Background: The impact of palliative medicine in patients with hematologic malignancies is a growing area of investigation. Over the last year, the Palliative Medicine service at North Shore University Hospital (NSUH) has developed and sustained a co-management model for patients admitted to the acute leukemia (ALU) and bone marrow transplant (BMTU) units.

Methods: The primary outcome measure was the time from admission to initial consult. The secondary outcome measure was length of stay in a goal concordant setting to receive end of life (EOL) care, namely our inpatient palliative care unit (PCU).

Results: There were 106 new consults in twelve months (45 acute leukemia/lymphoma consults and 61 bone marrow transplant consults). In the ALU the principal diagnoses seen were acute myeloid leukemia (56%), followed by acute lymphoblastic leukemia (13%), and diffuse large B cell lymphoma (13%). However, in the BMTU the principal diagnoses were multiple myeloma (28%), followed by acute myeloid leukemia (20%), and acute myeloid leukemia (18.3%). The average time to consult for the ALU decreased from 18.8 days at six months to 8.8 days at twelve months. For the BMTU, time to consult decreased from 18.8 days at six months to 8.8 days at twelve months. The average time to consult for the ALU was 10.2 days at six months to 4.6 days at twelve months.

Conclusion: This partnership allowed for recognition of differences in EOL care patterns across these populations. It has demonstrated a benefit by accelerating time to consult and enhancing transitions to goal concordant settings for patients with hematologic malignancies at the end of their lives.

References: