5-1-2019

Impact of palliative care consultations for patients admitted to Maine Medical Center with acute exacerbations of COPD

Benjamin Jarrett
Isabella Strumpf
Rebecca Hutchinson

Maine Medical Center

Follow this and additional works at: https://knowledgeconnection.mainehealth.org/mmc

Part of the Palliative Care Commons, and the Respiratory Tract Diseases Commons

Recommended Citation
Jarrett, Benjamin; Strumpf, Isabella; and Hutchinson, Rebecca, "Impact of palliative care consultations for patients admitted to Maine Medical Center with acute exacerbations of COPD" (2019). Maine Medical Center. 695.
https://knowledgeconnection.mainehealth.org/mmc/695

This Poster is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Medical Center by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.
Impact of palliative care consultations for patients admitted to Maine Medical Center with acute exacerbations of COPD

Benjamin Jarrett MD MPH, Isabella Stumpf DO, Rebecca Hutchinson MD MPH
Department of Palliative Medicine, Maine Medical Center

Background/Purpose

- COPD is the 3rd leading cause of death.
- Specialty Palliative Care (PC) is underutilized in COPD patients.
- PC involvement has been shown to improve quality of life and satisfaction with overall care.
- We sought to evaluate the association of receipt of palliative medicine consultation during an admission for acute exacerbation of COPD with a documented Goals of Care conversations and/or presence of an advanced directive and/or POLST.

Methods

- 463 patients were identified as meeting criteria for being admitted to MMC for an acute COPD exacerbation between 07/01/2015 and 7/01/2018.
- Index admissions were defined as:
  - If seen by PC: the first admission with a PC consult was considered the index admission.
  - If never seen by PC: the first admission within the study period was the index
- Patient characteristics included age, gender, race and insurance status.
- Disease severity was measured by risk of mortality, a standardized measure of illness severity, as well as number of all-cause and COPD specific admissions in the six months prior to index admission.
- Responses to the two different Surprise Questions were available for a subset of the cohort:
  - The 30-day Surprise Question: “Would you be surprised if this patient died within the next 30 days,” was answered by the emergency room physician for 83% of patients (n=383).
  - The 1-year Surprise Question: “Would you be surprised if this patient died within the next year?” was answered by an admitting physician for 78% of patients (n=361).
- For the primary outcome of goals of care conversations, all physician notes (including consult notes) were read thoroughly for documentation of goals of care discussion.
- We also noted if there was a POLST or AD form in the chart within six months of the index admission.
- Code status on admission and on discharge was recorded.
- We also noted if there was a POLST or AD form in the record.

Results from Multivariate Regression Models

- In the absence of PC, few patients have documented goals of care conversations during admission.
- Receipt of palliative care is strongly associated with completion of advance care planning documents and having goals of care conversations.
- Without PC, the surprise question alone does not appear to trigger GOC conversations.

Conclusion/Discussion

- Single site and lack of racial and ethnic diversity in Maine may limit generalizability to other populations.
- These results relied on chart abstraction of limited data, and lack of racial and ethnic diversity in the study population may limit generalizability.
- The potential of palliative care for patients with respiratory disease.

Limitations

- Site specific and lack of racial and ethnic diversity in Maine may limit generalizability to other populations.
- These results relied on chart abstraction of limited data, and lack of racial and ethnic diversity in the study population may limit generalizability.
- The potential of palliative care for patients with respiratory disease.

References