

Hospice in Place: Opportunities for Improving Supportive Care in an Academic Medical Center

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Description

Supportive care (SC) in inpatient settings has been shown to contribute to improved clinical outcomes, as well as better mental health and quality of life among patients and caregivers. At UF Health Neuromedicine, an intervention called Hospice in Place (HIP) seeks to ease and expedite the transition of Neuro ICU patients from critical care to palliative and hospice care. Using encounter data prior to and post HIP implementation, we compared metrics and identified missed opportunities to further improve processes through several PDSA cycles.

Actions Taken

A retrospective chart review of 176 cases of expired Neuromedicine patients over a period of two years was performed. We abstracted metrics such as time from admission to SC consult, time to SC arrival, and rates of referral to and acceptance of hospice care services. Statistical analysis compared pre-HIP and post-HIP data and included chi-square tests, logistic regressions with backwards selection, and Mann-Whitney tests.

Results

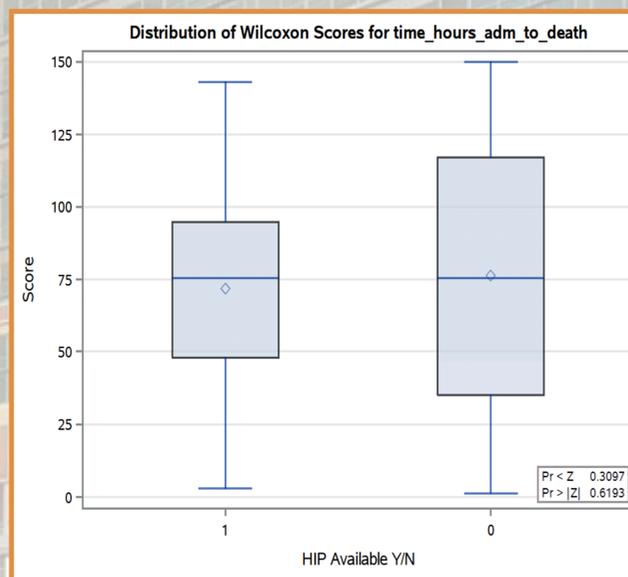
The analysis showed no statistically significant differences in processes pre and post-HIP implementation. We noted timely arrival of palliative care following consult, but a lag in arrival of hospice liaison following referral. Main reasons for palliative/hospice care refusal by patients' caregivers were patient condition and preference for "comfort care" only.

Future Steps

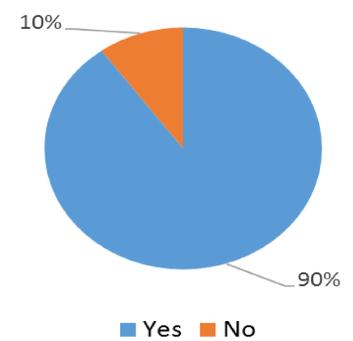
In hopes to continually analyze and address lapses in referral to palliative and hospice care, chart reviews are now conducted daily on expired Neuromedicine patients identified by the UF Health Daily Death Report. By identifying missed opportunities we can provide better education on the utilization of palliative and hospice care and resources to the healthcare team.

Aim

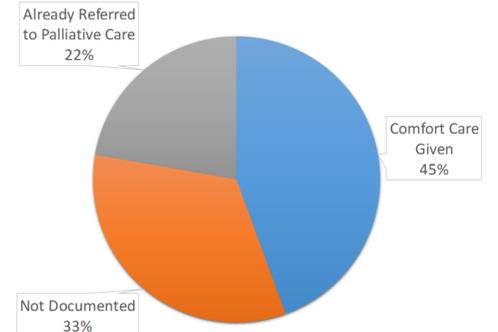
- Analyze process of transition of Neuro ICU patients from critical care to palliative and hospice care
- Identify existing bottlenecks and process improvement opportunities



Patient-Facing Staff Successfully completed Inpatient Hospice Training



Reasons Not Referred to Palliative Care



Reasons Not Referred to Hospice

