



Rapid Palliative Care in ED Improves Care for Dementia

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TEAM

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OBJECTIVE

To evaluate the benefit of rapid palliative/geriatric consults on patients with advanced dementia and critical illness in the ED.

MATERIALS AND METHODS

- Champions from Palliative Care and Emergency Medicine across YNHHS designed an EPIC best practice alert (BPA) to identify patients with advanced dementia and critical illness presenting to the ED.
- The **Geriatric Emergency Medicine Service (GEMS)** team at Bridgeport Hospital was blinded to whether or not patients were triggered by the BPA.
- The intervention included consultation by Geriatric APRNs who evaluated the patients, discussed goals of care, and worked with families to set expectations around hospital care.
- We compared cost and quality from patients seen by the GEMS team vs those not seen by GEMS August 1 to December 1, 2014.

RESULTS

PallGEMS: Admitted Dementia Patients⁽⁴⁾

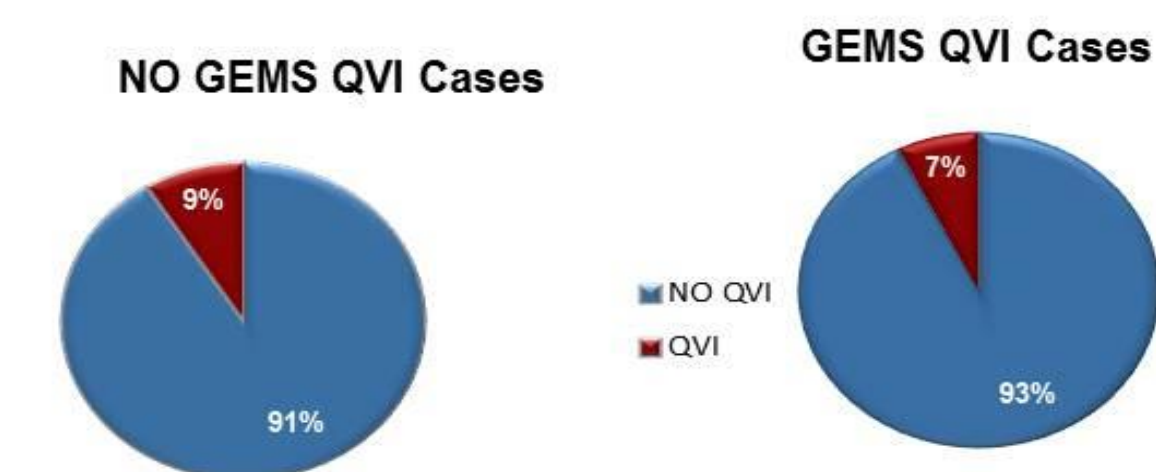
NO GEMS	Total Cases	Direct Cost	Direct/Case	Total Cost	Total Cost/Case	LOS	ALOS
NO QVI	183	\$ 1,196,147	\$ 6,536	\$ 2,450,986	\$ 13,393	1532	8.37
QVI	18	\$ 352,408	\$ 19,578	\$ 703,379	\$ 39,077	326	18.11
TOTAL	201	\$ 1,548,555	\$ 7,704	\$ 3,154,365	\$ 15,693	1858	9.24

GEMS	Total Cases	Direct Cost	Direct/Case	Total Cost	Total Cost/Case	LOS	ALOS
NO QVI	113	\$ 708,153	\$ 6,267	\$ 1,515,875	\$ 13,415	1005	8.89
QVI	9	\$ 67,682	\$ 7,520	\$ 141,825	\$ 15,758	87	9.67
TOTAL	122	\$ 775,835	\$ 6,359	\$ 1,657,700	\$ 13,588	1092	8.95

GEMS IMPACT/CASE		\$ (1,345)		\$ (2,106)			-0.29
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PallGEMS: Admitted Dementia Patients^(continued)⁽⁴⁾

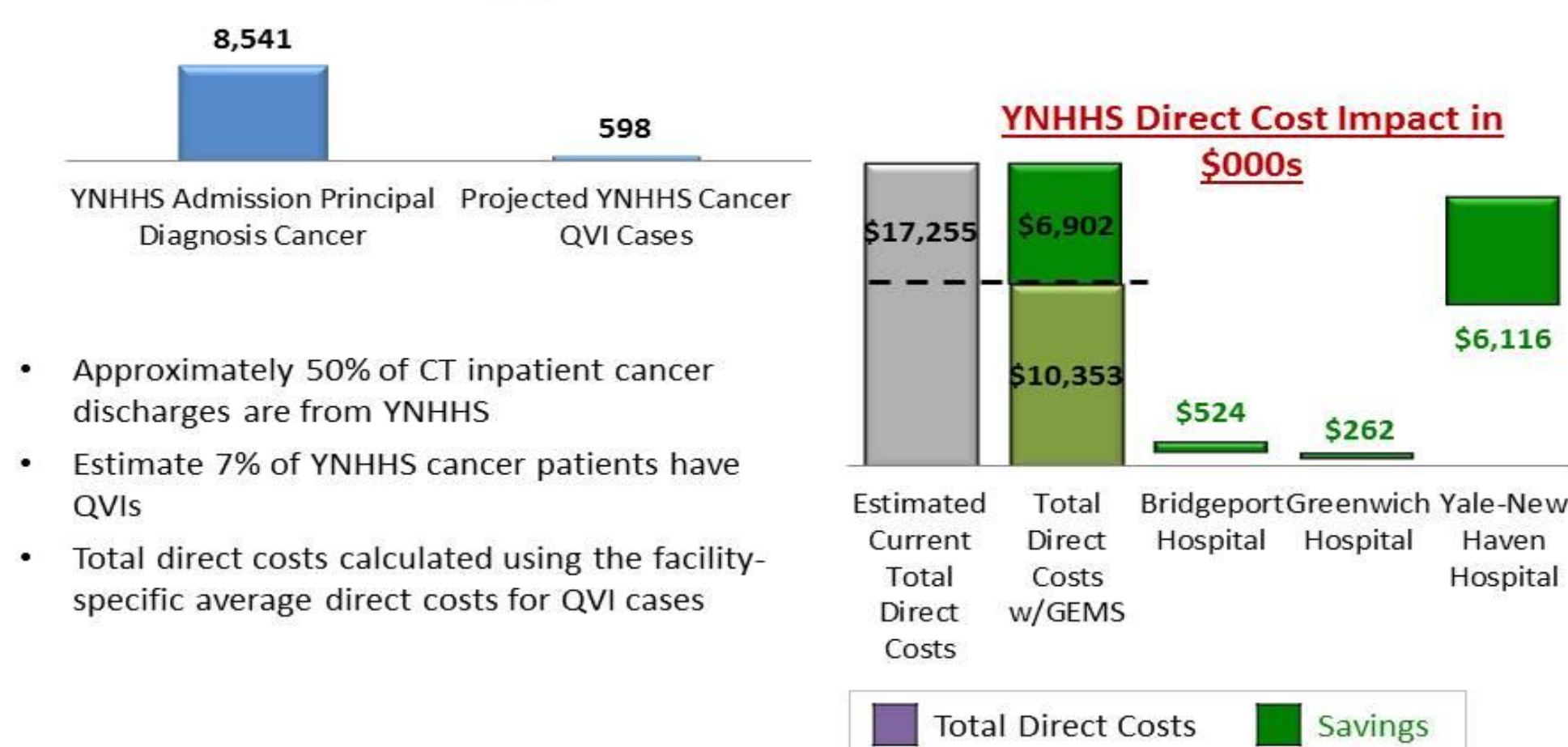
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GEMS IMPACT/ QVI CASE		\$ (12,058)	-62%	\$ (23,318)	-60%		-8.44



CONCLUSIONS

- Rapid palliative care assessment in the Emergency Room improves the value of care for critically ill patients with advanced dementia.
- By providing a palliative approach to care that takes into account patients' and families' goals of care, there is less use of aggressive, costly, and often non-beneficial interventions, especially for patients who develop a QVI (complication) during hospitalization.
- The PallGEMS team is well received, demonstrated by consistently high Press Ganey scores and frequent letters from grateful families.

PallGEMS Applied: YNHHS Cancer Patients



- Approximately 50% of CT inpatient cancer discharges are from YNHHS
- Estimate 7% of YNHHS cancer patients have QVIs
- Total direct costs calculated using the facility-specific average direct costs for QVI cases

IMPLICATIONS FOR YNHHS

- We are currently testing a BPA that identifies patients with stage 4 cancer and building the logic for a CHF palliative BPA as well.
- The team is working to broaden the scope of the interventions to reach a larger segment of the ED population.
- Modeling similar results for YNHHS patients with cancer and recurrent unplanned hospitalizations has the potential for a savings impact of close to 7 million: