

# Early Inpatient Palliative Care Consults for Patients with GI Malignancies

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## Background

- The American Society of Clinical Oncology recommends early palliative care consultation for all patients with advanced cancer.
- Benefits of early palliative care involvement include better quality of life, improved symptom control, decreased caregiver distress, and less intensive care at end-of-life.
- Additionally, early hospital-based palliative care consultation has shown to have a cost-saving effect due to the provision of care that is concordant with patient goals, decreased length of stay (LOS) and 30-day readmissions, and earlier appropriate referral to hospice.

## Purpose

- To create, implement, and evaluate a standardized process for inpatient palliative care consultation for patients admitted with gastrointestinal (GI) malignancies.
- This was done in collaboration with medical oncology, hospital medicine, palliative care, CARE clinic, and STEP nurses.



## Methods

- For patients with stage III or IV GI malignancies and an anticipated LOS of greater than 48 hours, palliative care was consulted for patients with any of the following:
  - 2 or more admissions in the past month
  - symptom control needs
  - goals of care discussions
  - disease progression
  - high risk medication management such as high dose patient-controlled analgesia or methadone titration
  - palliative surgery being considered
- Appropriate patients were identified at multidisciplinary team rounds.
- The pilot period ran from November 9, 2020 to September 30, 2021.
- 483 patients were admitted to the oncology service line with an underlying GI malignancy.
- 25.5% of patients had a palliative care consult.

## Results/Analysis

Table 1: Outcomes for patients with and without palliative care consults

	Palliative care consult (n= 123 patients, 25.4%)	No palliative care consult (n = 361 patients, 74.6%)
Length of stay	9.8 days	4.4 days
30-day readmission	n = 26 (21.1%)	n = 92 (25.5%)
30-day ED visit	n = 7 (5.7%)	n = 37 (10.2%)
Inpatient death	n = 12 (9.8%)	n = 3 (0.8%)
Discharge to hospice	n = 48 (39%)	n = 26 (7.2%)

## Discussion/Conclusion

- While the standard of care for patients with advanced malignancies is concurrent oncologic and palliative care within 8 weeks of diagnosis, implementation of this remains a challenge.
- Utilizing defined criteria to prompt earlier palliative care consultation during MDT rounds resulted in more upstream consults, and decreased readmission rates and ED visits.
- This small pilot demonstrated how a basic intervention to follow national guidelines can lead to improved patient outcomes and value of care for patients with advanced GI cancer.

## References

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