IMPLEMENTING LIFE CARE GOAL DISCUSSIONS WITH PALLIATIVE CARE CONSULTATION IN HIGH RISK HEMODIALYSIS PATIENTS: AN EFFORT TO IMPROVE QUALITY OF LIFE AND REDUCE HOSPITAL READMISSIONS

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BACKGROUND

Increased mortality in End Stage Renal Disease (ESRD) patients on hemodialysis (HD) has been well documented. Compared to the general population, the adjusted rates of all cause mortality are 6.5 to 7.9 times greater in dialysis patients per the United States Renal Data Systems (USRDS). Furthermore, the overall adjusted hospitalization rates among HD patients in 2011 reached 1.84 per patient year. Although increased mortality and health care expenditure in the HD population are evident, there are not many studies with the focus of quality of life improvement and reduction of health care costs in the ESRD population.

PROJECT AIM

Analyzing the effects of implementing goals of care discussions with the support of palliative care consultants on the ESRD populations quality of life and hospital readmission rates.

PROJECT DESIGN/STRATEGY

A retrospective analysis of 30 and 60-day hospital readmission rates of HD patients admitted to Vidant Medical Center's renal teaching service in October 2016 was completed. A total of 37 patients were admitted and reviewed. The data was divided into two groups, including patients readmitted at 30 and 60-days from the index admission. For each group, the rate of readmission, percentage of patients of high risk (≥ 3 comorbidities), the type of comorbidities, age, race, gender, and rates of palliative care consultation were assessed. Documented comorbidities included congestive heart failure (CHF), diabetes mellitus (DM), cerebral vascular accidents (CVA), coronary artery disease (CAD), cancer, lung disease, other vascular diseases, and dementia. The data was analyzed via the Fisher Exact test for determination of statistical significance.

CHANGES MADE (PDSA CYCLES)

Plan

Test of Change: Will hospital readmission rates in high risk prevalent HD patients decrease with life care goal discussion?
Location: Vidant Medical Center/Nephrology teaching service
Dates: 10/1/2016 to 12/31/2016
Objectives:
-Association of life care goal discussions with hospital readmission rates
-Will utilization of MOST/POST/POLST forms reduce hospital readmission rates
-Is there age, race, cultural association with the decision of end of life care

Data Collection: Utilize Nephrology teaching service census. Patients with > 3 comorbidities receive palliative care consult to address life care goals

Do

Observations: Analysis of 30 and 60-day hospital readmission from index admission

Study

Predictions: -Life care goal discussions decrease 30 and 60-day hospital readmission rates
-Increased palliative care consultation improve patient life care goal documentation

Act

Next steps: -Utilize large sample size
-More utilization of palliative care consultants and MOST/POST/POLST forms

RESULTS/OUTCOMES

TABLE 1: Hospital Readmission Data

30-day Readmission Rates	60-day Readmission Rates
Total: 16/37 (43%)	Total: 5/37 (14%)
↓	↓
≥ 3 Co-morbidities: 9/16 (56%)	≥ 3 Co-morbidities: 2/5 (40%)
↓	↓
Palliative care consults for ≥ 3 Co-morbidities: 4/9 (44%)	Palliative care consults for ≥ 3 Co-morbidities: 2/2 (100%)

The total readmission rates at 30 and 60-days from the index admission were 43% and 14%, consecutively. Forty three percent of the patients were high risk with ≥ 3 comorbidities. Of the high risk patient 50% received palliative care consults for life care goal discussion at the index admission. Of the patients that were readmitted at 30 days, 56% were high risk and 44% of these patients received palliative care consults. Furthermore, of the patients that were readmitted at 60 days, 40% were high risk and a 100% of these patients received palliative care consults. Five percent of these patients were readmitted both at 30 and 60-days from the index admission. Additionally, 28 % of the high risk patients did not received palliative care consultation with 62% of these patients being < 65 years old.

Overall, although it appears that increased palliative care consultation in high-risk patients correlate with less 60-day hospital readmissions, these results were not statistically significant when analyzed by the Fisher Exact test. Furthermore, there was otherwise no significant correlation among age, race, and gender.

LESSONS LEARNED

Although palliative care consultation in high risk prevalent HD patients did not show statistically significant decrease in 30 or 60-day hospital readmission rates, the benefits of life care goal discussions in the this population is still significant. This study evaluated a relatively small sample size with focus on patients with high comorbidities, which are expected to have more hospital readmissions. Never the less, although not statistically significant, 60 day were less and correlated with higher palliative care consults. Had we used a larger sample size with increased (100%) utilization of palliative care consultation, hospital readmission rates may have been significantly less.

NEXT STEPS

Ultimately, considering the elevated mortality rates in the ESRD population, life care goal discussions should start prior to ESRD diagnosis to not only educate patients of their choices, but to also learn how to communicate them. High risk patients that are fully informed about their disease, prognosis, and palliative care options may choose to take advantage of outpatient therapies with focus on quality of life, which would result in decreased hospital readmissions and health care expenditures.

In future studies, other than analyzing a larger sample size, focus can be directed at defining patients life care goals by utilizing the MOST/POST forms. Additionally, an assessment of the impact of life care goal discussions on patients code status can also be determined with analysis of its impact on quality of life and health care expenditure.

ACKNOWLEDGEMENTS

The authors thank Austin Rice with the ECU Nephrology Clinical Research Office for data analysis and assisting with the construction of this poster. We also appreciate Vidant Medical Center's Palliative Care consultants for their prompt evaluation of our patients.