

CARE OF PATIENTS WITH CANCER WHO VISIT EMERGENCY

VISUAL RESEARCH ABSTRACT

OBJECTIVE

To determine whether continuity of care, cancer expertise or both affect outcomes in patients with cancer who require emergency department (ED) care.

STUDY POPULATION

42 820 patients who received chemotherapy or radiation in the 30 days before a cancer-related visit to the ED in Ontario between 2006 and 2011.

1 DOES CONTINUITY OF CARE AFFECT OUTCOMES?

Patients:
n = 42 820

39%

Alternative hospital

61%

Original hospital

2 DOES CANCER EXPERTISE AFFECT OUTCOMES?

Patients:
n = 42 820

34%

Alternative general hospital

66%

Original or other cancer centre

ALTERNATIVE VERSUS ORIGINAL HOSPITAL

LOWER	Admission to hospital	OR 0.78 95% CI 0.74–0.83
HIGHER	Return visits to the ED	HR 1.06 95% CI 1.03–1.11
NO DIFF.	30-day mortality	
NO DIFF.	CT imaging	

ALTERNATIVE GENERAL HOSPITAL VERSUS ORIGINAL HOSPITAL OR CANCER CENTRE

LOWER	Admission to hospital	OR 0.83 95% CI 0.79–0.88
HIGHER	Return visits to the ED	HR 1.07 95% CI 1.03–1.11
HIGHER	30-day mortality	OR 1.13 95% CI 1.05–1.22
LOWER	CT imaging	OR 0.74 95% CI 0.69–0.80

Cancer expertise of an institution rather than continuity of care may be an important predictor of outcomes following emergency treatment of patients with cancer.

Note: OR = odds ratio; HR = hazards ratio; no diff. = no difference; CT = computed tomography

Source: Grewal K, Sutradhar R, Krzyzanowska MK, et al. The association of continuity of care and cancer centre affiliation with outcomes among patients with cancer who require emergency department care. *CMAJ* 2019;191:E436-45.

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