

# Enhancing Palliative Care Workforce: Outcomes of the Inpatient Palliative Care Unit in an Academic Medical Center Staffed by Physician Assistants

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### Palliative Care Inpatient Unit Team Members:

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### Background and Methods:

- The palliative care service at Montefiore Medical Center averaged over 3000 new consultations per year, more than 350 admissions each year to its in-patient unit.
- The Montefiore Medical Center has three main campuses, total 1500 beds and has approximately 95,000 admissions per year.
- The in-patient palliative care unit has 15-beds at Moses Campus.
- Physician assistants employed to work with attending physicians who are board certified in Hospice and Palliative Medicine. Total 4.5 FTE (full time equivalent) physician assistants, working 12 hours shifts provide clinical management to patients with serious illnesses since 2007.
- We retrospectively examined patient demographics, length of hospital stay (LOS), discharge status and hospital charge data using data from internal cost accounting databases for consecutive admissions to the palliative care unit in 2017.

### Associated Cost Savings:

Palliative Care Impact Calculator-CAPC (customized) is utilized.  
The projected savings are reductions in direct costs to hospital for Medicare Part A Services  
Estimated direct cost savings per case after Palliative Care Consult: \$11,185  
Transfers to Palliative Care Unit produced Net Cost Avoidance: \$2,074,393

**Table 1  
Patient Characteristics (All admissions to Inpatient Palliative Care Unit (IPU) in 2017)**

Male (%)	45%
Female (%)	55%
Average Age	70
Percentage of patients aged under 65	37%
Total Number of Admissions	352
Direct Admit from ED (%)	21%
Transferred from ICUs (%)	8%
Average LOS for Hospice Admissions (Days)	7
Average LOS for non-Hospice Admissions (Days)	13
Hospital Admission to Transfer to IPU - Average LOS	11
IPU Admission to Discharge - Average LOS	4
Total Number of Discharges	454
Discharged to Hospice Care (Home/Facility)	38%
Died in Hospital	25%



As patients served by palliative care consultation services will often require on-going hospitalization for the management of the complications of progressive illness and acute exacerbations of chronic illnesses, hospitals are increasingly developing specialist palliative care and hospice units. The models tend to evolve based on institutional settings, funding mechanisms or professional backgrounds of physician champions. The palliative care unit at the Montefiore Medical Center distinguishes itself from the traditional inpatient hospice and palliative care units by employing physician assistants since 2007, with the same administrative regulation and standard of clinical competence and financial responsibility as other medical-surgical acute care units in a tertiary healthcare setting. The inclusion of PAs in hospice and palliative care has gained more support since the Institute of Medicine 2014 report stressed the importance of expanding workforce effectiveness in delivery of high quality services using inter-professional education and collaboration framework.