

## **ESMO Palliative Care Fellowship (May 2024 – June 2024)**

**Pauline Anne Cauton**

### **FINAL REPORT**

Home Institute: Cardinal Santos Medical Centre, Philippines

Host Institute: Princess Margaret Cancer Centre, Canada

Mentor: Ernie Mak

Project topic: Improving Venous Thromboembolism (VTE) Prophylaxis on an Acute Palliative Care Unit

### **Introduction**

After being awarded the ESMO Palliative Care Fellowship in 2019, I was set to travel to the Princess Margaret Cancer Centre in Toronto during the summer of 2020 to start my research. However, it became evident that my trip would have to be postponed due to the COVID-19 pandemic. There were talks of working on the project remotely, and a point when I was worried that the project would have to proceed without me, but it turned out that 2024 was the year for my research fellowship to come together.

“Improving Venous Thromboembolism (VTE) Prophylaxis on an Acute Palliative Care Unit” is a quality improvement project started in 2018. The majority (if not all) of patients seen at the palliative care unit are cancer patients with an acute medical illness, for which VTE prophylaxis is recommended in the absence of contraindications.<sup>1</sup> Historically, patients admitted to a palliative care unit are at end-of-life, precluding the initiation of VTE prophylaxis. However, the practice of palliative care has changed considerably in the past decade, more and more patients who may still be receiving cancer-directed therapy are admitted to the palliative care unit for acute symptom control. For patients who are not yet at the end of life but are nevertheless seen at the palliative care unit, VTE prophylaxis may be considered as a measure that impacts not just survival but also quality of life, as VTE carries its own list of associated symptoms<sup>2</sup>.

Since 2020 when I was supposed to come to the Princess Margaret Cancer Centre (PMCC), the hospital has seen a lot of staff changes (retirees and new staff) and has also migrated to an entirely new electronic medical record platform (EMR). A re-evaluation of the systems in place, as well as adapting to the new EMR format, was therefore warranted. Furthermore, the centre had a scheduled accreditation visit coinciding with my stay there and a comprehensive review of current practices on existing policies (such as VTE prophylaxis) was serendipitously timely. As disappointing as postponing my trip may have been at the time, it would appear that my time at the Princess Margaret Hospital was fortuitous.

## **Goals or aims**

To acquire skills and knowledge on how to conduct qualitative and quality improvement studies.

To see how guidelines on VTE prophylaxis are applied to real patients at a palliative care unit.

To gain a picture of how palliative care is delivered at a specialised unit of a premier cancer centre.

## **Description of the time spent at host institute**

Once I had completed the process of onboarding to the hospital network, a workplace was secured for me in a neighbouring building for my time at the PMCC, which found me located at Dr. Ernie Mak's spare desk in his office. This was a favourable arrangement as it allowed for spontaneous, casual conversations in between Dr. Mak's rounds and calls within the hospital. These conversations extensively covered the research topic (VTE prophylaxis), the history and development of the project, palliative care practice in Toronto and everything in between. It was also a conducive workspace for reading and writing, working on the literature review and searching for other related content. The office was also on the same floor as the palliative care unit, making it easy to connect with PMCC's Palliative Care Team once my network credentials were in order. I met with the medical staff (attendings, fellows, nurses, pharmacists) as they walked me through the processes and procedures for new admissions and how the risk assessment for VTE is prompted through different scenarios. I was also able to sit in during morning rounds where the unit's multidisciplinary approach was evident and in full force. Monday rounds were particularly useful in evaluating the patient's progress (especially over the weekend), and in providing a venue to re-assess a patient's VTE risk.

Pre-pandemic, a paper-based VTE risk assessment tool was inserted into patient charts to be filled out within 48 hours of admission. This tool was migrated onto the new EMR platform as an optional dropdown within the menu. Our quality improvement project sought to investigate if the tool was (1) still useful for clinicians in identifying patients who should (or should not) be considered for VTE prophylaxis, and (2) being used at all, now that it was an optional (add-on) form to fill out. We also wished to hear from the patients themselves if they found this discussion relevant to them. To investigate this, a survey/interview form was handed out to patients and members of the staff pertaining to these questions. I also worked with the research assistant in streamlining the existing database from the original paper-based tool into a format more conducive for analysis. The work we did on this part of the project reinforced the immeasurable potential of electronic forms to eliminate illegible or incomplete data for research (if used consistently and properly).

Towards the end of my stay at the PMCC, I was given the opportunity to shadow Dr. Mak during his outpatient consultations. It was an inestimable glimpse into the kind of work the hospital does and the patients they see. It was eye-opening for me to see that no matter the level of health coverage a country has, there will still be gaps in

healthcare, and that there will always be a demographic for which healthcare will be less accessible than others.

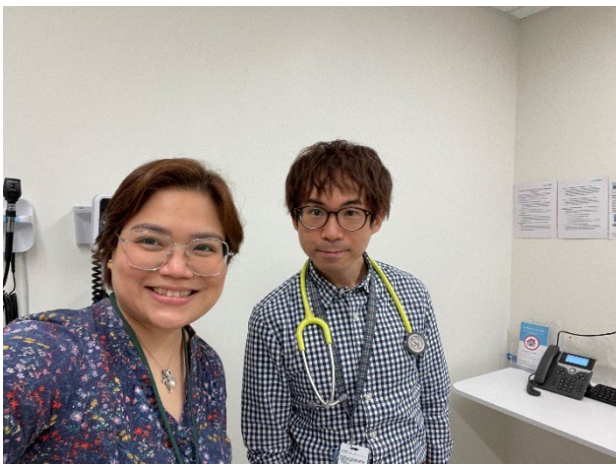
## Conclusion

My time at the PMCC was fruitful in that I learned not just about palliative care and VTE prophylaxis in this setting, but also about how to conduct quality improvement studies. Thanks to the technology, I will be able to continue participating in this project even after returning home. I am happy to stay on-board and learn more about quality improvement projects such as this and I'm looking forward to the opportunity to share our experience in scientific publications.

## Acknowledgments

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- ESMO for this amazing opportunity.
- To God, for being present at every step of this pilgrimage.



<sup>1</sup>. NS Key, et al. Venous Thromboembolism Prophylaxis and Treatment in Patients With Cancer: ASCO Guideline Update. 2023. Journal of Clinical Oncology Vol. 41 No.16 <https://ascopubs.org/doi/10.1200/JCO.23.00294>

<sup>2</sup>. E Zabrocka and E Sierko. Thromboprophylaxis in the End-of-Life Cancer Care: The Update. Cancers (Basel). 2020 Mar 5;12(3):600. <https://www.mdpi.com/2072-6694/12/3/600>