

Characteristics of timely integration of palliative care into oncology hospital care for patients with incurable cancer: results of a Delphi Study

C. S. Heipon¹, L. Brom¹, Y. M. van der Linden², D. Tange³, I. Dingemans³, A. K. L. Reyners⁴, N. J. H. Raijmakers¹

¹Department of Research & Development, Netherlands Comprehensive Cancer Organization (iKNL), Utrecht, the Netherlands; ²Department of Radiotherapy, Leiden University Medical Centre, Leiden, the Netherlands; ³Dutch Federation of Cancer Patients Organisations, Utrecht, the Netherlands; ⁴Department of Medical Oncology, University Medical Centre Groningen, University of Groningen, Groningen, the Netherlands

Want to know more?
Carly Heipon
c.heipon@iknl.nl



or scan:



What do we know?

- Timely palliative care (PC) has positive effects on quality of life, care satisfaction and decreases symptom burden in patients with incurable cancer
- There are different ways to integrate palliative care in a timely manner and hospitals focus on different elements

Research questions

- 1 How do hospitals with oncology care embed different **elements** of timely integration of PC in their daily clinical practice?
- 2 What **characteristics** of these elements are considered essential for timely integration?

What did we do?

A **modified Delphi study** to identify elements of timely integration of PC in oncology hospital care

An expertpanel consisting of 83 experts (3 physicians, 40 nurses, 4 patient- and 2 relative representatives) from 21 Dutch hospitals

Three online questionnaires with statements on **four elements** and **three characteristics** of timely PC in oncology

1. Identification of potential PC needs
2. Advance Care Planning (ACP)
3. Routine symptom monitoring
4. Involvement of the specialist palliative care team (SPCT)

1. For whom (for which patient groups is the element initiated)
2. When? (when in the disease trajectory is the element initiated?)
3. By whom? (which healthcare is responsible for initiating the element?)

Results

71 (78%) experts filled out the first questionnaire, 65 (71%) the second, and 49 (54%) the third.

1 Healthcare professionals integrate PC by:

- **identifying potential PC needs** in *all* patients with incurable cancer (66%), and/or when those patients have a poor performance status (66%), and/or suffer increased symptom burden (65%)
- **initiating ACP** after diagnosis of incurable cancer (41%) or when patients have metastases (41%)
- starting to **monitor symptoms** for *all* patients with incurable cancer (38%)
- **involving the SPCT** when patients request their involvement (58%)

2 The expertpanel agreed that:

- Potential PC needs should be assessed for **all patients with incurable cancer** (97%)
- thereafter ACP should be initiated and symptoms monitored (86%-91%)
- the SPCT should be involved **when patients request their involvement** (86%) or when patients with PC needs have **high symptom burden on multiple dimensions** (76%)

Table 1 Consensus (≥70%) on characteristics of timely integration of palliative care

Elements of timely integration	For patients with...	When patients...
Identification of potential PC needs	<ul style="list-style-type: none"> - incurable cancer - incurable cancer AND a poor performance status - incurable cancer AND comorbidity 	<ul style="list-style-type: none"> - are diagnosed with incurable cancer - have a life expectancy of <3 months - have a life expectancy of <12 months - suffer increased symptom burden
Initiation of ACP	<ul style="list-style-type: none"> - identified PC needs - identified PC needs AND metastases 	<ul style="list-style-type: none"> - have a life expectancy of < 12 months - suffer increased symptom burden - have a (possible) switch in line of therapy
Initiation of routine symptom monitoring	<ul style="list-style-type: none"> - identified PC needs - identified PC needs AND metastases - Identified PC needs AND metastasis of a tumour which gives a life expectancy of < 12 months - identified PC needs AND a poor performance status 	<ul style="list-style-type: none"> - are diagnosed with incurable cancer - suffer increased symptom burden - are unexpectedly admitted to the hospital - Have a (possible) switch in line of therapy
Involvement of the SPCT	No consensus	<ul style="list-style-type: none"> - ask for their involvement - suffer increased symptom burden on multiple dimensions (physical, psychological, social or spiritual)
Informing about the SPCT	No consensus	<ul style="list-style-type: none"> - suffer increased symptom burden on multiple dimensions (physical, psychological, social or spiritual) - have a life expectancy of <3 months
Offering a consultation with the SPCT	No consensus	<ul style="list-style-type: none"> - have a life expectancy of <3 months

Conclusion



PC needs should be assessed for all patients with incurable cancer soon after diagnosis of incurable cancer



Future research on **how to structurally integrate** the assessment of potential PC needs, ACP and symptom management into oncology care is needed



More **educational resources on PC** for all HCPs are essential to enable them to provide generalist PC