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## BACKGROUND

- Palliative Care (PC) interdisciplinary outpatient clinics are designed to meet the comprehensive needs of seriously-ill patients.
- PC clinics can help patients and their families avoid crisis situations such as unnecessary hospital admissions by helping to:
  - Keep symptoms controlled
  - Establish goals-of-care
- Barriers to attending clinic appointments may be insurmountable and need to be understood so patients benefit from ongoing palliative care.

## OBJECTIVES

To assess barriers affecting PC outpatient clinic appointments compliance.



## MATERIAL and METHODS

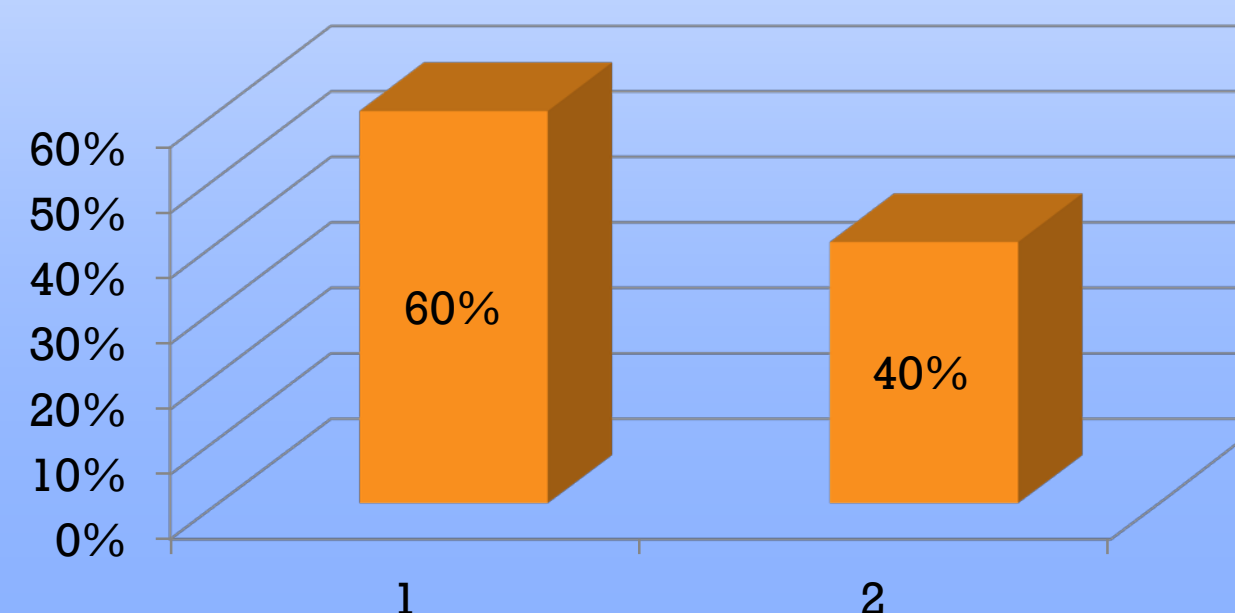
A retrospective chart review was performed on initial/established patients that were no-shows for appointments (NS) from 2013-2015. Examined variables included PC performance, symptom burden and pain scores.

## RESULTS

**Patients seen in a tertiary hospital PC service with outpatient appointment scheduled within 3 days of first encounter. N=100**

61%	Did not show for scheduled PC apt.
39%	Had PC clinic appointment before NS
7%	Went to ED on day of NS
9%	Seen in ED within 2 weeks of NS
21%	NS patients had further no-show's

**Decline in functional status before (1) and after (2) NS visit p=0.0373**



## DISCUSSION and CONCLUSIONS

- Over half of the outpatients missed scheduled PC clinic appointments after discharge from the hospital.
- Patients with NS appointments faced barriers to clinic appointments including uncontrolled symptoms and ER visits/hospital admissions.
- One-fifth of the patients that were NS had further NS visits.
- There was a non-significant worsening trend for all symptoms/pain scores after NS.
- Missed appointments correlated with a decline in patient functional status.
- There was a significant decrease in spiritual/existential suffering (p=0.0001) and social issues/suffering (p=0.0166) over time which is a reflection of the high level of support PC offers.

## IMPLICATIONS FOR RESEARCH

More research is needed to determine ways to improve and expand continuity of outpatient palliative care clinic subjects during functional decline.