Integration of a Palliative Care Goals of Care Conversation in the Acute Care of the Elderly Unit

E Salvador MD, R Conroy PA-C, C Lackenbach RN, M Stefan MD PhD, V Roxo, S Rossmassler NP, M Brennan MD

Baystate Medical Center, Springfield, MA
University of Massachusetts Medical School - Baystate Regional Campus, Springfield, MA

Introduction

Palliative care (PC) interventions such as goals of care conversations (GOCC) enhance goal-concordant care, improve quality of life, increase hospice referrals, decrease readmissions and lower costs. Currently, no formal GOCC are done within Baystate Medical Center outside a palliative care consult. A preliminary analysis on BMC’s AC readmissions found that roughly 30% had unmet PC needs. In addition, 40% of patients did not have a health care proxy documented two days into admission.

Aims of this quality improvement initiative:
1. Assess the feasibility of screening for unmet PC needs
2. Assess the impact of a GOCC in the ACE population

Methods

Patients screened positive for serious illness with unmet palliative care needs if any of the following were present:
1. Provider answered “no” to the Surprise Question: would you be surprised if your patient died in the next year?
2. ≥ 2 hospital admissions in the prior year, or
3. Edmonton Frailty Score ≥ 12 (severe frailty)

The Serious Illness Conversation Guide, Ariadne Labs (www.ariadnelabs.org/areas-of-work/serious-illness-care/), was the GOCC format. A geriatric-trained physician assistant (GPA) performed the conversations and documented the GOCC in an EHR note template (in Advance Directives section). The note was shared with hospital-, primary care- and post-acute providers. A MOLST was completed, as needed, to document any limitations in life-sustaining treatments. This was scanned into the EHR, given to patients, and sent to primary and post-acute providers.

Results

- 125 ACE patients were screened in 3 months
- 82 patients (66%) screened positive for serious illness with unmet PC needs
- Among the 30 patients (37%) who received GOCC:
  - 22 patients were decisional, 8 were not decisional
  - 26 (87%) had HCP forms available in the electronic health record at the time of GOCC
  - 23 (77%) had GOCC attended by Health Care Proxy

See Figure 1 and Figure 2

Limitations

- Pilot intervention not designed to prove impact on clinical outcomes
- Number of GOCC limited by GPA time constraints

Conclusions

- Early experience suggests that screening and delivery of a standard GOCC in an elderly hospitalized population is feasible.
- This novel approach, using a GPA, is easily implemented and has a lower cost than a formal PC consult.
- Integration of PC and geriatrics is a potential new model of care for seriously ill hospitalized elderly that can extend scarce PC resources.
- Results suggest that patients who received GOCC changed treatment preferences and generally chose less aggressive care.
- The intervention was widely appreciated by patients, families, hospitalists and nurses.
- Additional GOCC enrollment and analyses are needed to clarify the impact of this intervention on readmissions, cost of care, and patient experience.