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Rethinking Admissions: When Conversations Come First

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Learning Objectives



- Identify strategies for initiating goals-of-care conversations before inpatient admission.
- Describe how early palliative care engagement can reduce early deaths and improve patient-centered outcomes.

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Embracing Palliative Care in EDs Can Reduce Early Deaths



Background

Lower Mortality Rates Indicate Better Quality of Care⁴



Higher than Desired
Early Deaths

73% in 2020



Why the Emergency
Department (ED)?

84% Hospital Admits via ED

The Intervention: Education



Palliative Care (PC) Triggers



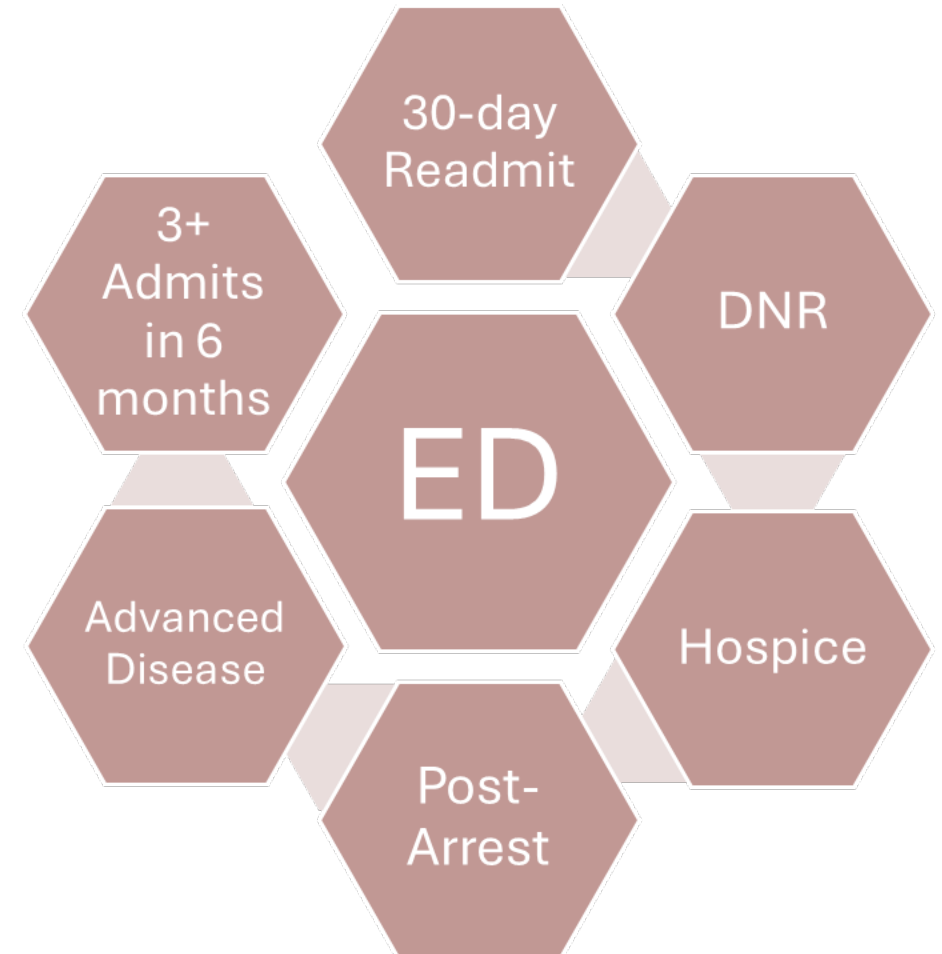
Goals of Care



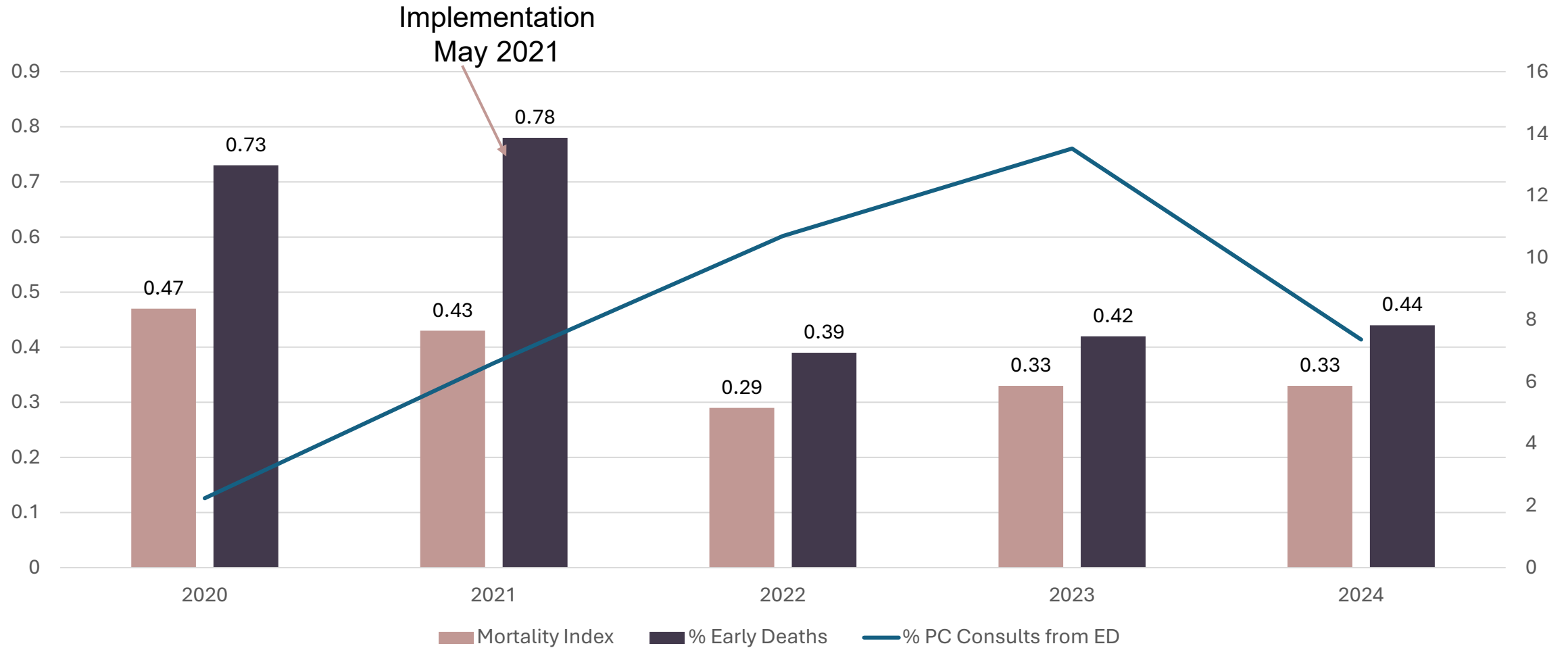
Code Status



Patient Status



Impact of Palliative Care in the ED



Problem:

Starting Point - A Mortality Index 1.33

- Services we provide:
 - Regional Post-Cardiac Arrest Service (PCAS)
 - Level 1 Trauma center
 - Multi-Organ Transplant Center
 - Comprehensive Stroke Center
 - EGS (Emergency General Surgery) Certification
 - VAD (Ventricular Assist Device) Certification
- ...providing life-changing medicine (on the fringe)

Solution

- Analysis of the previous unsuccessful strategies:
 - Observation status
 - Inpatient Hospice Unit
 - Transfer considerations
- Development of *Observation Pending Goals of Care* as a delineated admission status:
 - Multidisciplinary, collaborative design
 - Critically ill, limited or no goals of care, unknown survivability
 - Not Inpatient, Not Observation

Solution: Observation Pending Goals of Care

Structure

- Clinical
- Ancillary
- Technology
- Legal
- Executive

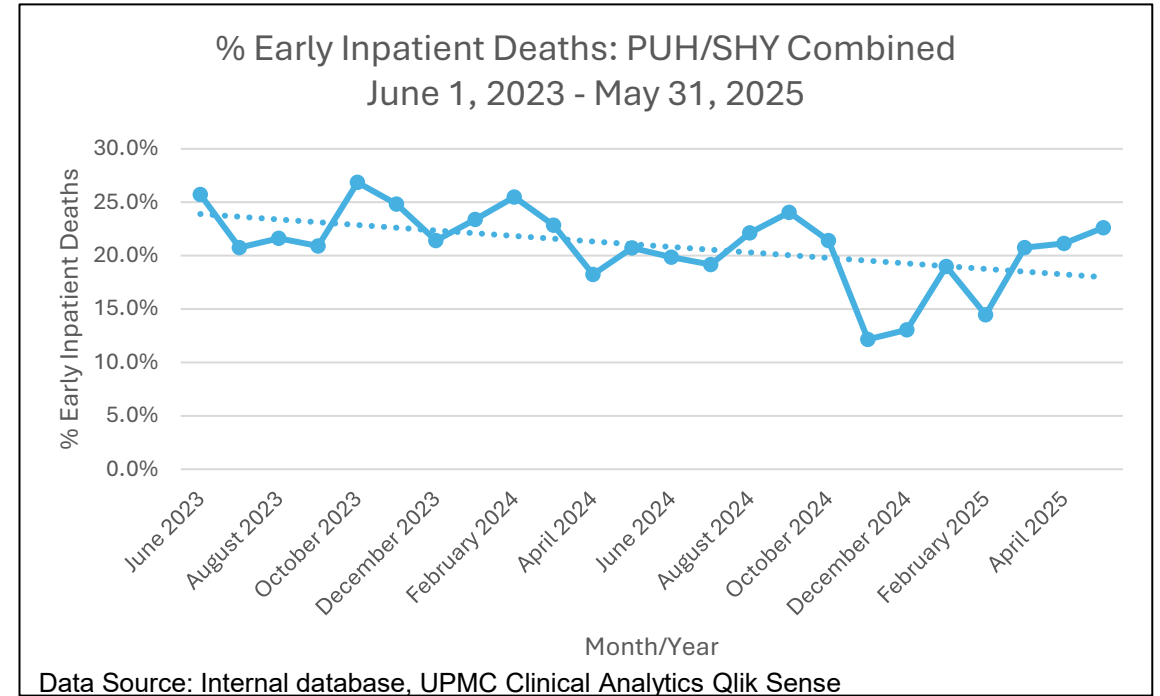
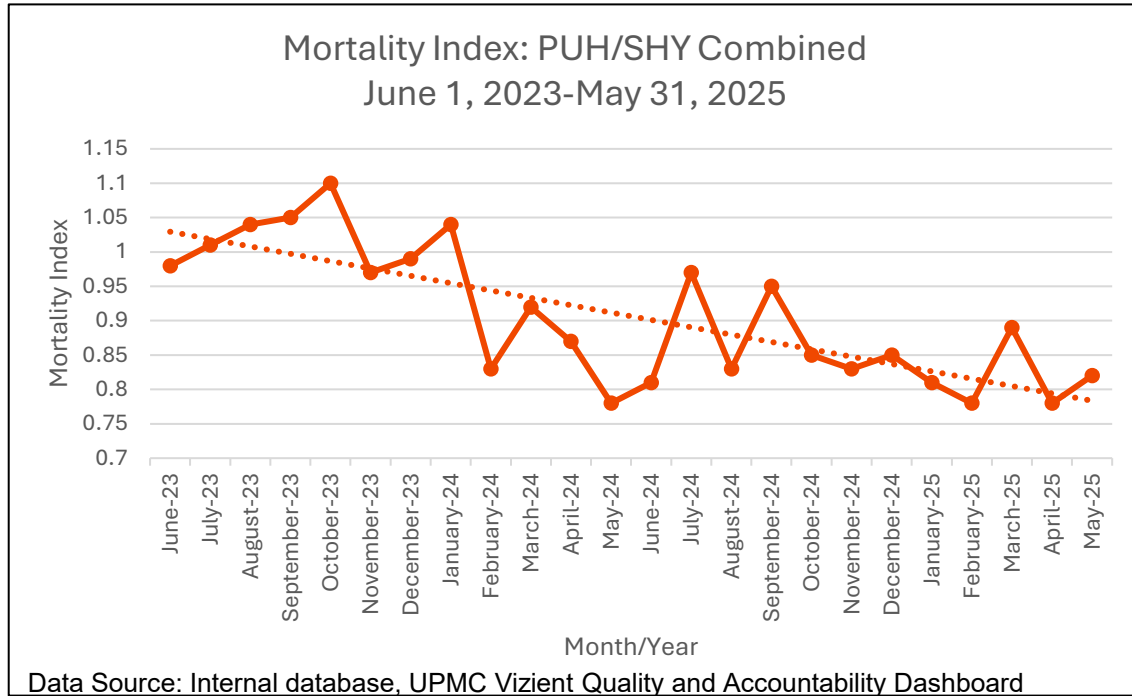
Process

- Patient arrival
- Assessment
- Admission
- Goals of Care
- Palliative Consult
- Monitor and resolve

Outcomes

- Use/opportunity
- Goals of Care
- Early mortality
- Mortality Index
- Disposition
- Barriers

Outcomes: Improved Mortality Index and Early Deaths

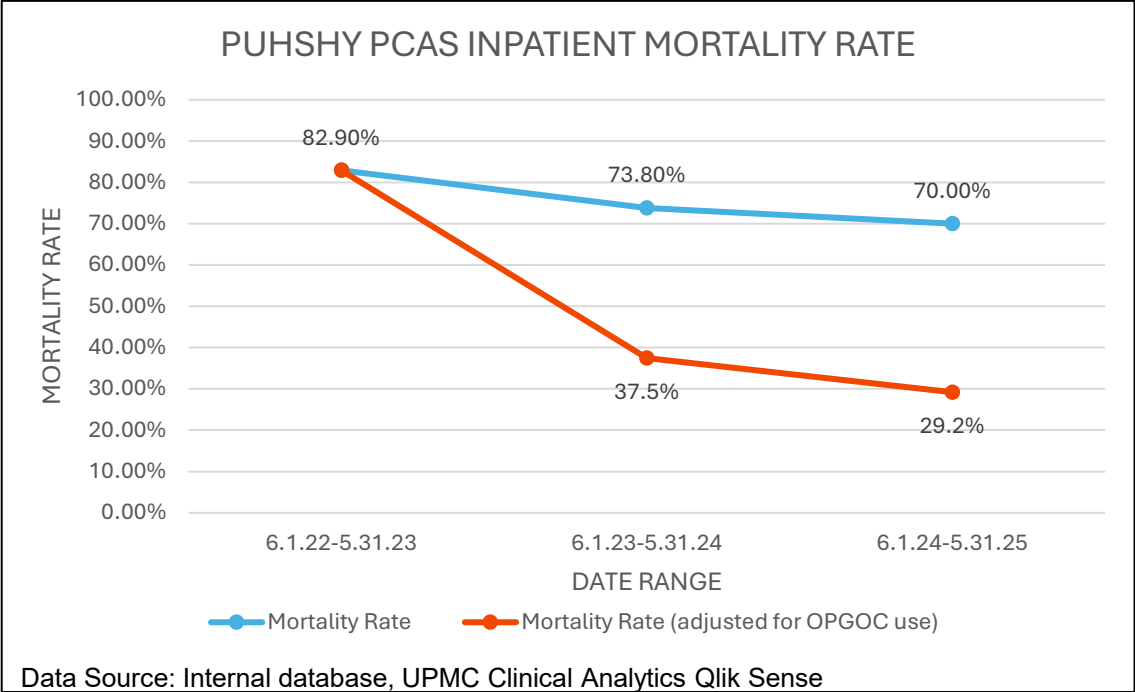


Mortality Index:

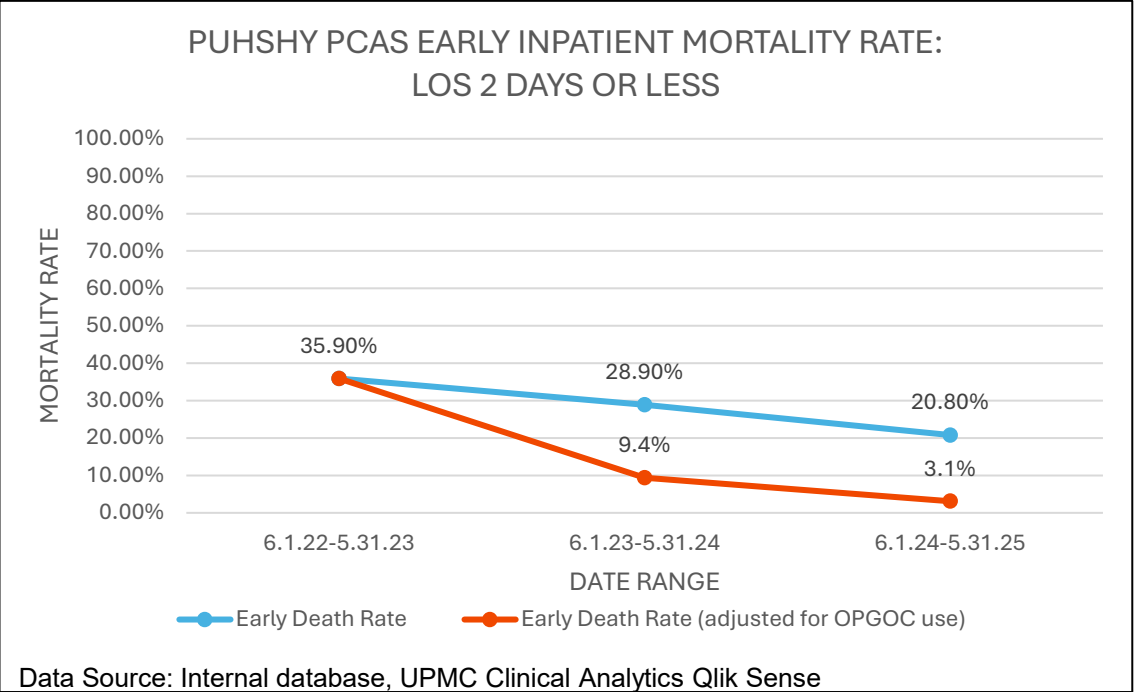
- 2022 - 1.33 (baseline)
- 2023 - 1.2 (Observation Pending GOC 6.2023)
- 2024 - .95
- 2025 - .84 (prelim YTD)

Early Death attributions have decreased by an average of 31% per month

Service Type Example: Post-Cardiac Arrest Service- PCAS (CA Type II, III, IV)



Inpatient mortality rate decreased by 64.8%



Early inpatient mortality rate decreased by 91.4%

Lessons Learned

- Understand your organization's workflow and practices
- Know what analytic tools you need
- It takes a village – a multidisciplinary team is a must!
- Educate, Break down barriers, & Myth bust!
- Flexibility, Adaptability, & Sustainability
- Goals of Care...Goals of Care...Goals of Care
- Unexpected challenges - One step forward, two steps back
- Make it a labor of love

Key Takeaways



- Structure and organizational readiness
- Identify all stakeholders EARLY
- Emergency physician partnerships
- Embrace your champions!
- Explore and adopt Palliative Care triggers
- Daily oversight and communication is non-negotiable
- Early Goals of Care = Patient-Centered Care
- Small numbers can make a BIG impact

Questions?



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