Palliative Care in the Emergency Room

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Poster References QR Code.docx

Background Information

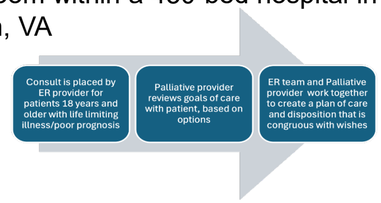
- Aggressive care at the end of life is offered to extend survival
- This care is associated with worsened quality of life and a more traumatic dying experience (Triplett et al., 2017)
- Admission to ICU is linked to excessive costs and poor quality of life (Leith et al., 2020)
- Primary entry to hospital for said care is via ER
- Foundation of ER care aimed to maintain life at all costs, regardless of prognosis, values, or patient preferences for healthcare (George et al., 2020).

Purpose

1) IOM has called for providers to have meaningful conversations with patients re: individual values, preferences, and healthcare goals
2) ER visits resulting in admission—National: 14.2%, Local: 30%
3) Futile care costs for 1 day in ICU: $5,000-$10,000
4) In hospital mortality rates at local institute are higher than national average, resulting in lower Medicare reimbursement

Methods

- Design: Quasi-experimental, Pre and Post chart Review
- Setting: Community based 50 bed, Level II trauma emergency room within a 450-bed hospital in Southeastern, VA



- Tools: EPIC EMR, Virginia Basic Medical Directives Form, Durable Do Not Resuscitate Order, Palliative Performance Scale
- Outcomes: Reduced re-admissions rates during 1 month period, increased palliative and hospice consults to ER prior to admission, cost reduction to system
- Analytical method used: Percentage Change=((V2-V1)/(V1)x100

Results

- 59 unique patient encounters
- November 2023 (Pilot Month): 12 patients avoided hospital admission/discharged with hospice care. November 2022: 1 patient avoided hospital admission/discharged with hospice care—Percentage Change: 1100%
- Re-admission rates November 2022: 14.52%, November 2023 (Pilot Month) readmission rates: 11.35%
- Estimated added revenue in billing for the month: $14,000 (annually is $168,000)
- Estimated cost savings to the system in re-admission costs/penalties: $80,000 (Annually is $560,000)
- Estimated cost avoidance in futile care admission: $36,855 (Annually is $1,916,460)
- Total estimated annual financial savings to the system: $2,476,460

Figure 1: Palliative Care Activity in ER, Nov 22 vs Nov. 23

Figure 2: Palliative Consults in ER, presenting diagnoses

Conclusions

- Introducing palliative care in the ER is feasible
- Early review of goals of care can prevent unnecessary admissions and decrease futile care/resource waste
- Palliative care in the ER can result in decreased re-admission and increased cost savings

Implications for Practice

- Palliative care in the ER can result in improved fiscal health and community standing
- The cost of a full-time palliative care provider in the ER is negligible compared to financial benefit
- Intervening in standard, blanket, aggressive care delivery to terminal patients can offer a path that allows for increased comfort for patients and families, improved satisfaction

Limitations

- Pilot carried out in suburban setting, at a moderate sized community-based hospital. Results may not translate to other types of facilities in other settings
- Exact costs of avoided admissions are estimated and inferred
- Other variables may have contributed to decreased re-admission rates

Next Steps

A FT palliative care NP will be hired
A FT RN will be hired
Plans will be to have 8am-6pm coverage, 7 days/week