Background

Although various studies showed that around 60% of cancer patients prefer to die at home, only 40% actually do. A comprehensive approach to cancer and early inclusion in palliative care have been associated with an intensity of care at the end-of-life better adapted to each patient. The therapeutic effort.

To improve the management in the emergency room (ER) and on ward, we started the MERWO study structured in 4 steps. We present here the step 1 analysis.

Material and Methods

The descriptive MERWO study has been proposed in four predefined sequential steps to try to find improvement points in the management of cancer patients in our center:

PRE-COVID19

POST-COVID19

STEP 2: INPATIENTS

STEP 3: INPATIENTS WHO DIE ON WARD

STEP 4: INPATIENTS WHO DIE ON WARD

In this step 1 we have carried out a search of all inpatients on oncology ward admitted in the pre-COVID19 period between 01/Dec/2017 and 30/Nov/2018 who died during their stay. A random sample was extracted with a size 25% of the total.

We defined five clusters of patients based on their severity and complexity upon admission (Figure 1). For each cluster we analyzed sex, age and stage at diagnosis and death, treatment lines, previous palliative care, consultations in ER and instability requiring urgent care in the previous 12 months, invasive tests or assessment by another specialist during admission and adequacy of therapeutic effort.

Fig. 1. Patient clusters based on severity - complexity upon admission

A total of 144 patients were found, obtaining a randomized sample of 36 (Table 1).

Maximum attendance and time in ER were found in cluster D and in patients of cluster C with at least an previous episode of instability. These data are collected in Figure 2.

The only statistically significant difference (p=0.01) was observed in the admission duration until death, longest in cluster B (median 14.5 days) and smallest in cluster D (2 days).

Table 1. Sample characteristics

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>N (M:F)</th>
<th>MEDIAN AGE UPON DIAGNOSIS</th>
<th>MEDIAN AGE UPON ADMISSION</th>
<th>MEDIAN ADMISSION DURATION (days)</th>
<th>STAGE UPON DEATH</th>
<th>PREVIOUS PALLIATIVE CARE</th>
<th>INVASIVE TESTS OR SPECIALIST ASSESSMENT</th>
<th>ADEQUACY OF THERAPEUTIC EFFORT</th>
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<tr>
<td>A</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>B</td>
<td>2 (1:1)</td>
<td>59.15</td>
<td>59.85</td>
<td>14.5</td>
<td>IV (1)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>27 (13:14)</td>
<td>77.81</td>
<td>63</td>
<td>9</td>
<td>IV(1), III(15)</td>
<td>4</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>D</td>
<td>7 (2:5)</td>
<td>65.67</td>
<td>64.45</td>
<td>2</td>
<td>-</td>
<td>HU, YU</td>
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<td>E</td>
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Fig. 2. Frequency of visits and time spent in Emergency Room in the twelve months prior to admission and death

Based on the patient cluster upon admission and highlighting patients with hemodynamic instability in at least one visit to the Emergency Room.

Conclusions

The most complex and serious cancer patients represent a greater care burden both in the ER and on ward.

The only difference that reached statistical significance between clusters of inpatients who die on ward was the duration of admission until death. This can be explained because among the patients who die in the ward are those who were admitted with less severity and complexity.

Further studies are essential, we look forward to providing more data in the next steps of the MERWO study.

References


Disclosures

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