

Original Article

Characteristics and Outcomes of Patients Admitted to the Acute Palliative Care Unit From the Emergency Center

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Abstract

Context. Most patients admitted to acute palliative care units (APCUs) are transferred from inpatient oncology units. We hypothesized that patients admitted to APCUs from emergency centers (ECs) have symptom burdens and outcomes that differ from those of transferred inpatients.

Objectives. The purpose of this retrospective cohort study was to compare the symptom burdens and survival rate of patients admitted to an APCU from an EC with those of inpatients transferred to the APCU.

Methods. Among the 2568 patients admitted to our APCU between September 1, 2003 and August 31, 2008, 312 (12%) were EC patients. We randomly selected 300 inpatients transferred to the APCU as controls (The outcome data were unavailable for two patients). We retrieved data on patient demographics, cancer diagnosis, Edmonton Symptom Assessment System scores, discharge outcomes, and overall survival from time of admission to the APCU.

Results. The EC patients had higher rates of pain, fatigue, nausea, and insomnia and were less likely to be delirious. They were more than twice as likely to be discharged alive than transferred inpatients. Kaplan-Meier plot tests for product-limit survival estimate from admission to APCU for EC patients and inpatients were statistically significant (median survival 34 vs. 31 days, $P < 0.0001$). In multivariate analysis, EC admission (odds ratio [OR] = 1.8593, 95% confidence interval [CI] 1.1532–2.9961), dyspnea (OR = 0.8533, 95% CI 0.7892–0.9211), well-being (OR = 1.1192, 95% CI 1.0234–1.2257), and delirium (OR = 0.3942, 95% CI 0.2443–0.6351) were independently associated with being discharged alive.

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Conclusion. The EC patients have a higher acute symptom burden and are more likely to be discharged alive than transferred inpatients. The APCU was successful at managing symptoms and facilitating the discharge of both inpatients and EC patients to the community although the patients had severe symptoms on admission. *J Pain Symptom Manage* 2014;47:1028–1034. © 2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Acute palliative care unit, emergency center, symptom burden

Introduction

Many patients with advanced cancer suffer severe physical and psychosocial distress.¹ Severe symptoms can worsen quality of life and complicate the treatment process.^{1–4} Some patients are referred to hospice for symptom control and end-of-life care.^{1,5} However, many patients are not referred to hospice because they need complex medical care.^{1,6–10} In 2003, The University of Texas M. D. Anderson Cancer Center opened a 12-bed acute palliative care unit (APCU) to serve the complicated care needs of patients with advanced cancer.^{4,11–13} The APCUs differ from palliative care units, which offer more extensive long-term palliative care or exclusively terminal care.^{9,14–16} The focus of APCUs is rapid symptom control and intensive psychosocial care, with a shorter length of stay (up to two weeks) and a lower death rate (20–50%) than those in traditional palliative care units.^{4,6,9,11,12,17–20} Most patients admitted to APCUs are transferred from inpatient oncology units.^{11,18,19} However, the patients admitted to APCUs from emergency centers (ECs) have distinct clinical characteristics. The purpose of this retrospective study was to compare the symptom burden and survival rate of patients admitted to an APCU from an EC with the symptom burden and survival rate of transferred inpatients and to identify the characteristics of patients discharged alive from the APCU.

Methods

Patients

A search of the institution's database identified 2568 patients admitted to M. D. Anderson's APCU between September 1, 2003, and August 31, 2008. Patients are admitted to the

APCU when they present with severe physical and psychosocial distress requiring inpatient primary care under a palliative medicine specialist. Of those, 312 patients were admitted from the EC and were included in this retrospective study. For a control group, we randomly selected 300 patients (outcome data were unavailable for two patients) transferred to the APCUs from the hospital's oncology unit. The M. D. Anderson Cancer Center's Institutional Review Board approved this study and waived the requirement for informed consent.

Patient Characteristics and Discharge Outcomes

From the eligible patients' medical records, the following data were collected: demographics (age, sex, ethnicity, marital status, religious affiliation, and insurance status), clinical data (primary cancer diagnosis and stage), delirium (either clinical diagnosis of delirium by the palliative care specialist or a Memorial Delirium Assessment Scale score higher than seven of 30), the Edmonton Symptom Assessment System score at admission to the APCU, discharge outcomes (alive or dead), and survival times (from the date of discharge from the APCU; collected from institutional databases and electronic health records). The Edmonton Symptom Assessment System is a widely used and validated tool for assessing nine symptoms (pain, fatigue, nausea, depression, anxiety, drowsiness, appetite, shortness of breath, and sleep) and general feeling of well-being on a scale from zero (no symptoms) to 10 (worst symptom imaginable).²¹

Statistical Analysis

We summarized baseline demographics, clinical characteristics, and discharge outcomes

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