End-of-life care for cancer patients: views and perceptions of community and hospital-based professionals

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Overview

End-of-life care for cancer patients: views and perceptions of community and hospital-based professionals

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Tracks: Management, operations and practice
Topics: Healthcare access, delivery and outcomes
Context: End of Life care and key challenges

- **End-of-Life care (EOLC):** last stage palliative care (PC) and curative care provided to patients and families in the last 12 months of life [1].

- Prognostic inaccuracy, and difficulty in recognizing treatment futility and in implementing a course of care hinder the quality of EOLC [2,3].

- The need of EOLC is increasing worldwide, with a forecast of nearly 10 million of people in need by 2050 in OECD countries [1] (Figure 1).

In Italy, the average rate of dying cancer patients assisted by the PC network at home/hospice was of 28% in 2021, only improved by three points since 2017 [4]. In the country, regional variability and limited hospital–community integration affect EOLC delivery [5].

The healthcare system of the Tuscany region (Figure 2) is almost exclusively public, with three Local–Health–Authorities (LHAs): the North–West LHA, the Center LHA and the South–East LHA. Each LHA geographic area is served also by a Teaching Hospital (TH).

The regional PC network comprises home PC units, hospices, hospitals, nursing homes, and residences for disabled patients. 17 LHA PC Functional–Units (FUs) assist advanced/EOL patients at home, hospice, and hospital (Figure 3).

In Tuscany region, 40% of cancer patients at EOL are cared by the PC network [4]. The unwarranted variation in EOLC is large in the region (e.g. place of care and place of death) [6].

Aim of the research and methods

Objective: to describe the state-of-art of EOLC organization and management for adult cancer patients in Tuscany, professional and patient/caregiver needs, from professionals’ perspectives.

Methods: a multidisciplinary team of researchers developed two online surveys (*) tailored to Directors of FUs at community level and Directors of hospital-based medical-oncology units.

Survey themes:

1. Medical management;
2. Continuity of care and transition;
3. Patient and family factors;
4. Expertise and training;
5. Concerns and challenges to EOLC delivery.

The questionnaire tailored to FU Directors was delivered from February 2023 to March 2023. The survey targeting hospital-unit Directors was launched in June 2023 and closed in October 2023.

Data from completed surveys were analyzed at regional and LHA level.

(*) A parallel investigation implemented the surveys with focus on Heart Failure (HF) patients (Quattrone et al, 2024).
Results (1/4)

- All FUs’ Directors (n=14), and 96% of hospital-units’ Directors (n=25) replied to the surveys.

- Hospital-units offer several PC services to adult cancer patients, such as outpatient visits (86%) and multi-professional counseling by a medical-nursing team at home (64%) or within acute hospitalization (61%). Early-PC is offered simultaneously with curative care (96%).

- Survival and need for PC are predicted by means of clinical assessment (75%) and less frequently with standardized scales at hospital-units, with variability among the LHAs.

- In 86% of hospital-units, EOLC is delivered by a multidisciplinary team. Team members: PC specialists (96%), oncologists/hematologists (96%), psychologists (75%). There is variability in engaging other professionals, like nurses (50%) and geriatricians (8%) (Figure 4).
Results (2/4)

- Transition pathways from hospital to hospices are present in 87% of FUs.

- When patients are assisted by the PC network, from home and nursing homes the pathways to hospice are established in most cases, while they are available in 50% of FUs from residences for disabled patients.

- When patients are not assisted by the network, pathways from home (47%), nursing homes (40%) and residences for disabled patients (27%) are less frequently available (Figure 5).

- Pathways to co-manage the patients transferred to hospice with oncology hospital-units are available at 60% of FUs, with variability among LHAs.
Results (3/4)

Hospital and community-based professionals show similar perceptions on EOLC, but with some exceptions: FU Directors do believe communication on PC to the public and early discussions on EOLC with caregivers should be enhanced, while hospital-unit Directors are less sensitive to these issues (Table 1):

<table>
<thead>
<tr>
<th>Issues</th>
<th>FU Directors</th>
<th>Hospital–unit Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific training of hospital personnel should be improved.</td>
<td>87%</td>
<td>82%</td>
</tr>
<tr>
<td>Developing shared pathways between organisations (and professionals) is needed to enhance EOLC for cancer patients.</td>
<td>82%</td>
<td>80%</td>
</tr>
<tr>
<td>Currently, patient information exchange is mainly based on contact between professionals. Implementing digital information systems can support the development of EOLC for cancer patients.</td>
<td>80%</td>
<td>61%</td>
</tr>
<tr>
<td>Specific training of community professionals should be improved.</td>
<td>73%</td>
<td>68%</td>
</tr>
<tr>
<td>Communication on PC to the public should be enhanced.</td>
<td>87%</td>
<td>39%</td>
</tr>
<tr>
<td>Early discussions on EOLC with caregivers should be enhanced.</td>
<td>73%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Table 1. Perceptions of FU Directors and hospital–unit Directors on EOLC provision to cancer patients
What are the main limitations to the provision of EOLC to cancer patients?

- Late referral to PCs: 80%
- Difficulty in acknowledging terminal status: 80%
- Lack of expertise by other colleagues: 73%
- Difficulty of patients in taking decisions at EOL: 80%
- Low use of advanced directives: 73%
- Differences in willingness of patients: 60%
- Hard prognosis of life expectancy: 33%
- Lack of PC professionals and multi-disciplinary: 47%
- Ethics and legal issues: 40%
- Lack of coordination with hospitals: 27%
- Lack of guidelines: 13%
- Lack of training of PC professionals in taking care of: 7%
- Lack of local services tailored to EOLC: 20%
- Lack of coordination with local services: 20%
- Other: 13%

Pathways are available, but not activated. Organ and branch specialists are not specifically.

Fig. 6 Flows to EOLC
Discussion

Highlights on results:

- many dedicated services are available for cancer patients
- EOLC delivery presents variability among and within LHAs (professionals involved, pathways, procedures, tools)
- transition pathways are heterogeneous among organizations
- multi-professional care often is not supported by information sharing systems
- late referral to PC is perceived among the main challenges of EOLC specific training for hospital/community personnel should be enhanced
Thank you

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