Palliative Care in an Acute Care Hospital, A Proactive Approach
Union Memorial Hospital

Program/Project Description.
Our hospital like many other acute care hospitals in the United States became increasingly challenged to meet the needs of an increasingly older and frailer population and with individuals who were living longer with chronic, advanced illnesses. These changes placed increasing pressure on our hospital to design practices and a program that best met the needs of our patient population. Our hospital however was a traditional acute care hospital which, for the most part, had only the traditional patient care model of Life prolonging Theapy.
Baseline data: In 5/2008 our average hospital day of a Palliative Care consult acute side was was 9.1 days and in the ICU it was 5.8; our means hospital ICU LOS was 11.6
How do we know the program was successful: In 5/2009
1. Patient and Family satisfaction with the program
2. Average consult days for Palliative Care on the acute side went from 9.1 to 5.8 and in ICU from 5.9 to 4.8
3. LOS in ICU decreased by 3.6 days

Process.
First a research team was put together, lead by Dr Kearney, and included a pharm.D, Social Work, RN's from ICU, Intensivist and a Medical student. Their research revealed; Maryland was 1 of 4 states where hospital spending on the dying patient was 30% higher the the national average, 20% of the deaths in the US occurred in ICU's

Solution.
1. A more proactive Palleative Care Team approach to providing palliative care medicine consults for our patients
2. Palliative Medicine screening criteria
3. Screen on MICU patients on Monday and Friday each week, if team agreed on the consult appropriateness
4. A formal consult was done with follow-up
5. Retrospective chart review of consult group compared to controls

Measurable Outcomes.
See graphs provided

Sustainability.
Education
Board, Leadership, Management, Physicians, Nursing and Resident education regarding patient/family satisfaction,
Continuing to monitor outcome measures
Evidence of ICU LOS cost saving over $621,000 in one year

Role of Collaboration and Leadership.
This successful Palliative Care Program would never have been possible without the initial and continued support of our Board, Leadership and the individuals taking care of patients on the front line. MedStar Health is now working on introducing this very successful Palliative Care program at the other 8 MedStar hospitals

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The Impact of Proactive Palliative Medicine Consultation in the ICU

Results: LOS Comparison
Patient Disposition

Hospital day of consult
Deceased: 8.4
Live: 4.5

LOS Comparison

Previous Study Mean Consult day = 9.1
Previous Study Mean Consult day = 5.9

Mean Consult
Day 5.8
20.3 14.8

Mean Consult
Day 4.6
14.4 10.8
Patient Disposition

Cost Savings Associated with Proactive PM Consults

- 52 consulted patients/23.5 weeks = 115 consulted patients/year
- Daily cost of a MICU bed = $1500
- 115 patients*(3.6 days/patient)*$1500/day
- Approximate annual cost savings related to ICU LOS = $621,000/year