



MedStar Health

# Palliative Care Integration for Patients Receiving Left Ventricular Assist Device as Destination Therapy

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## Introduction

For selected advanced heart failure patients, Left Ventricular Assist Device as Destination Therapy (LVAD-DT) offers an improved and extended life, but it also comes with its own morbidity, mortality and unmet palliative care (PC) needs. Professional societies endorse PC as an integral support to heart failure care and The Joint Commission mandates PC participation in centers accredited to provide LVAD-DTs. Beginning in January 2015, the MedStar Washington Hospital Center Palliative Care Service has collaborated closely with the MedStar Heart and Vascular Institute Advanced Heart Failure Program to provide palliative care to patients and families. The PC consultation team (physician, nurse practitioner, social worker, pharmacist, chaplain) round daily on LVAD-DT recipients. PC team members perform discipline-specific assessment and education on PC topics related to heart failure, including symptom management, goals of care, psychosocial and spiritual support and end-of-life care.

## Objective

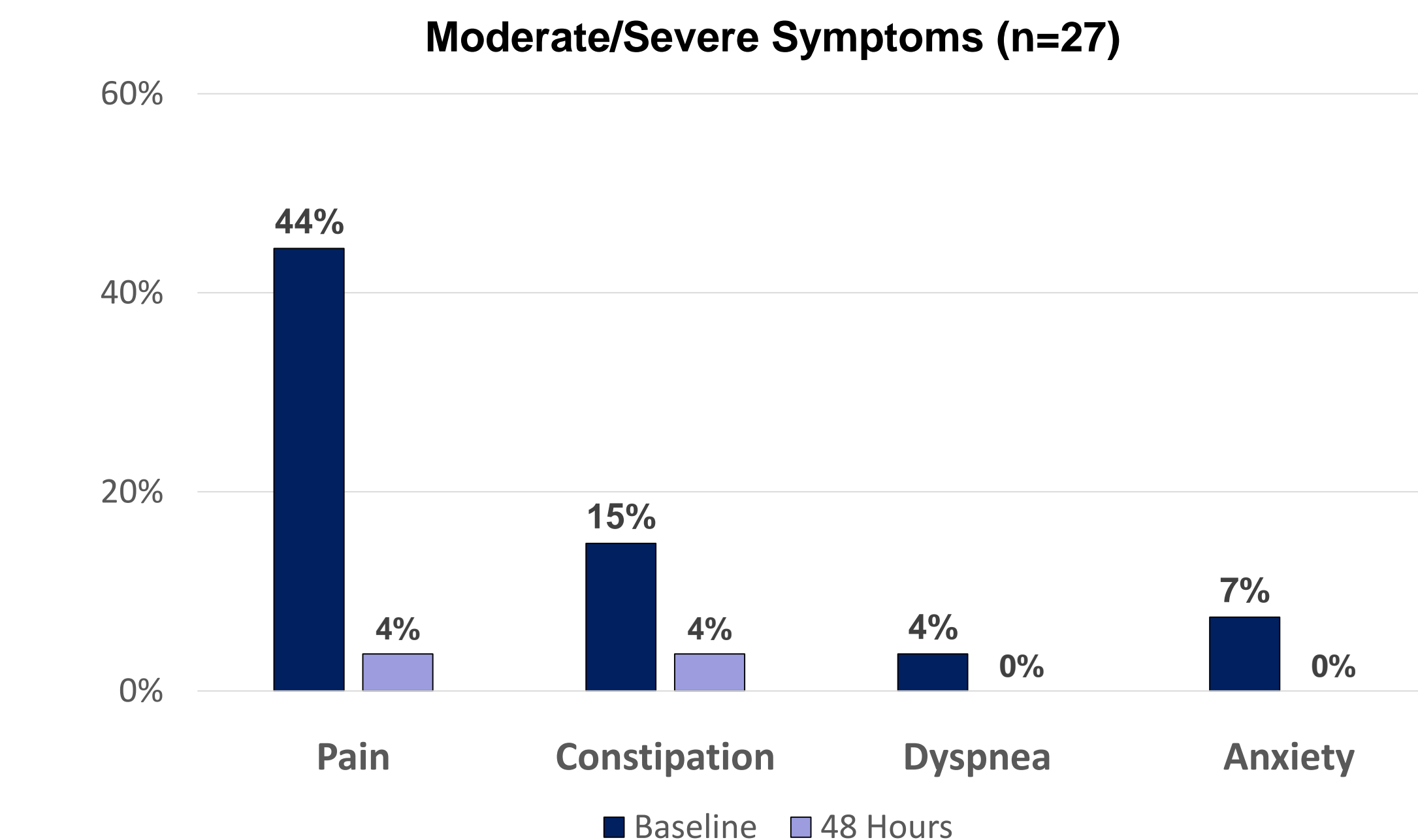
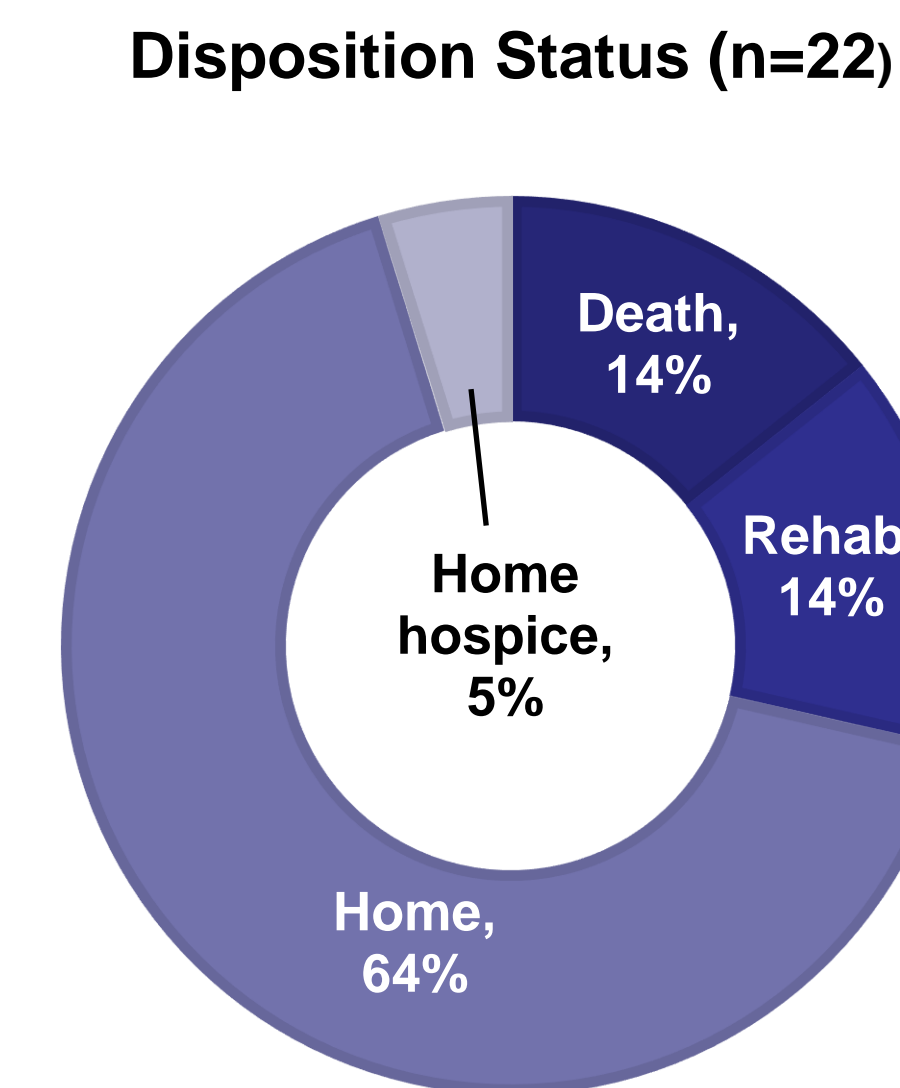
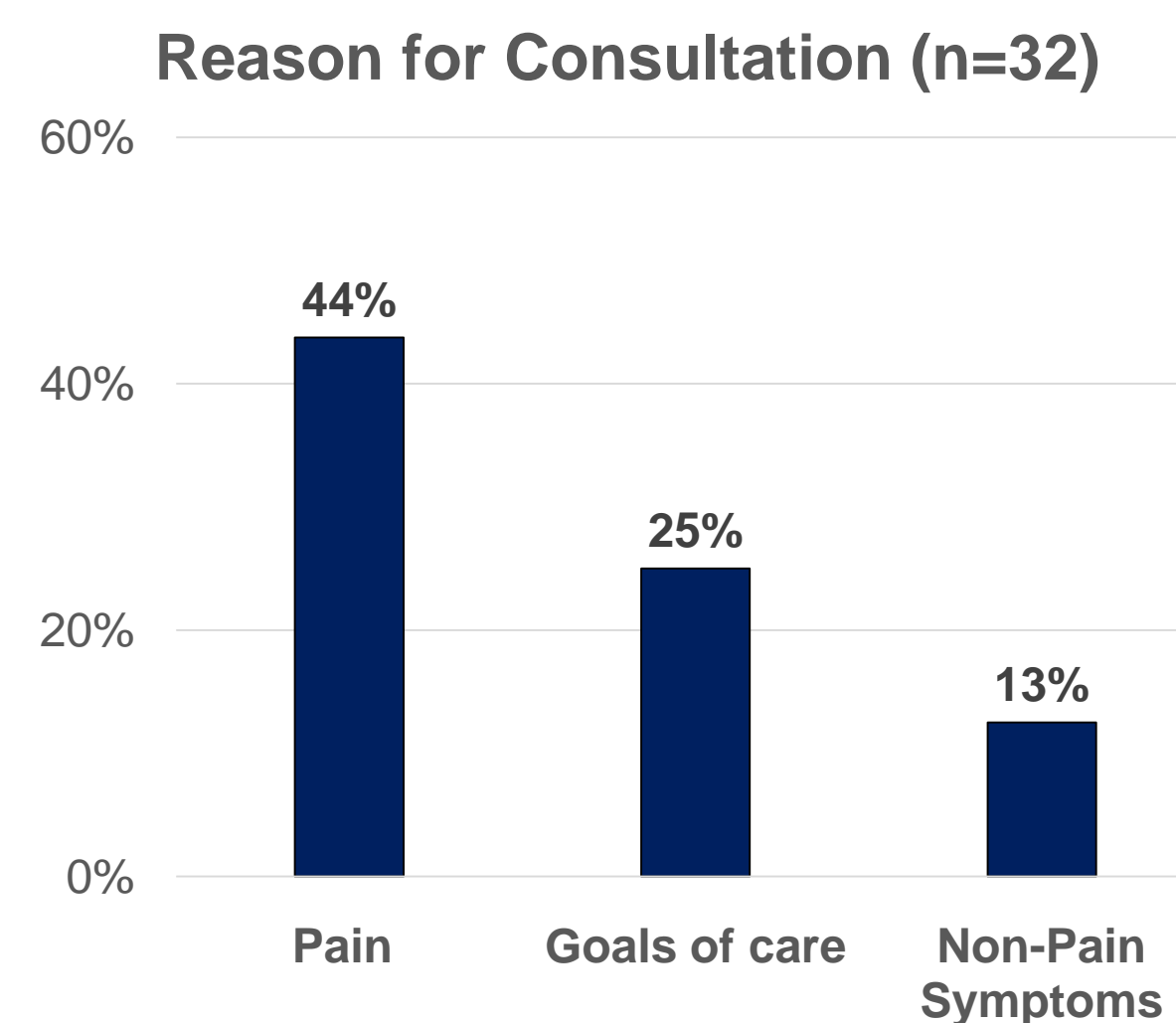
To describe PC consultative interventions, length of stay and disposition for patients receiving LVAD-DT.

## Methods

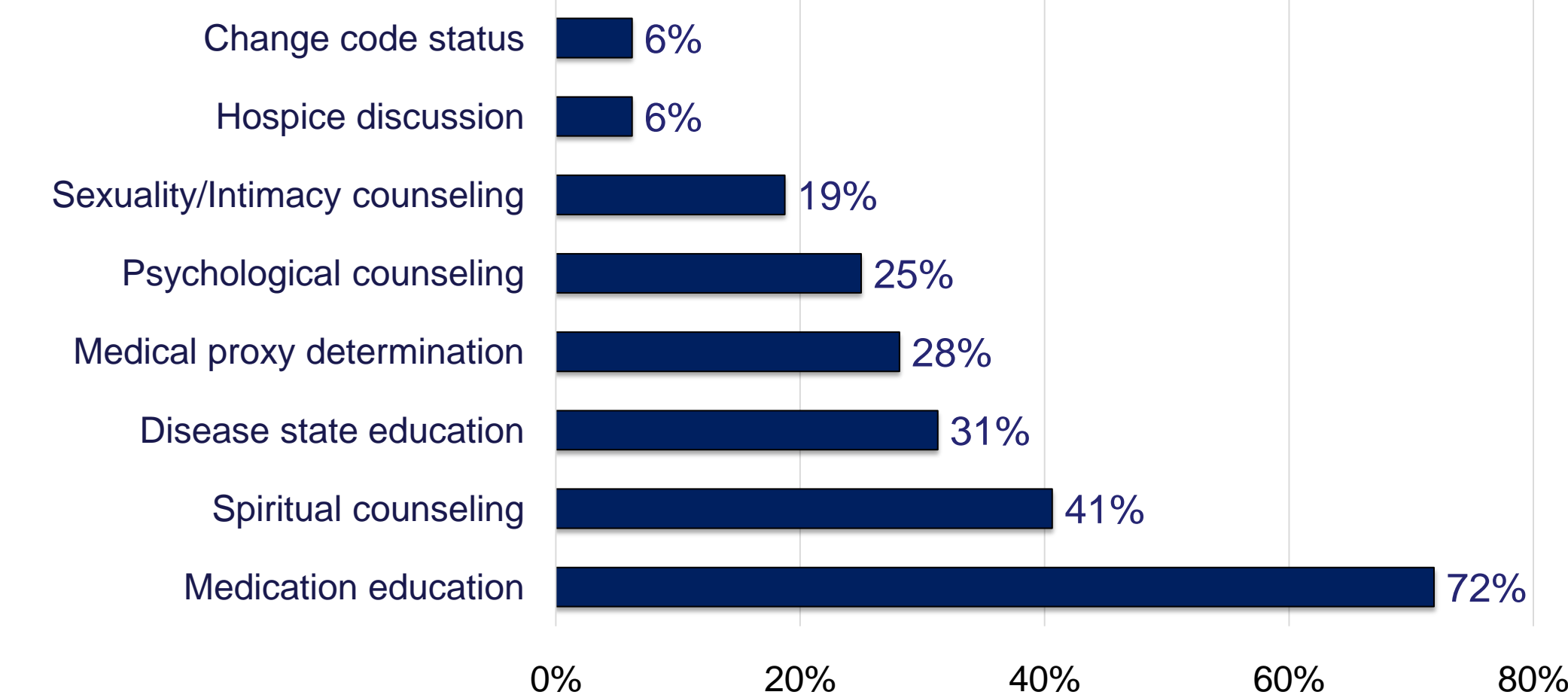
A retrospective chart review was performed on all LVAD-DT recipients receiving PC consultation from January through July 2015. Data was collected from PC assessments and included relevant clinical issues, reason for PC consultation, prognosis, disposition, and symptom burden at baseline and 48 hours (recorded using Edmonton Symptom Assessment Scale). Types of PC interventions were categorized as well as details on the hospitalization such as length of stay, and time to consultation.

## Results

Total consultations	32
Average age (yrs)	60 (24-84)
Female (patients)	7
Median time to consult (days)	8 (1-45)
Median length of stay (days)	31 (3-127)



### Frequency of Palliative Care Interventions (n=32)



## Discussion

Patients who receive LVAD-DT have significant symptom burden, emotional, spiritual and existential distress from serious complications and death. In this case series, LVAD-DT recipients responded well to PC interventions demonstrating improvement in symptom scores. Both clinician teams have had positive experiences working collaboratively.

## Conclusion

**Palliative care can play a meaningful and significant role in the care of LVAD-DT patients. Future research is required to better characterize the need, evaluate the interventions and demonstrate the value of PC in LVAD-DT patients.**

## References

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