Admission of Oncology Patients Intended for 'Best Supportive Care' to Acute Hospitals

Gwyneth Soon[1], Lynette Ngo[2], Jeremy Lim[1], Toh Han Chong[2]
[1]Singapore Health Services, Centre for Health Services Research
[2]National Cancer Centre Singapore, Department of Medical Oncology

Introduction

Patients with advanced cancer who are not undergoing palliative chemotherapy or radiotherapy are often admitted to hospitals. Local statistics indicate that cancer was the second top condition of hospitalization in 2004 and 2005. The admission of oncology patients who are no longer on palliative chemotherapy or radiotherapy thus raises the issue of occupation of acute beds that could perhaps be better used for treating acute/ reversible diseases. Furthermore, although the percentage of patients under hospice home care who died at home in 2005/2006 has increased from previous years, 33.6% of patients under home care still die in hospitals.[1] This is of concern to service providers as home care services are intended to prevent unnecessary hospitalization.

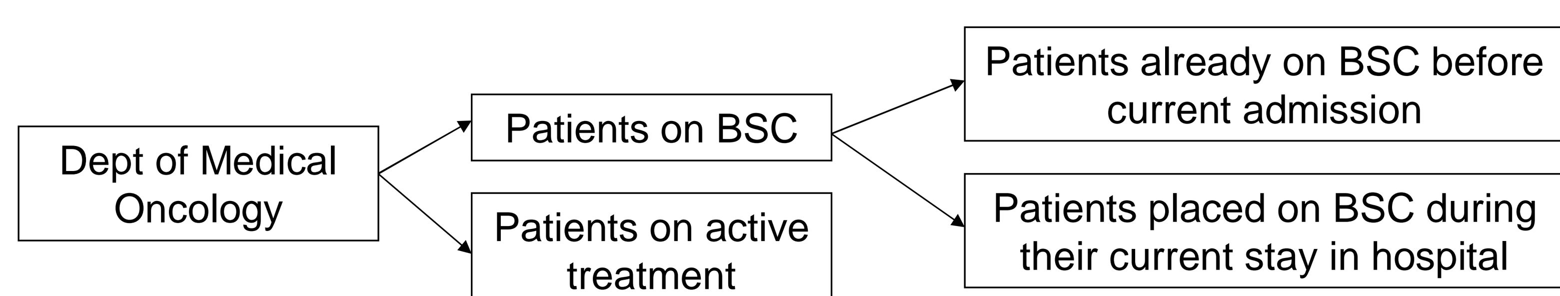
This study aims to determine the proportion of patients no longer of chemotherapy or radiotherapy admitted to the Dept of Medical Oncology in a large tertiary hospital, the reasons for their admission and healthcare providers' views of the best management options for these patients in our hospital.

Methods

Retrospective data was collected over a one month period on all patients admitted to Department of Medical Oncology. Patients who were no longer on chemotherapy or radiotherapy were defined as being on best supportive care (BSC). Doctors of at least registrar grade were asked to identify patients who were on BSC. Data was also collected on the reasons for current admission, involvement of Palliative Medicine, length of stay and discharge outcomes.

A questionnaire was subsequently administered to doctors and nurses from the Departments of Medical Oncology and Palliative Medicine to elicit their views on patients on BSC and the possible management options for these patients.

Results



What proportion of medical oncology admissions are on BSC?

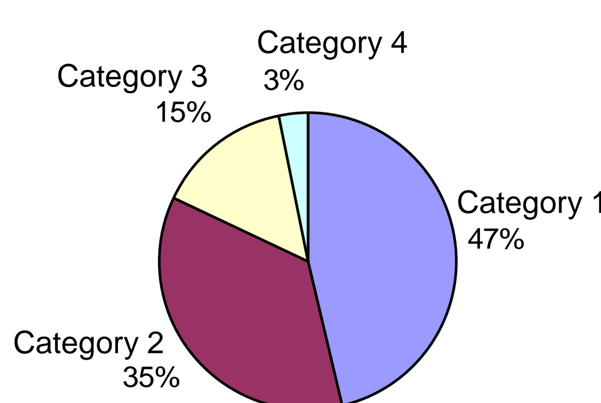
Dept of Medical Oncology has an average of 97 inpatients a day of whom approximately 27.7% are on BSC. Of the 15 admissions to Medical Oncology a day, 19.1% are admissions of patients on BSC.

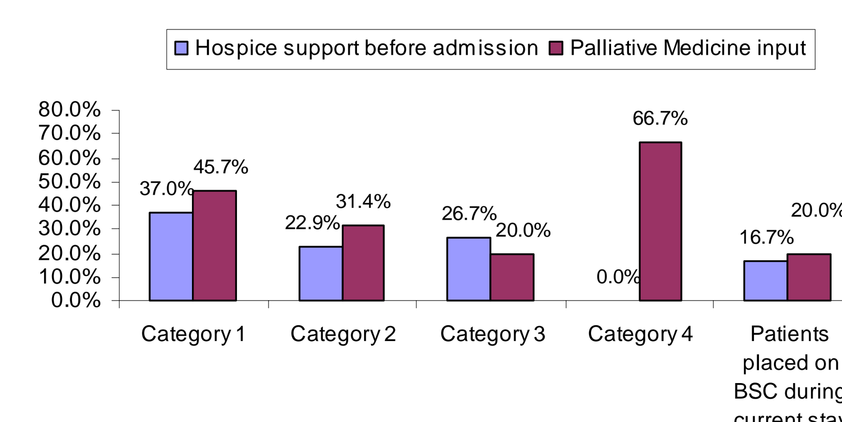
What are the reasons for admission?

The most common reason for admission was due to worsening symptoms from the underlying disease (Category 1), followed by admission for treatment of acute reversible medical conditions (Category 2).

What is the involvement of Palliative Medicine teams in the care of BSC patients?

Although almost half of the patients on BSC who had palliative care input during the current admission were from category 1 of reason for admission, the overall involvement of Palliative Medicine in the care of all BSC patients is still rather low (33.3%).

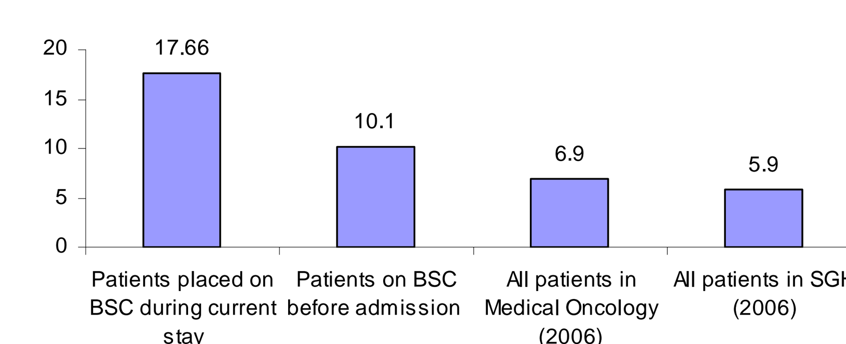


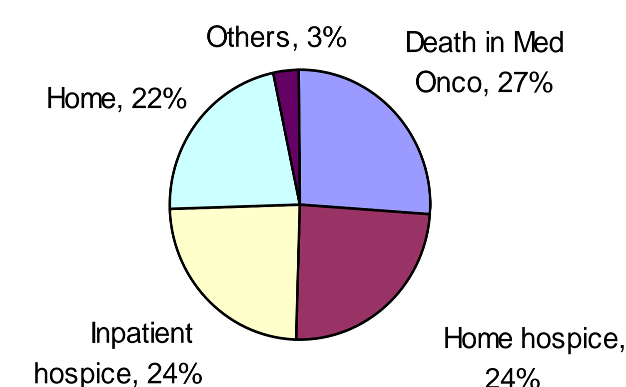


Category 1: No change from functional baseline - Worsening symptoms from underlying disease
Category 2: Change from baseline - Treatment of acute reversible medical conditions (e.g. sepsis)
Category 3: Change from baseline - Further investigations in hospital required
Category 4: No change from baseline – Caregiver fatigue

What is the outcome of BSC patients?

The average length of stay for patients already on BSC before admission was 10.1 days, in contrast to 6.9 days for all patients in Medical Oncology and 5.9 days for all patients in SGH in 2006. Of the 129 admissions, slightly less than half were discharged with hospice care while more than a quarter died while in hospital under the department of Medical Oncology.





What are the views of healthcare providers regarding patients on BSC?

There was a total of 88 respondents for our survey. Most of the survey respondents felt that the admission of patients on BSC had a negative psychological impact on other patients in the same room who were undergoing active treatment.

	N	Mean*	SD
Other patients feel frightened by the presence of patients on BSC	87	3.54	0.99
Other patients are upset by the activities involving patients on BSC	87	3.72	0.89

* On a Likert scale of 1 to 5. 1=strongly disagree, 5= strongly agree

Majority of the survey respondents ranked a separate designated facility in an acute hospital as the best location to manage patients on BSC admitted for acute reversible conditions, while those admitted for irreversible causes were felt to be best managed at step-down care facilities or at home. The respondents also felt that the Palliative Medicine team should be involved in the care of patients on BSC.

	Acute reversible conditions	Irreversible conditions
Location		
Separate inpatient ward catered to them	2.39^	3.08^
Step down care facility	3.86	2.66
Primary provider		
Palliative Medicine	2.06	1.54
Both Medical Oncology and Palliative Medicine	1.73	1.93

^ Average ranking by respondents for each option, with rank 1 as the most preferred option

Conclusion

More than a quarter of Medical Oncology inpatients are on BSC, with the most common reason for admission being worsening symptoms from the underlying disease. Our survey shows that healthcare providers believe BSC patients have an adverse psychological impact on other patients and that these patients are best managed in a separate dedicated inpatient facility with the involvement of the Palliative Medicine team.

Palliative care is a multi-faceted effort and efforts to enhance inpatient care must be simultaneously effected with strengthening of community care to ensure patients get the best possible care.

References
1. Hospice Care Association annual report 2005/2006

The work of the SingHealth Centre for Health Services Research is supported by a grant from the SingHealth Foundation

Members of the SingHealth Group
www.singhealth.com.sg
Changi General Hospital
KK Women's and Children's Hospital
Singapore General Hospital
National Cancer Centre Singapore
National Dental Centre
National Heart Centre
National Neuroscience Institute
Singapore National Eye Centre
Polyclinics SingHealth