

Analyzing the Impact of a Pilot Palliative Care Program at ECU Health Edgecombe Hospital

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BACKGROUND

- July 2018 — internal report outlined need for improvements to end of life (EOL) care at ECU Health Edgecombe
- October 2019 — palliative care program implemented
- July 2022 — follow-up report made to track impact on EOL care delivery and hospital quality metrics

PROJECT AIM

Aim of this project was to:

- **Operationalize** metrics of successful EOL care
- **Record trends** since 2018 report
- **Provide recommendations** for quality improvement
- **Identify benefits** of palliative care for adoption by affiliated hospitals

PROJECT DESIGN/STRATEGY

Chart review performed on EHRs of all inpatient deaths at ECU Health Edgecombe between March and May 2022 ($n = 34$).

Assessed for:

- Demographic information
- Presence of advance directives
- *Goal concordance* (if EOL wishes were honored)
- Goals of care discussions
- Palliative care consults

Assessed six months before death for:

- Frequency + length of hospitalization
- Frequency + length of ICU stays
- Frequency of ED visits

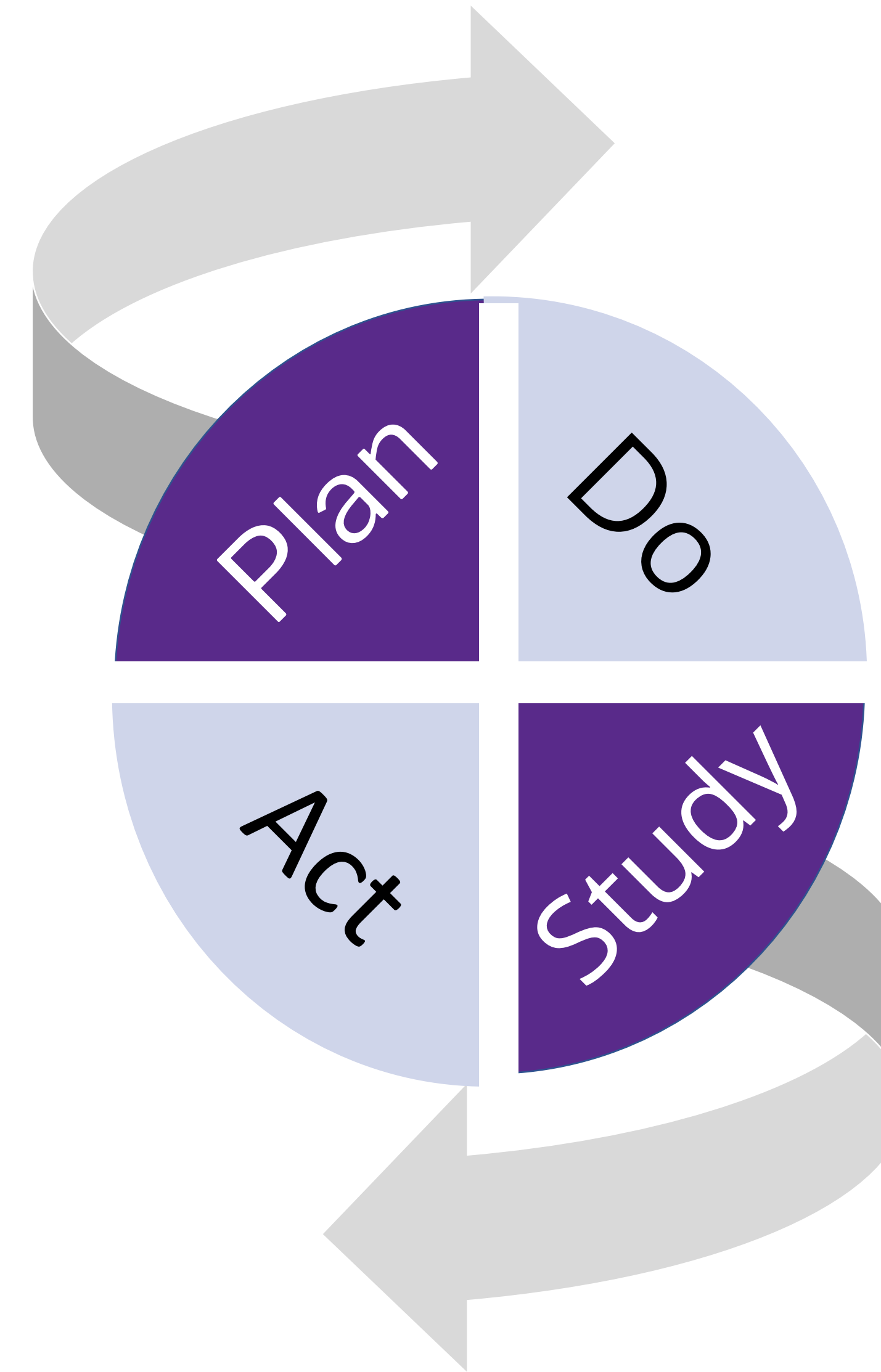
CHANGES MADE (PDSA CYCLE)

2018 report identified deficits in:

- Percent of eligible patients receiving palliative care consult
- Timing of goals of care discussion
- Number of providers discussing EOL care

2023 goals include:

- Increasing number of consults from ED
- Increasing percent of patients with ≤ 1 day between admission and first consult
- Monitoring hospice discharges



2019 palliative care improvements included:

- Formation of palliative care team with dedicated palliative care provider
- Creation of *general inpatient hospice room*

2022 audit identified:

- Increased percent of eligible patients given palliative care consults
- Earlier goals of care discussion
- Increased goal concordance
- Decreased hospital use

RESULTS/OUTCOMES

Table 1: Palliative Care Consults, Goals of Care Discussions, Advance Directives, 2018 - 2022

	2018	2022
Mean age at death	76.8	75.0
Percent of eligible patients given palliative care consults	19.2	73.5
Days before death that comfort plan was decided	1.58	2.28
Percent of patients with living will and/or HCPOA	19.2	17.6
Percent of patients with goal concordance	84.6	91.2

Table 2: Changes in Hospital Utilization, 2018 to 2022

	Average length of last stay	# of hospitalizations in last 6 months	# of days in hospital in last 6 months	# of ICU stays in last 6 months	# days in ICU in last 6 months	# of ED visits in last 6 months
2018	11.5	2.15	17.7	1.12	7.54	3.04
	-34% ↓	-18% ↓	-25% ↓	-40% ↓	-26% ↓	+5% ↑
2022	7.59	1.76	13.3	0.676	5.59	3.21

LESSONS LEARNED

ECU Health Edgecombe's palliative care program appears to be:

- **Critical** to increasing access to palliative care consults
- **Goal-affirming**, increasing goal concordance
- **Cost-effective**, correlating with decreased hospital utilization, especially in length of last hospital stay

Routine audits are needed to maintain continued success in palliative care and to identify opportunities for improvement.

NEXT STEPS

Next steps include:

- **Identifying suitable patients** for palliative care consults from ED and routine check-ups
- **Expanding palliative care team** to include social workers and chaplains
- **Quantifying financial benefits** of palliative care program
- **Increasing training** for providers to routinely discuss advance directives, goals of care, and palliative care
- **Remodeling EHR** to make advance care planning more user-friendly

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