

## Abstract

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Acutely deteriorating patients with malignancy – being SMART about care

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### Objectives:

The Singapore General Hospital Medical ICU Acute Response Team (SMART) begun as part of patient safety initiatives for all medical patients, including those from the Haematology and Oncology service who require unique considerations with regards to their treatment and goals of care. This study aims to review all SMART referrals, including patients with malignancy, to evaluate differences in interventions and outcomes.

### Methods:

We performed a retrospective analysis of patient referrals from February to September 2018 with regards to patient demographics, interventions and outcomes.

### Results:

There were 315 referrals, of which 118 patients (age  $61 \pm 15$  years, male 53.4%) had a known malignancy at the time of referral. Lymphoma (22.0%) and leukemia (14.4%) were the most common malignancies. Primary reasons for referral were haemodynamic instability (42.4%) and respiratory failure (30.5%). Compared to patients without malignancy, patients with malignancy were younger ( $61 \pm 15$  vs  $65 \pm 14$  years,  $p=0.003$ ) and had a higher in-hospital mortality (45.8% vs 29.9%,  $p = 0.005$ ). There were no differences in ECOG performance status, physiological severity scores and SMART interventions such as endotracheal intubation, fluid resuscitation and vasopressor initiation. Amongst the SMART referrals, discussions that resulted in limitations to medical therapy were more common in patients with malignancy (12.7% vs 5.6%,  $p = 0.026$ ).

### Conclusions:

Patients with malignancy and clinical deterioration were younger and had a higher in-hospital mortality. As part of SMART's interventions, a larger proportion of patients with malignancy were engaged in end of life discussions. This is similar to the study conducted in a cancer centre by Austin et al<sup>1</sup> on ART services, where the directed and structured discussions with patients, their carers and primary physicians aid in establishing important decisions in the goals of treatment. This preliminary study of the SMART service will require continued review and analysis.