Palliative Care in the Emergency Department: Putting Patients *and* Business First

Benefits of Palliative Care in the Emergency Department

- Decreased hospital LOS [2, 4, 5, 6]
- Increased patient and family satisfaction
- Goal-centered care
  - Less invasive tests and procedures
  - Earlier code status conversations and orders
- Improved symptom management
- Improved mortality
- Increased direct referrals to hospice
- Less utilization of intensive care
- Culmination leads to reduced overall cost of care

Potential Barriers

- ED physician's perception of:
  - Role of PC and it's place in the ED [2, 5, 6]
  - Prioritization of saving lives
- Increased patient wait-time in ED
- Reluctant to add to hectic environment
- Difficulty coordinating with PC staff
- PC staff who believe this will add to their case load

Current New Jersey Hospitals with Specific Emergency Department-Palliative Care Programs

- **St. Joseph's Regional Medical Center** [3, 6]
  - Life Sustaining Management and Alternatives Program (LSMA)
    - Do Not Resuscitate established or requested
    - Actively dying and discomfort
    - Previous inpatient palliative care
    - Two or more hospital admissions within three months for the same reason
    - Frequent infections related to advanced disease
    - Nutritional complications (albumin < 2.5 mg/dl)
    - Bed bound with advanced dementia
    - Enteral feedings in place with advanced disease
    - One of the following diseases: Aspiration PNA, bone metastasis, COPD, heart failure, hemorrhagic stroke, malignant neoplasm, renal failure, septicemia, trauma
- **Riverview Medical Center and Bayshore Medical Center** [8]
  - Center for Advanced Palliative Care iPal ED Tool KIT
    - Patients with one or more of the following:
      - As a provider, you would not be surprised if he or she died within 12 months
      - More than one ED or hospital admission for the same condition
      - Symptoms that are difficult to control
      - Decline in function, feeding intolerance, weight loss, or caregiver distress
      - Complex long term needs
- **Morristown Medical Center** [1]
  - Custom-designed criteria
    - Stage IV cancer, COPD on home oxygen, CHF, Dementia or neurological disease, ESRD

    In combination with at least one of the following:
    - Multiple recent ED visits with similar symptoms
    - Difficult to control symptoms, such as pain, dyspnea, psychological or spiritual distress
    - DNR or any conflict with goals of care
    - Technological dependence (inotropic infusions, hemodialysis, oxygen, artificial nutrition, bed/chair bound

A Business-Savvy Move

Scripps Mercy Hospital in San Diego, California [9]

- Compare ED-based PC program to traditional PC consults
  - 75% reduction in LOS
  - 75% reduction in cost, a total savings of $1.6 million in one year

Morristown Medical Center [1]

- ED program resulted in consults within 1-2 days, compared to 5-7 days prior to implementation

Senate No. 3117

"The emergency department of a general hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall develop and implement a plan to integrate the provision of palliative care services for patients treated in the emergency department for whom palliative care is appropriate. The plan shall include the adoption of a standardized screening tool for use by health care professionals in the emergency department to facilitate the identification of patients who present to the emergency department for acute symptom management, pain relief, or otherwise, who would benefit from palliative care services." [7]

- Passed final approval on January 21, 2020

Steps to Implementation

- Gather support from hospital administrators
- Chose criteria for consults
- Provide repeated education through all levels of ED staff
- Designate PC Champions
  - Pivotal step to ensure continuation of program
- Track outcomes to justify continued staff effort

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