

Resident Scholarly Project / Resident Proposal

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Disparities in Palliative Care Consult, a retrospective chart review

Brief Background

There is limited data regarding disparities in EOL care in the pediatric population. However, findings from pediatric oncology and complex chronic conditions suggest that sociodemographic factors, particularly minority race/ethnicity, are associated with more intense EOL care¹⁻³. In addition, it has been found that non-white children with cancer are more likely to die in the hospital^{3,4}. But there is little data on the role that language and ethnicity in particular plays into pediatric EOL care and length to palliative care involvement.

Of interest is that knowledge regarding advanced directives (AD) has been associated with higher formal education in families, but is less likely among primarily Spanish-speaking parents and caregivers⁵. In addition, minority (lack, Hispanic, and Asian/other race) parents of advanced cancer patients have been found to be less likely to recognize poor prognosis and likelihood of cure⁶. These findings indicate an increased need for education and communication with these populations. However it has also been found that physicians of oncology patients underestimate the information needs of black and Hispanic parents of oncology patients⁷.

Involvement of a pediatric palliative care team is known to improve experience of care for families and providers^{8,9}. But particularly in the stem cell transplant pediatric population, Hispanic/Latinx patients were less likely to receive inpatient palliative care compared with non-Hispanic White patients¹⁰. Given limited data, review of palliative care consult data on the role of language and ethnicity in DNR/DNI status at time of death and time to consult from diagnosis is proposed.

Aims/Hypotheses

Aim of project is to assess the role of race/ethnicity and limited English proficiency in EOL care planning.

It is hypothesized that these factors contribute to disparities in EOL care by delaying involvement of palliative team or DNR/DNI status.

Project Methods

Retrospective chart review of data from pediatric palliative consult team of consults placed in last 2 years.

Role of preferred family language (LEP – Low English Proficiency)

- Statistical analysis to assess for relationship of LEP and time to palliative care consult
- Statistical analysis to assess for relationship of LEP and DNR/DNI status at time of death

- Pending review of data, sub-analysis of Spanish-speaking families vs English in particular

Role of Race and Ethnicity

- Statistical analysis to assess for relationship of listed race/ethnicity and time to palliative care consult
- Statistical analysis to assess for relationship of listed race/ethnicity and DNR/DNI status at time of death

Time to palliative care consult – to be defined as time from diagnosis associated with consult to time that palliative care consult is placed.

Study Selection: Pending IRB approval, EMR review of all patients with palliative care consult in last 2-3 years

Statistical Procedures: t-test on group means for language and ANOVA in case of race/ethnicity

Study Procedures: No procedures will be performed in this study.

Study Drugs: No study drugs, approved or investigational, will be given in this study

Medical Device: No medical devices will be used in this study.

Study Questionnaires: No study questionnaires will be utilized in this study.

Recruitment of Subjects: no active recruitment will be performed.

Confidentiality: EMR data will be anonymized, attempts will be made to maintain confidentiality

Potential Conflict of Interest: None of the investigators have any conflicts of interest to report.

Potential Risks: The research involves minimal risk of loss of confidentiality, as the study is a chart review.

Potential Benefits: further understanding of disparities in engagement of palliative care – which could guide future population specific studies and lead to more targeted interventions with involved medical teams.

Alternative Therapies: There will be no experimental therapies employed in this study.

Compensation to Subjects: No compensation will be provided to the study subjects.

Minors as Research Subjects: Data will be collected retrospectively from the electronic medical record of pediatric patients. Numerous precautions will be taken to protect the data.

Citations

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10. McKee MN, Palama BK, Hall M, LaBelle JL, Bohr NL, Hoehn KS. Racial and Ethnic Differences in Inpatient Palliative Care for Pediatric Stem Cell Transplant Patients. *Pediatric Critical Care Medicine*. 2022;Publish Ahead of Print. doi:10.1097/PCC.0000000000002916