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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BACKGROUND
- PaCES was conceived to address the problem of late referral to palliative care (PC) for advanced cancer patients in Alberta, Canada
- 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 Respondents:
- Physicians
- Nurses
- Other Allied Health

Patients seen per month:
- Antis Zone: 31
- Calgary: 25
- Edmonton: 20
- South: 19
- North: 15
- Other Allied Health: 6

Years of Practice:
- Range: 5 to 30 years

OBJECTIVE
- To evaluate barriers to providing palliative care to metastatic colorectal cancer patients (pilot patient group)

METHODS
- Informed by Michie’s Theoretical Domains Framework

FACILITATORS
- #1 Facilitator: #1 Barrier
  - Potential for PC benefits
  - Motivation

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

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

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 exist 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 oncologists
- “Establish clinical practice guidelines in the management of PC patients in the province. None exist 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 oncologists.”
  (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 instill 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 referrals”
  (Physician, Calgary Zone)