

Early palliative care can cut hospital readmissions for cancer patients

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Doctors at Duke University Hospital have developed a new collaborative model in cancer care that reduced the rates at which patients were sent to intensive care or readmitted to the hospital after discharge.

The Duke researchers shared their findings today at the Palliative Care in Oncology Symposium sponsored by the American Society of Clinical Oncology.

In the new treatment model, medical oncologists and palliative care physicians partnered in a "co-rounding" format to deliver cancer care for [patients](#) admitted to Duke University Hospital's solid tumor unit. The Duke model fostered collaboration and communication between the specialists, who met several times a day to discuss patient care.

"The integration of palliative care, as a necessary and essential component of [cancer care](#), is one that has been increasingly endorsed," said Richard Riedel, M.D., lead author of the Duke study and medical director of Duke University Hospital's solid tumor inpatient service.

"The benefits of palliative care have been shown in the outpatient and consultative settings, but we didn't know its impact on daily inpatient care. Now, we have successfully partnered with our palliative care colleagues to bring their unique skill sets and expertise directly to our admitted patients, and have shown it to be beneficial."

The study reviewed 2,353 inpatient encounters that included palliative care physicians, who focus on alleviating pain, side effects, and

improving quality of life for patients and their families during serious illness. After the model was implemented at Duke in 2011, the analysis showed, there was a 23-percent decrease in the number of patients readmitted to the hospital within a week of discharge. Patient transfers to the [intensive care](#) unit also decreased by 15 percent, and patients were discharged from the hospital about eight hours sooner, on average. During the same time, hospice referrals increased by 17 percent.

The findings emphasize the value of implementing palliative medicine soon after a cancer diagnosis rather than waiting until later in the disease's progression. The new approach allows patients earlier opportunities to discuss their care goals and quality of life, which is becoming a central issue among health policy leaders.

In September, a national panel appointed by the Institute of Medicine published a report on end-of-life care that recommends [health care providers](#) receive more training in [palliative medicine](#) to both save money on unnecessary procedures and to improve patient satisfaction.

To the researchers' knowledge, no other medical center has brought palliative care and medical oncology together in a co-rounding model. Duke University Hospital has gone even further, establishing new outpatient [palliative care](#) clinics in oncology and general medicine.

Researchers hope to pursue several leads from this initial study, including an in-depth cost-benefit analysis.

Provided by Duke University Medical Center

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