Early Palliative Care Consults Reduce Length of Stay and Hospital Charges

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Background
Palliative care (PC) consultation has been shown to:
- Reduce hospital length of stay
- Reduce total hospital charges
- Help facilitate better communication

Objective
Investigate differences in outcomes based on PC consults placed early (within 24 hours of admit) to those placed routinely (after 24 hours)

Methods
Retrospective study of PC consults from April 2014 to December 2015 at one Central California hospital
297 early consults matched to routine consults (1:1) based on:
- Underlying diagnosis
- Consultation within +/-6 months of cases
- Charlson Comorbidity Index score +/-3
  - Scores 17 conditions; ranges from 0 to 36

Demographics

Diagnoses
- Cancer
- Dementia/Alzheimer
- CHF
- CVD
- COPD
- Arthritis
- COPD bundle
- NSTEMI
- Multi-System Organ Failure
- Neurologic Injury

Charlson Comorbidity Index

Length of Stay

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Early</th>
<th>Routine</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, median years</td>
<td>72</td>
<td>71</td>
<td>0.70</td>
</tr>
<tr>
<td>Gender, % female</td>
<td>51</td>
<td>44</td>
<td>0.10</td>
</tr>
<tr>
<td>Race, %</td>
<td></td>
<td></td>
<td>0.77</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
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<td>36</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>46</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Total Charges

Conclusions
- Earlier PC consultations lead to
  —Significant hospital cost savings
  —Reduced length of stay

Other Findings
- Timing of PC consult affected discharge disposition fewer to SNF if early
- Timing of PC consult did not affect patients' code status choice at time of discharge nor result in more changes in code status
- Only 6 patients in the early consult cohort were discharged directly from the ED (statistically significant)