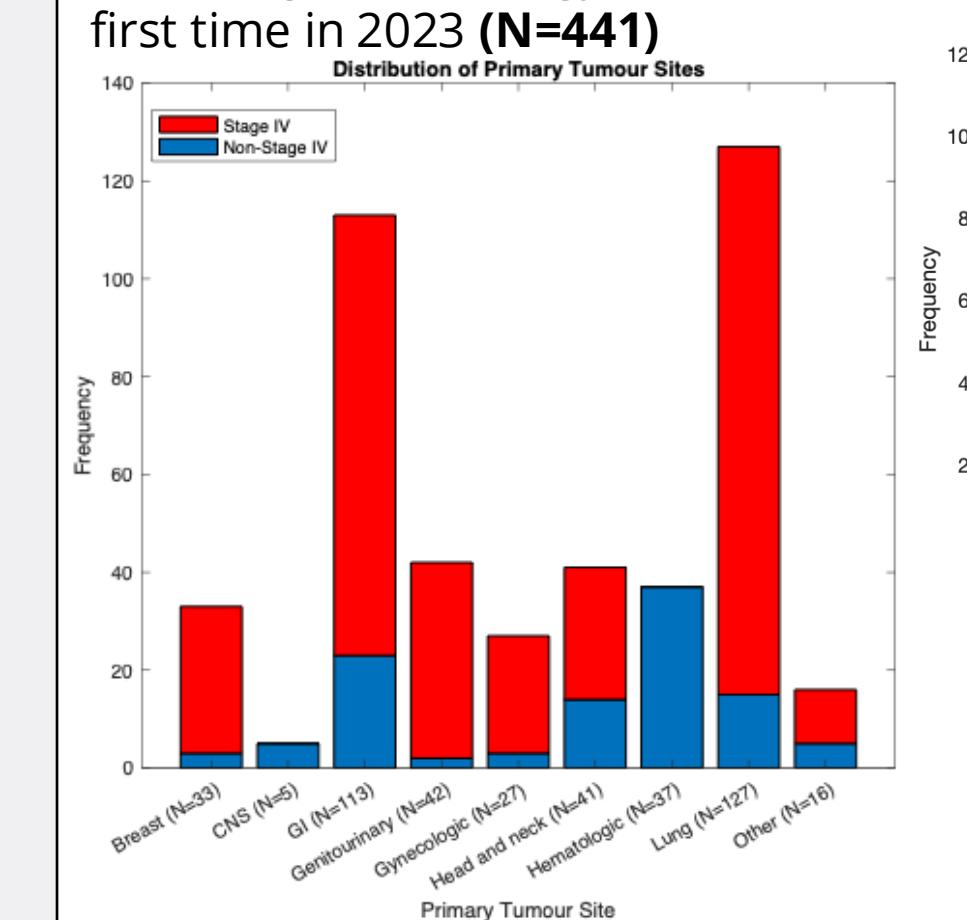


Figure 2. Patient performance status and ESAS scores at initial Oncology PC consult

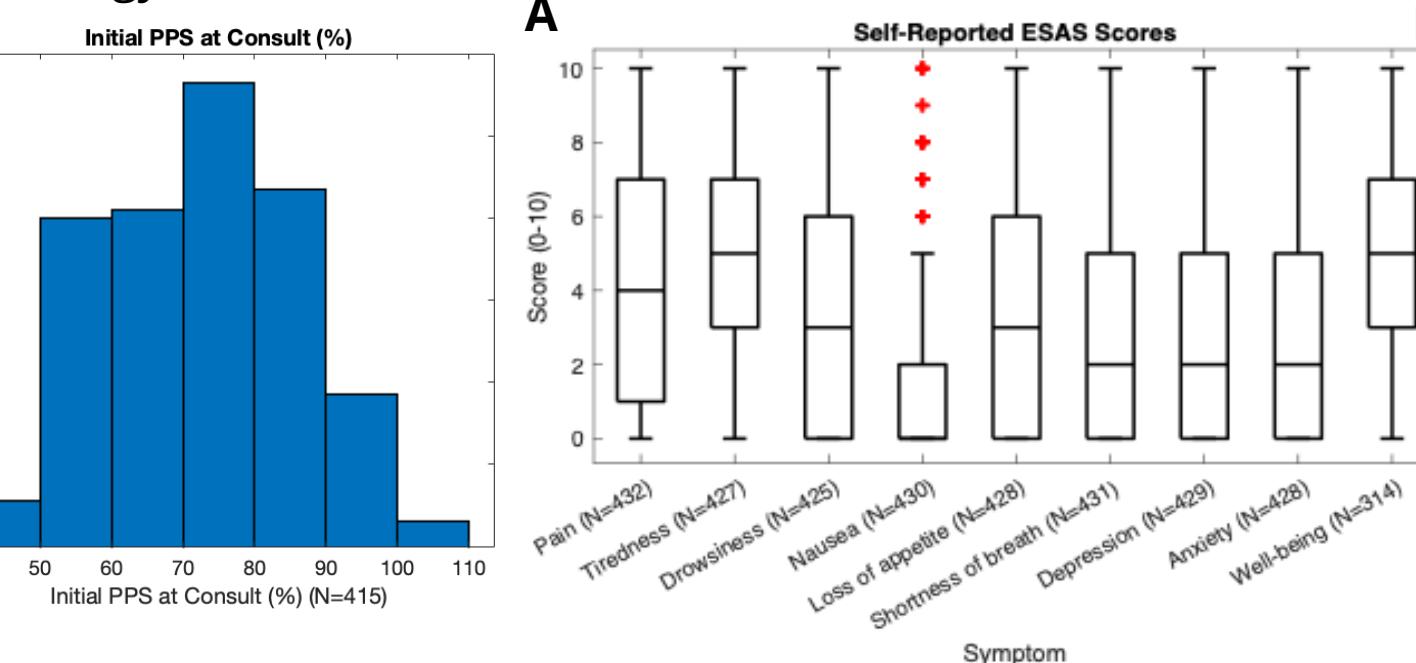


Table 1. Quality metrics for early outpatient oncology PC

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)
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

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

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