Early Palliative Care Consultation Reduces Length of Stay in Patients Hospitalized with Acute Decompensated Heart Failure
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Background
The use of palliative care consults (PCC) for patients with acute decompensated heart failure (ADHF) in the inpatient setting is often overlooked. It was previously perceived as a modality to only be used once a patient is nearing end of life. However, the role of palliative care has become increasingly important in managing these patients and allowing for a smooth transition from hospital to discharge. Recent data has begun to show the possibility of decreased length of stay and decreased financial burden on patients when palliative care consults are placed early in an admission.

Objective
1. Evaluate the value of palliative care consultation on cost and length of stay (LOS) in patients admitted ADHF.
2. Evaluate the utilization of a best practice advisory (BPA) within the electronic medical record (EMR) to trigger providers to order a PCC on appropriate patients.

Methods
A retrospective chart review of 912 patients was performed. Patients admitted to the inpatient HF unit at St. Francis Hospital between May 2020 and June 2022 with a primary diagnosis of ADHF were included. A best practice advisory is triggered in the EMR at the time of admission for patients with 3 or more HF admissions within the past 6 months or with PCC during a prior admission. Patients with PCC during admission were identified and divided into early PCC (within 3 days of admission), late PCC (> 3 days into admission) and no PCC. LOS, cost, and BPA trigger and response was compared between the groups.

Statistical Analysis
Descriptive statistics were calculated for all variables and were compared by study group using ANOVA or Kruskal-Wallis tests (for non-normal data), as appropriate. A Poisson regression was used to predict LOS, controlling for none, early or late PCC, age, sex, race, and severity of illness. After log-transforming total hospital charges, multivariate linear regression examined charges while controlling for none, early or late PCC, age, LOS, and severity of illness. Studies will be performed using SAS 9.4 and p<0.05 will be considered significant.

Preliminary Results
We examined 912 admissions to compare the relationship between timing of Palliative Care consult (PCC) with hospital length of stay (LOS) and whether a BPA had been triggered. There were 767 unique patients, and 106 of them had more than 1 admission. Overall, 17.8% of admissions had an early consult [define by days], 5.3% had a late consult, and 77% had no consult. Overall, the average patient age was 73 years old at admission. Patients with no PCC were younger than patients with early and late consults (72 yrs. vs 76 [both], p<.05). LOS ranged between 1 and 46 days. Later consults had the longest median LOS (12 days vs 7 days early PCC vs 5 days no PCC, p<.0001). Timing of PCC was not related to admission day (weekend compared to weekday, p=0.71). In a multivariate poisson regression, we found that both age and PCC timing were related to hospital LOS. Overall, only 18% of the admissions triggered a BPA. However, receiving a BPA was strongly related to the timing of the PCC (p<0.0001). Ninety percent of the admissions with No PCC did not trigger a BPA. In contrast, 73% of late consults and 49% of early consults did not trigger a BPA.

Discussion
Based on preliminary results, age and timing of PCC predict LOS. In addition, prompt BPA response decreases LOS, thus clinicians should order a PCC consult as soon as they receive the BPA. Patients with prolonged LOS should be considered for PCC even if a BPA wasn’t triggered at admission. Data on the value of PCC on cost is still pending.

References