

# PALLIATIVE CARE EARLY AND SYSTEMATIC (PACES): barriers to providing palliative care to metastatic colorectal cancer patients

A province-wide survey of gastrointestinal oncology clinicians' perceptions

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Abstract # 197921

## BACKGROUND

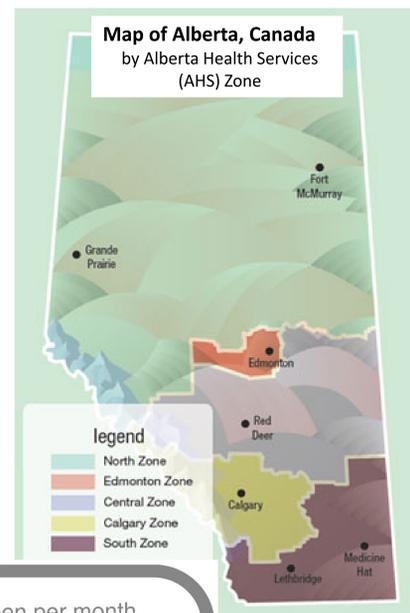
- PaCES was conceived to address the problem of late referral to palliative care (PC) for advanced cancer patients in Alberta, Canada

## OBJECTIVE

- Identify barriers to early, oncology-integrated, PC as perceived by oncology clinicians caring for metastatic colorectal cancer patients (pilot patient group)

## METHODS

- 31 question web-based survey
- Informed by Michie's Theoretical Domains Framework



Survey Question:	For me, a barrier to...	Capability, Opportunity, Motivation (COM) category
1	Referring patients to PC: Little benefit to patient	Motivation
2	Addressing patient PC needs: Perceive lack of benefit	Motivation
3	Referring patients to PC: Referral not my responsibility	Motivation
4	Working with PC teams: Bad previous experience	Motivation
5	Addressing patient PC needs: Not my responsibility	Motivation
6	Addressing patient PC needs: Addressing increases patient distress	Opportunity
7	Addressing patient PC needs: Lack of leadership	Opportunity
8	Addressing patient PC needs: My capability	Capability
9	Referring patients to PC: Referral pathway issues	Capability
10	Referring patients to PC: Lack of PC support in region	Opportunity
11	Working with PC teams: Document transfer shortfalls	Capability
12	Working with PC teams: Lack of standard communication	Opportunity
13	Referring patients to PC: Referral increases patient distress	Motivation
14	Working with PC teams: Lack of process for executing orders	Opportunity
15	Working with PC teams: Role confusion	Opportunity
16	Addressing patients PC needs: Time/competing priorities	Opportunity

## SURVEY RESULTS

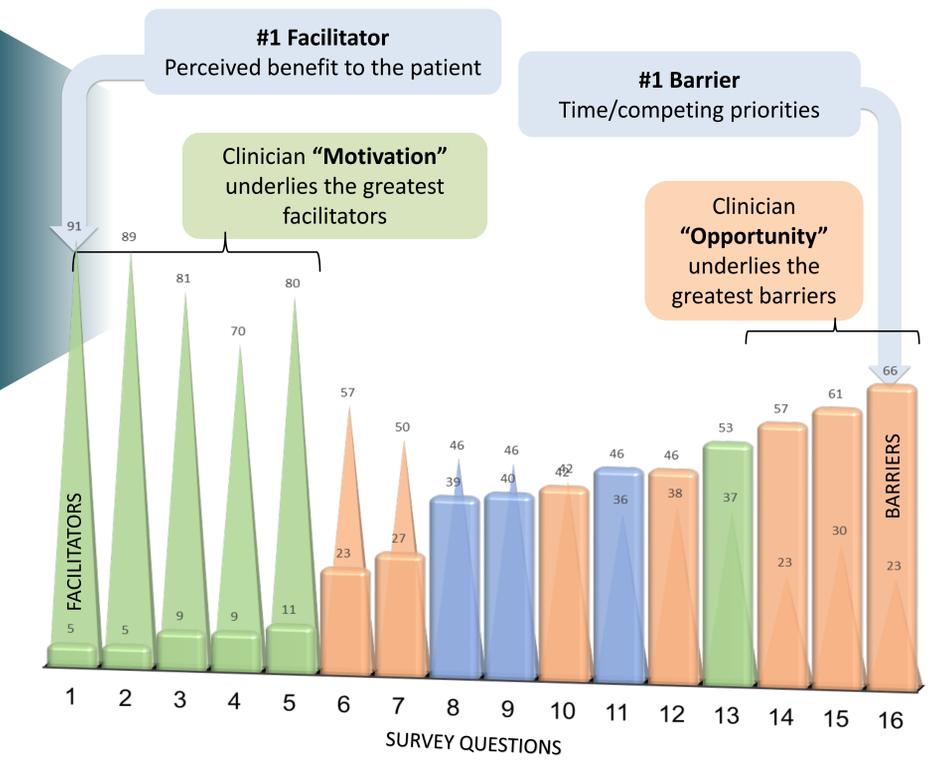
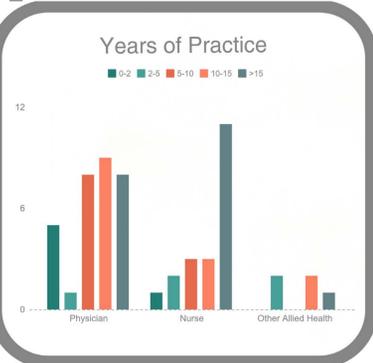
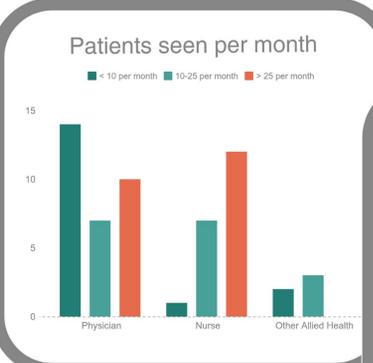
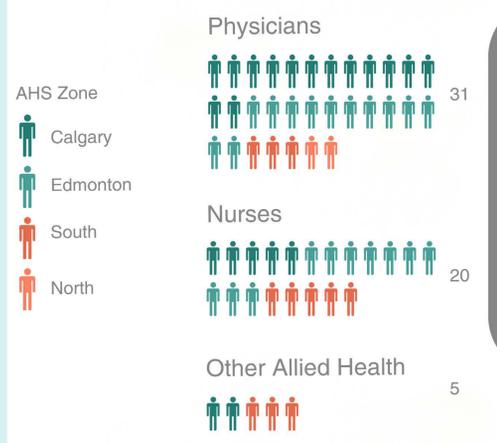


Figure: Percent of clinicians who perceive survey items (1-16) to be a barrier or facilitator. Questions are ordered by those least to most frequently identified as a barrier.

## Survey Respondents



**IMPACT**  
Findings are being used to design and implement a PC pathway, which will increase the opportunity for early PC approaches in clinic and earlier access to secondary services

## IN CLINICIANS' WORDS...

### PROBLEMS

## BARRIERS FACED BY ONCOLOGY CLINICIANS IN REFERRING PATIENTS TO PC, WORKING WITH PC, AND ADDRESSING PATIENTS PC NEEDS IN THE CANCER CLINIC

### BARRIERS RELATED TO PC SERVICES

- Insufficient resources:
  - Clinician time
  - Clinic space (rooms/beds)
  - Staff (PC/oncology)
- PC services perceived as sub-optimal:
  - Too complex
  - Too slow
  - No long term follow-up

### BARRIERS RELATED TO CLINICIANS

- Poor communication between teams
- Professional role confusion
- Confusion around PC services available
- Difficulty with PC conversations

### BARRIERS RELATED TO PATIENTS

- Patient does not qualify for PC services
- PC not needed (as perceived by clinician)
- Patient declines PC

### SOLUTIONS

## CLINICIANS' IDEAS FOR IMPROVING THE INTEGRATION OF EARLY PC WITHIN CANCER CARE FOR COLORECTAL CANCER PATIENTS

### IMPROVE THE PROCESS

"Establish clinical practice guidelines in the management of PC patients in the province. None exists for informing Alberta physicians about standards of care or processes in Alberta. This extends beyond GI patients, and incorporates all cancer patients with symptomatic, incurable cancers. Guidelines are available for palliative radiotherapy and oncologic emergencies. Feedback suggests these are very useful to non-oncology physicians and care givers" (Physician, Calgary Zone)

### IMPROVE PC EDUCATION/AWARENESS

"Education, communication and review for staff members. This would have everyone using the same message and patients will not become confused" (Nurse, South Zone)

"Introduce [the] idea early is a great idea, it is a difficult topic for patients and family to get used to, so introducing it early and referring back to it during clinic appointments would help patients and family to know that resources are there when the time comes that they do need them." (Nurse, Edmonton Zone)

### ADDRESS RESOURCE LIMITATIONS

"Knowing there are sufficient resources would help, picking and choosing, prioritizing, triaging is a constant consideration." (Physician, North Zone)

"the time and space to conduct the [PC] referral" (Physician, Calgary Zone)