Associations between patient characteristics and late referrals to palliative care

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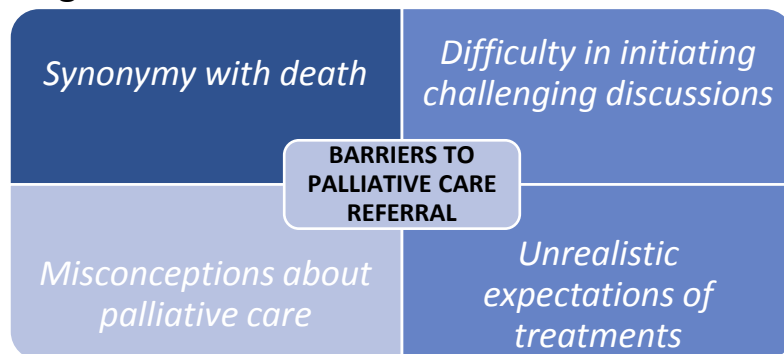INSPIRED RESEARCHERS
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BACKGROUND

Palliative care referrals often occur **late** despite robust evidence of benefits for patients and their families

- Benefits include improved quality of life, improved caregiver burden, cost savings and patient and/or family satisfaction[1-3]

Conversely, late palliative care referrals are associated with under-diagnosis and poorer management of pain, longer hospitalization, higher rates of in-hospital mortality, higher carer burden and lower family satisfaction[4-5]
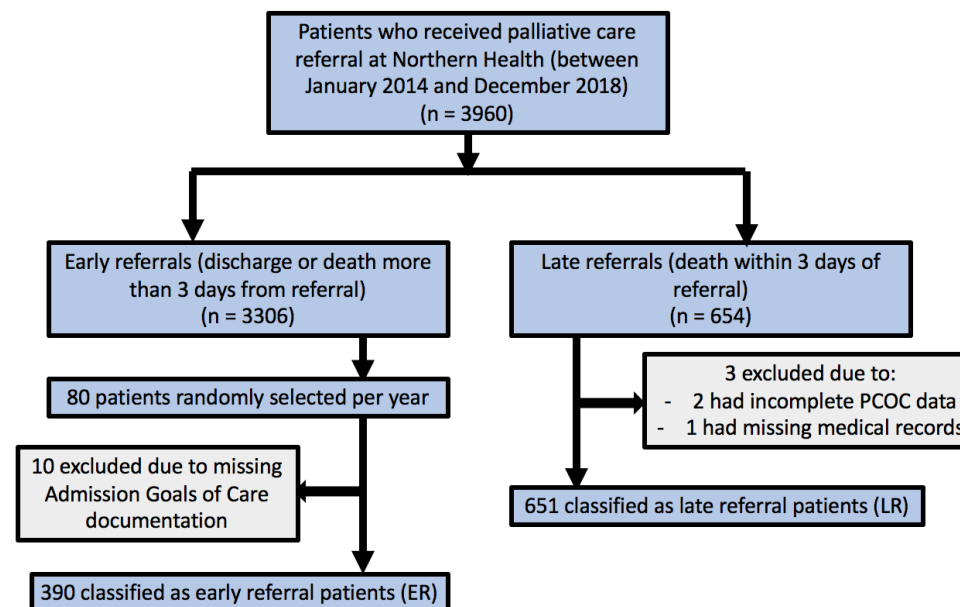
Figure 1. Common barriers to referrals

Synonymy with death	*Difficulty in initiating challenging discussions*
	BARRIERS TO PALLIATIVE CARE REFERRAL
Misconceptions about palliative care	*Unrealistic expectations of treatments*

AIMS/METHODS

Aim: To identify associations between patient characteristics and late referrals to palliative care at a tertiary academic hospital in Melbourne, Australia

Figure 2. Patient selection

Patients who received palliative care referral at Northern Health (between January 2014 and December 2018) (n = 3960)

Early referrals (discharge or death more than 3 days from referral) (n = 3306)

Late referrals (death within 3 days of referral) (n = 654)

80 patients randomly selected per year

3 excluded due to:
- 2 had incomplete PCOC data
- 1 had missing medical records

10 excluded due to missing Admission Goals of Care documentation

651 classified as late referral patients (LR)
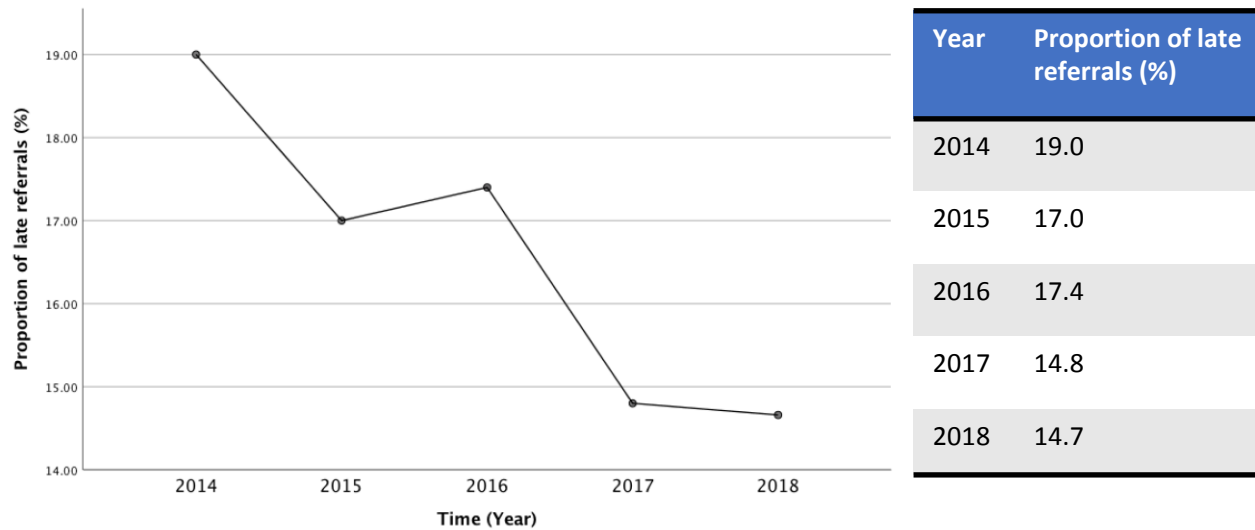
390 classified as early referral patients (ER)

Palliative Care Outcomes Collaborative (PCOC): A national program developed by the University of Wollongong utilising standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care

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RESULTS

Figure 3. Trend of late referrals from 2014 to 2018

Year	Proportion of late referrals (%)
2014	19.0
2015	17.0
2016	17.4
2017	14.8
2018	14.7

The rate of late referrals at TNH has declined from 2014 to 2018 (p = 0.04).

Independent predictors of late referrals:

- Younger age (p = 0.028)

- Male gender (p = 0.022)

- Non-cancer diagnoses (p = 0.042)

- Less aggressive admission Goals of Care (p = 0.005)

- Poorer functional status at time of referral

  - Higher PCOC phase ≥3 (p <0.001)

  - Lower modal AKPS (p < 0.001)

  - Higher mean RUG-ADL scores (p = 0.009)

AKPS: Australian-modified Karnofsky Performance Scale
RUG-ADL: Resource Utilisation Groups – Activities of Daily Living

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Associations between patient characteristics and late referrals to palliative care

DISCUSSION

Potential explanations for our findings:

- Difficulty initiating end-of-life discussions with younger patients and their families

- Females traditionally assume caregiver roles and are better at identifying their own palliative care needs

- Less predictable trajectory of decline for non-cancer diagnoses

- Poorer functional status at time of referral reflects near end-of-life stage requiring palliative care services

Greater awareness of palliative care, increased staffing and involvement in multidisciplinary meetings could explain the fall in late referrals over time

CONCLUSION/REFERENCES

Ongoing research exploring strategies to improve timeliness of referral is needed

Potential areas of focus:

- Non-malignant diagnoses
- Prognostication and assessment of functional status
- Unit culture
- Accurate identification of true "late" referrals compared to a blanket criteria of death within three days from referral

References

1. Scibetta C, Kerr K, McGuire J, Rabow MW. The Costs of Waiting: Implications of the Timing of Palliative Care Consultation among a Cohort of Decedents at a Comprehensive Cancer Center. Journal of Palliative Medicine. 2015;19(1):69-75.
2. Zimmermann C, Swami N, Krzyzanowska M, Hannon B, Leighl N, Oza A, et al. Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial. The Lancet. 2014;383(9930):1721-30.
3. Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. New England Journal of Medicine. 2010;363(8):733-42.
4. Akashi M, Yano E, Aruga E. Under-diagnosis of pain by primary physicians and late referral to a palliative care team. BMC Palliat Care. 2012;11:7.
5. Humphreys J, Harman S. Late referral to palliative care consultation service: length of stay and in-hospital mortality outcomes. The Journal of Community and Supportive Oncology. 2014;12(4):129-36.

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