

Background

Providing high-quality and consistent care for patients with cancer in the Emergency Department (ED) poses unique challenges.

Prior studies suggest that quality of care for patients with cancer presenting to the ED fluctuates widely. Previously cited contributing factors include extended wait times and boarding, lack of established clinical pathways, validated decision tools, and physician familiarity with oncologic emergencies.¹⁻⁴

This study aims to identify challenges in providing care to patients with cancer presenting for acute care via surveying oncologists and emergency physicians at multiple hospitals across the United States.

Methods

This is a cross-sectional multi-institutional qualitative study utilizing a semi-structured survey. Emergency Medicine (EM) attendings and residents along with medical and surgical oncologists across five different United States institutions were surveyed. Thematic analysis assessed the open-ended questionnaire responses with codes created and collated to generate initial themes. The themes were then reviewed by specialty for coherence and non-repetition.

Results

Three main domains were identified consisting of systems-based challenges, knowledge gaps, and factors directly related to patient care (Figure 1). From the viewpoint of oncologists, the 3 most frequently perceived gaps in care consisted of long delays in care for patients (40.7%), variability in care (25.3%), and communication issues between emergency physicians and oncologist (14.3%). From the viewpoint of emergency physicians, the most frequently perceived gaps consisted of the knowledge gap in cancer therapeutics (40.4%), knowledge gap in oncologic emergencies (23.4%), and, in almost equal frequencies for third most common theme, physician comfort level (13.8%), timing/location of initial goals of care (GOC) discussion (12.8%), and issues with follow-up process (11.7%).

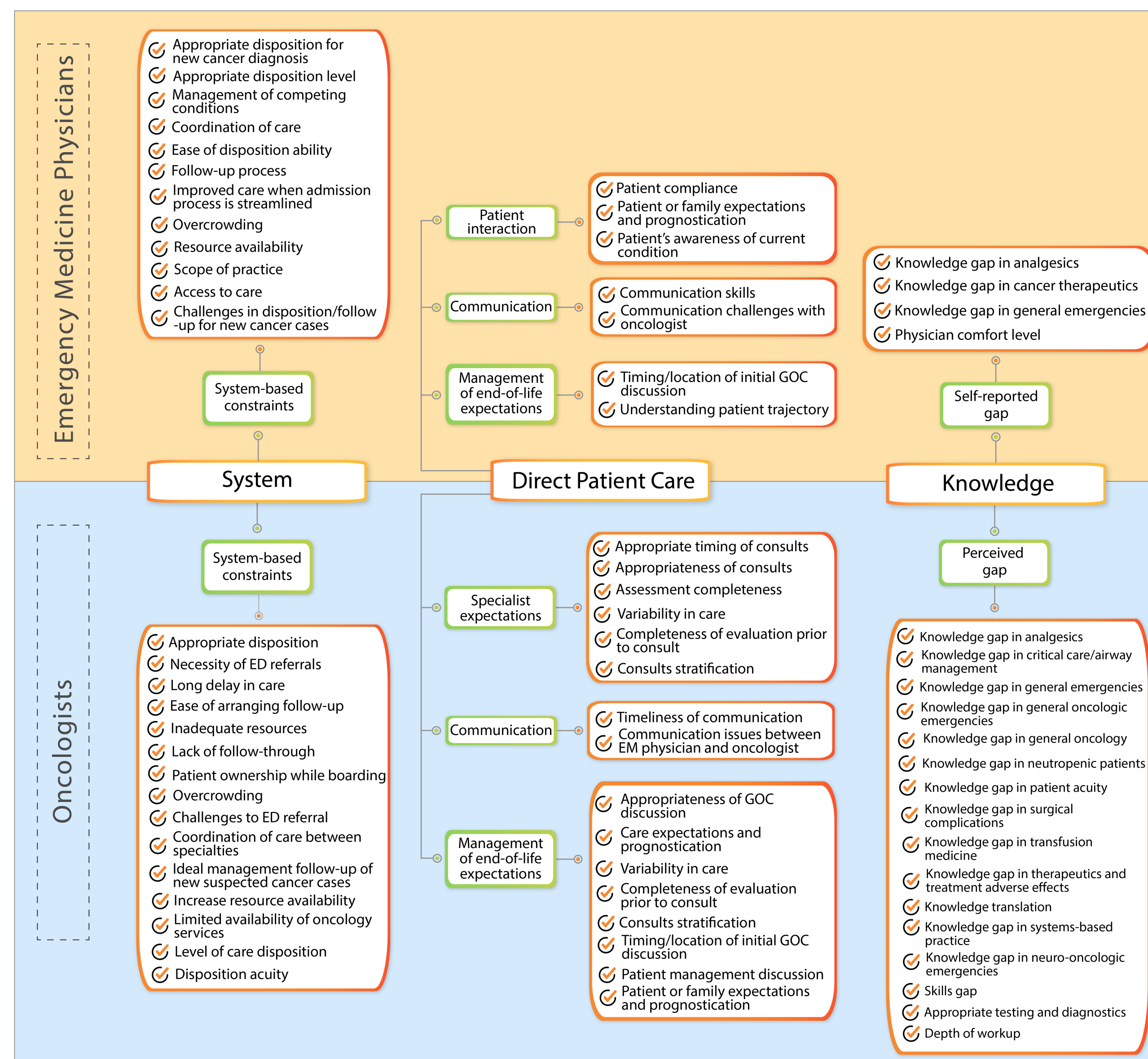


Fig. 1 Mind map for the perceived gaps in care for patients with cancer in the emergency department (ED). GOC, goal of care.

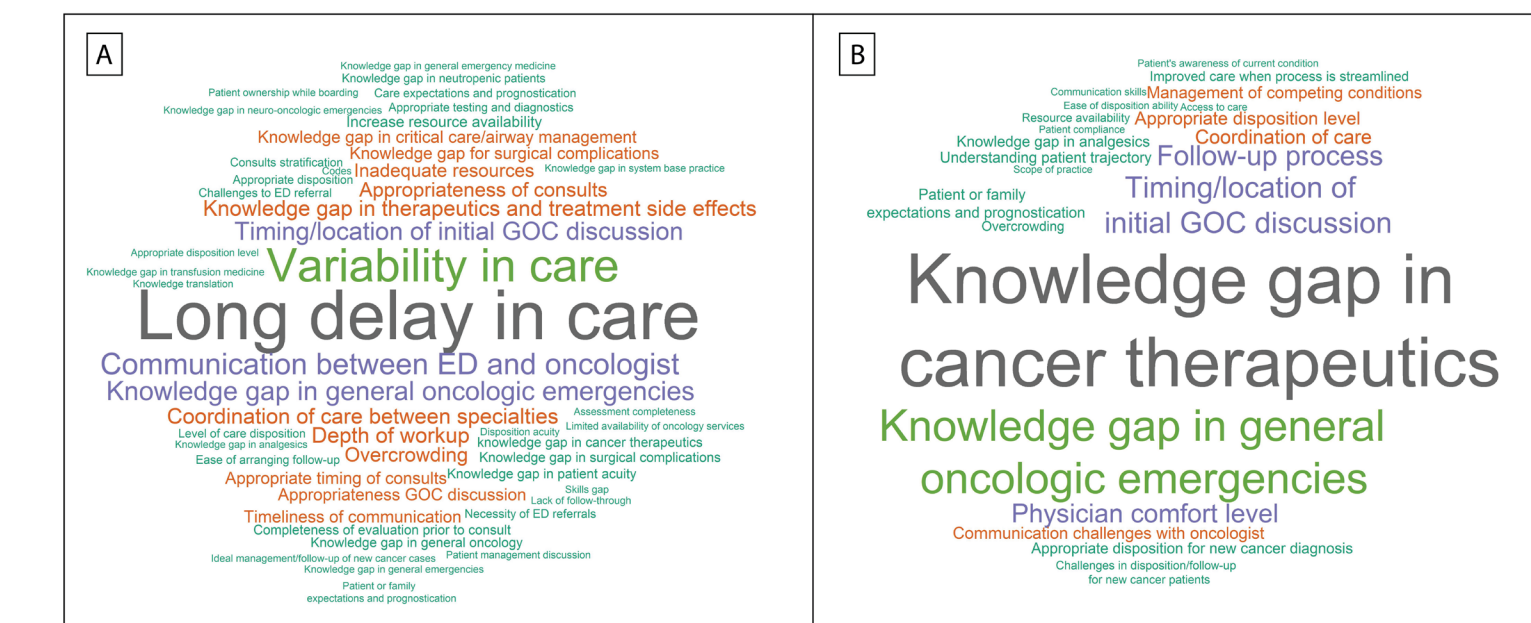


Fig. 2 Word cloud analysis of codes frequency for the gaps identified for care for patients with cancer in the emergency department. A) Perceived gaps established from the oncologists' feedback. B) Perceived gaps established from the emergency medicine physicians and residents' feedback

Conclusions

The study results reveal concerns expressed by EM physicians and oncologists about the management of patients with cancer in the ED and identify three main categories of improvement: systems-based issues, factors directly related to patient care, and knowledge gaps. Efforts focused on addressing concerns within these categories may help to standardize and improve the care of patients with cancer presenting for acute care. This is of particular importance in the era of continuous evolution of both oncologic and emergency care as well as the increasing number of patients living with cancer in the United States.

References

- Bischof, J.J., Caterino, J.M., Credit, A.B. *et al.* The current state of acute oncology training for emergency physicians: a narrative review. *Emerg Cancer Care* 1, 2 (2022). <https://doi.org/10.1186/s44201-022-00002-9>
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- Majka ES, Trueger NS. Emergency Department Visits Among Patients With Cancer in the US. *JAMA Netw Open.* 2023 Jan 3;6(1):e2253797. doi: 10.1001/jamanetworkopen.2022.53797. PMID: 36656589.

INSTRUCTIONS

For the font, please use “Arial”, “Time New Roman” or “Calibri”. Use the “Symbol” font for Greek characters. Minimum font size for the text is 28 points. Figure caption should be placed below the figure while the table caption should appear above the table. Tables/Figures caption font should be in italic with a minimum font size of 22. Minimum font size for the references is 16 points.

For all studies other than case report/case series, we suggest using the following headings: Background, Methods, Results, Conclusion and References.