

Automated Prompts for Palliative Care Consults in Hospitalized Patients – A Quality Improvement Study

Fahim Pyarali, MD, MPH¹; Praful Tewari, MD²; Daniel Watford, MD, MPH²; Mabel Labrada, MD²; Cezary Zawadzki, MD, MS³

¹University of Miami Miller School of Medicine; ²Miami VA Medical Center; ³Jackson Health System



Introduction

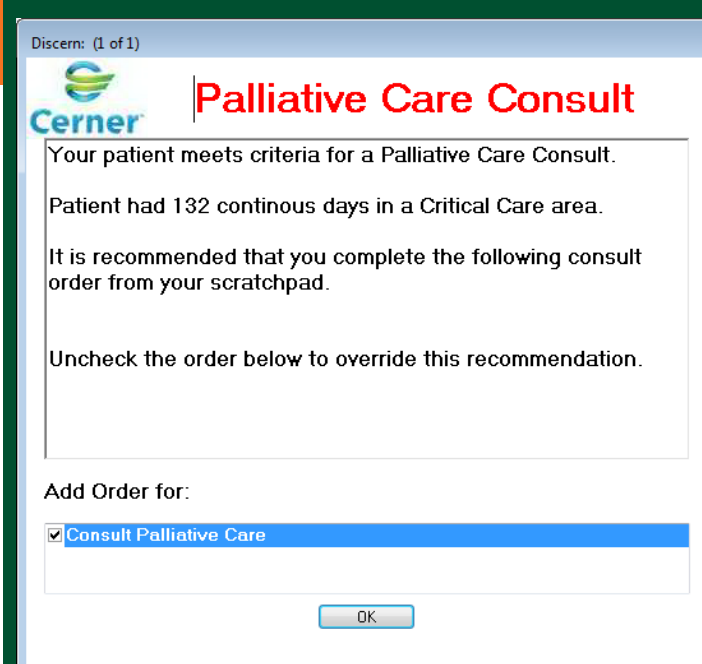
- While aggressive medical care is common in patients with terminal conditions, this may not align with patients' wishes.
- Initiation of Palliative Care services has been shown to improve patient satisfaction, length of stay (LOS), and hospital costs.
- Our aim is to evaluate the impact of an initiative designed to assist providers identify patients that would benefit from Palliative Care consultation.

Current State

- The initiation of Palliative Care services is left to the discretion of the primary team
- There are currently no standardized criteria used to identify hospitalized patients that would benefit from Palliative Care consults
- Prompts can counteract slips or lapses in initiating Palliative Care services

Countermeasures

- Prompts can counteract slips or lapses in initiating Palliative Care services
- Automated prompts have been shown in other studies to be an effective method to initiate Palliative Care



Pilot

- In March 2018, an automated prompt was created in an electronic medical record system (EMR) at Jackson Memorial Hospital to remind providers to consult the Palliative Care team.
- This prompt is triggered for any patient admitted in the intensive care unit for longer than 10 consecutive days, or admitted more than twice to the ICU in the previous 2 months
- Within the prompt, providers are given the option to place a consult order to the Palliative Care service for these patients.

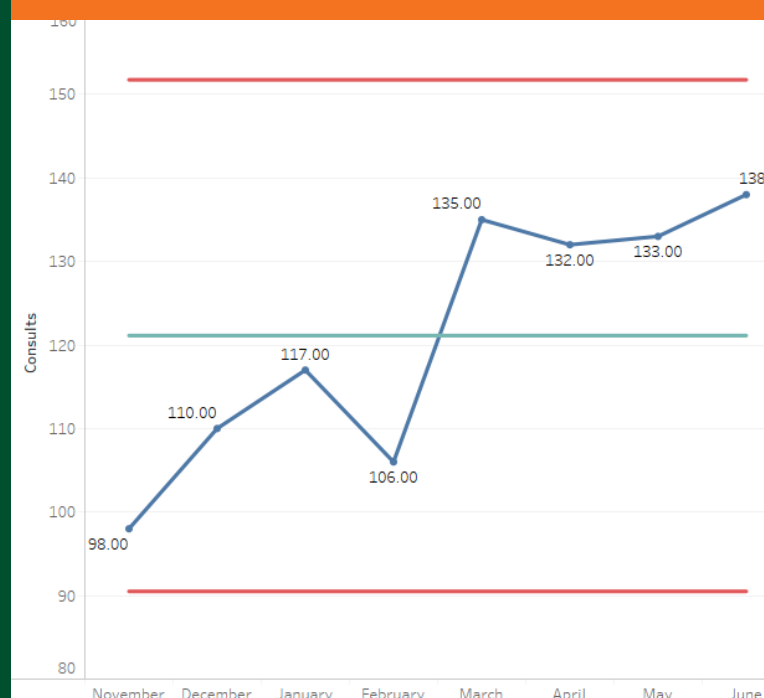
Measures

- Data was collected for the four months prior to the intervention (November 2017 – February 2018), and compared to the data four months after the intervention (March– June 2018).
- Data was collected on the number of palliative care consults, the admitted days until consultation, and the total LOS for consulted patients.
- Outcomes of consults were compared, including the number of discharges, the number of deaths, and the number of patients transferred to hospice services.

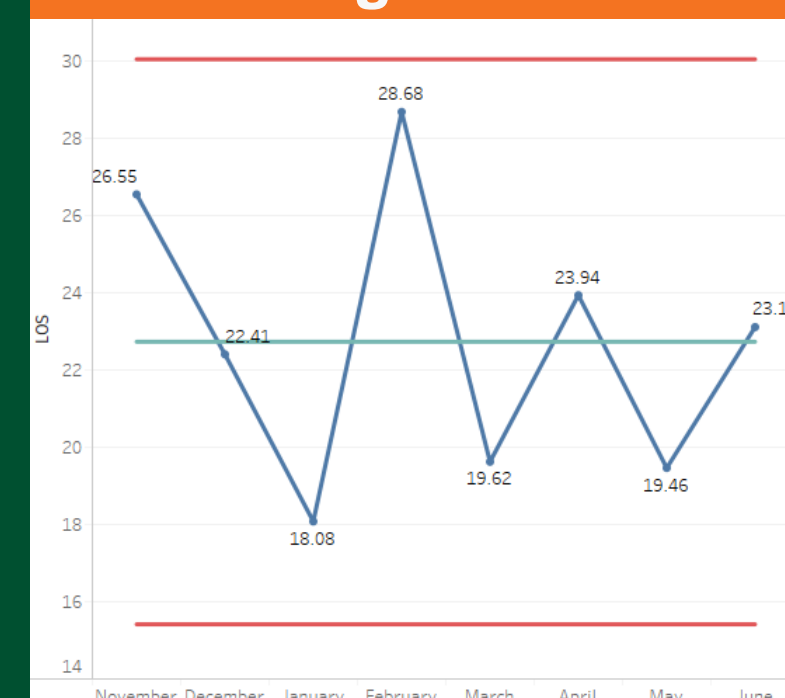
Results

- Palliative Care was consulted an average of 108 instances per month prior to the intervention and 135 instances per month after the intervention.
- 44 patients were admitted to inpatient hospice per month prior to the intervention, and 45 admissions per month after the intervention.
- Average length of stay for patients seen by the Palliative Care service improved from 23.9 days to 21.5 days after the intervention, and the average admitted days prior to consult decreased from 12.6 days to 11.2 days.

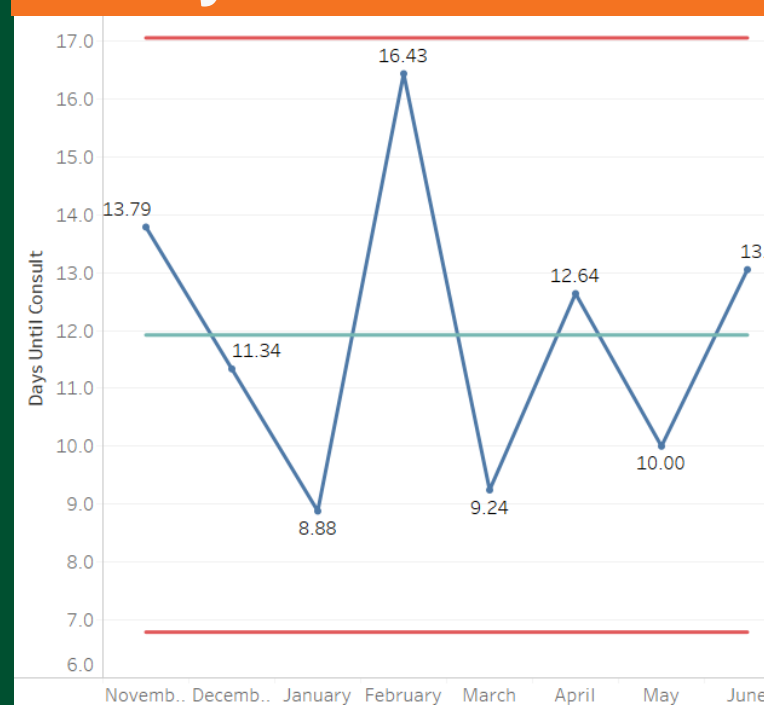
Number of Consults



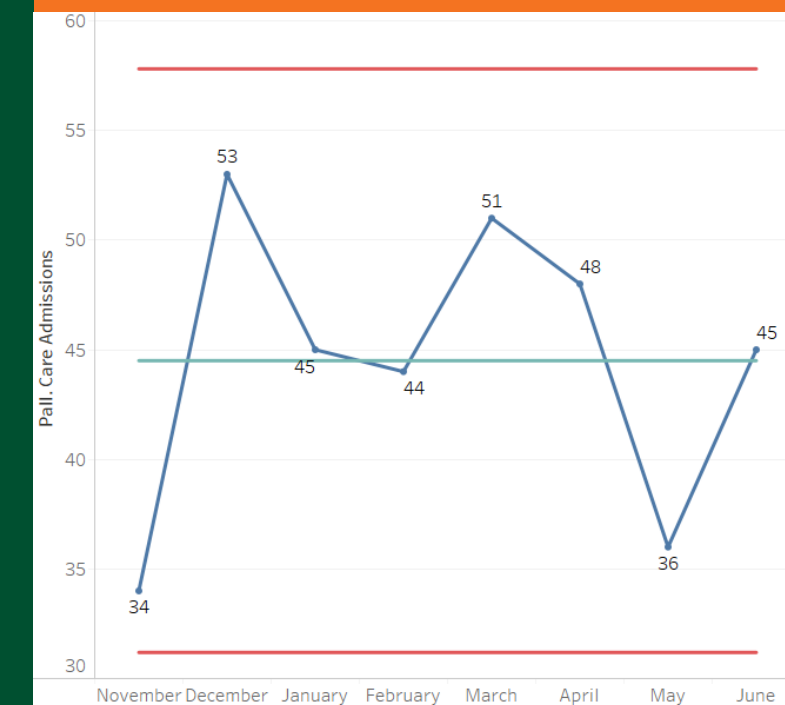
Avg. LOS



Days Until Consult



Palliative Care Admits



Measure	Pre	Post	P
Average Number of Consults/month	107.8	134.5	<0.00
Average Number of Hospice Admissions/month	44	45	0.85
Average LOS	23.9	21.5	0.40
Average Admitted Days until consult	12.6	11.2	0.49
Percentage of consults with cancer diagnoses	7.6%	5.0%	0.20
Percentage of admits from the ER	87.7%	87.2%	0.89
Percentage of consults with live discharges	63.1%	66.7%	0.10

Follow-up

- Earlier initiation of Palliative Care Services was associated with a reduction in the overall length of stay, but did not change the number of hospice admissions.
- We are currently evaluating the cost-savings impact of this initiative, and exploring unintended consequences on patients and providers.