



Optimizing patient care during transfers between palliative care settings

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The October 2022 issue of *Annals of Palliative Medicine* featured 15 Original Articles, 5 Review Articles, 2 Study Protocol Articles, 1 Editorial Commentary, 2 Editorials, and several Case Reports and Letters to the Editor. One of those Editorials, on transfer and transitioning between palliative care settings by Salifu and Bayuo, will be highlighted in this Message from the Editor-in-Chief.

That Editorial was written in response to an Original Article in the September 2022 issue of *Annals of Palliative Medicine* by Mertens and colleagues on the experience that patients have when transferring between care settings in palliative care (1). Palliative patients commonly transfer between care settings, particularly when deintensifying care for patients with lower levels of acuity or when intensifying care for those with progressing or acute symptoms (2,3). Transferring, however, can result in fragmented care and difficulties optimizing coordination and continuity of care.

In their qualitative interview study of 20 palliative patients, Mertens *et al.* determined that the home was the preferred residence for respondents. This preference for home care is in keeping with prior reports (4,5), and having the availability of family caregivers to support patients at the end of their life can best facilitate home care (6). However, patients in their study had more apprehensive about home care when they experienced increased symptom burden and when the organization of home care was insufficiently tailored to their needs, leading in such settings to increased preferences for nursing homes and palliative care units. Hospital admissions, however, often fell short of patient expectations, and patients noted concerns with a lack of seamless care and with home care insufficiently customized to their needs upon hospital discharge. As such, patients

commonly expected their family physician to ensure continuity of care.

In their Editorial, Salifu and Bayuo note that home-based and community palliative care are cost-effective, more inclusive, and easily accessible and adaptable to address individual patient needs. Their Editorial provides a terrific overview of different forms of palliative care settings, details cultural and contextual factors of palliative care settings, discusses factors that influence the choice of palliative care settings, and comments on experiences across different settings. The authors note that the lack of validated patient-reported outcome measures and patient-reported experience measures make it challenging to quantifying transition outcomes in this population. Nonetheless, they note that patients can experience disruptions in their care plan, poor communication, feelings of uncertainty, and concerns for their safety during transitions between care settings.

Salifu and Bayuo also note that the challenges of transitioning between care setting have escalated during the COVID-19 pandemic due to the increased demand for palliative care services across settings and the added isolation the virus has caused among families. They underscore the need to assess and prepare for a transition between care settings, organize and facilitate the logistics of the transition, and coordinate and collaborate transitional care across sectors, and they call for stakeholders in the delivery of palliative care to improve the transition quality of patients between palliative care settings.

The authors cite the importance of integrating palliative care into all settings of health care, from hospitals to nursing homes to outpatient settings to specialized clinics to hospices to residential care facilities to a patient home.

Notably, improved integration of palliative care to improve the quality of care that patients with advanced disease experience has long been a focus of this journal (7,8). Salifu and Bayuo argue that better integrating palliative care services will improve continuity of care for patients and more optimally connected them to the services they require, but that training for healthcare staff is needed truly to improve the integration of palliative care into traditionally non-palliative care settings. They conclude strongly by stating “*there is a requirement for more stakeholder engagement to strengthen the evidence base, develop policies, and work towards integrating palliative care into traditionally non-palliative care settings*”. It is clear that providers must work together to minimize burdens to patients, their families, and themselves when a transfer of care between palliative care settings is needed, and that barriers to inter-professional collaboration need to be identified and overcome to optimize the care of our patients across palliative care settings.

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Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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