


NICHE CONFERENCE

Yes, Advance Directives Matter in the ED. Implementation of a Hospice Consult Process in the ED



WINTER PARK MEMORIAL HOSPITAL
A Florida Hospital

APRIL 23, 2017


FORUM PRESENTER:
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 Senior ER Care Coordinator

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FORUM PRESENTER:
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 Gerontological CNS & NICHE Coordinator


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PDSA Cycles




- PDSA cycle process used to develop an effective and efficient process for offering hospice consults in the ED when appropriate.

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Why Address End-of-Life Wishes in the ED?

- Patients with end-stage disease often seek care in the ED for active symptom management.
- It is important we don't assume they desire aggressive or life-prolonging treatment.



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Why Address End-of-Life Wishes in the ED?

- Knowledge of the patient's goals of care/advance directive status is a foundation of patient-centered, family oriented care that must be considered when presenting care options.



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Knowing Patient's Goal for the ED Visit Aggressive, Life Prolonging Treatment

I want everything that can be done to keep me alive, cure me, treat my symptoms.



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Knowing Patient's Goals for the ED Visit Symptom Management & Care Support

- Pain and symptom management
- Direction and resources for increasing care needs
- Emotional & spiritual needs
 - Patient
 - Family




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The Right Patient, Right Time Approach



Our focus in the ED is on patients whose "death is near" and warrants the additional use of resources and time in the ED setting.

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The Right Patient, Right Time Approach

- Why is the patient here today?
 - Might they be within hours/days/weeks of death?
- What are their wishes for care?
 - Advance Directive (AD) in EHR or with patient?
 - Can they or their family tell us wishes if no AD available?
- What plan of care options are available?

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The Right Patient, Right Time Approach

Most common active diagnoses electing hospice from ED:

- End-stage HF, COPD, kidney disease
- End-stage dementia
- Malignancy – especially those with metastasis
- Late-stage neurodegenerative diseases such as Parkinson's, ALS, MS

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The Four Hospice Scenarios in the ER

- #1**
Ready to enroll in hospice and avoid hospitalization
 - Hospice consult ordered
 - Discharged home or to hospice in-patient unit
- #2**
Interested in hospice, but wants to be hospitalized & stabilized
 - Admitted to hospital
 - Care Management follow-up

The Four Hospice Scenarios in the ER

- #3**
Not ready yet, but interested in hospice education/resources
 - Verbal and written information given appropriate to current circumstances
- #4**
Not interested in hospice
 - Proceed to standard care

This Is A Team Effort



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The Process

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Patient and Healthcare System Benefits

- Honors patient wishes
- Patient/family satisfaction
- Appropriate use of healthcare resources
- Cost savings for patient & healthcare system
- ↓ mortality rates

Florida Hospital Aim

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Senior-Friendly ER Hospice Consults

Avoided > 950 bed days (based on our Medicare ALOS with ICU stay)

>\$750,000 cost savings (based on Average **Negative** Medicare ED Admit EBDIT with ICU stay)

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Senior Care Coordinator Hospice Referrals

- **Two Senior Care Coordinators**
 - Monday-Friday, 10 am – 10:30pm
- **Average**
 - 18 hospice discussions per month
 - 5 patients placed in hospice from ED monthly



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End-of-Life Wishes in the ER



- Senior-Friendly ER program “opened the door” to addressing patient’s end-of-life issues in the ER
- AD/patient goals for care addressed with every patient seen by SCC



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End-of-Life Wishes in the ED

- Increased number of patients with AD placed in EHR
- Increased “conversations” by physicians with patients/families regarding care options and wishes, i.e. palliative care and hospice
- Increased hospice consultations directly in ED when appropriate



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Next Steps



Engagement of remaining ED physicians to integrate this process into their practice

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Next Steps

- Engage ED and Care Management leadership to expand process utilization beyond Senior ER Care Coordinators role
 - When SCC not on duty
 - For patients under 65 years old
- Educate & mentor applicable ED and Care Management staff regarding Hospice Consult in the ED process



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Next Steps

Share process with other Florida Hospital system EDs and facilitate implementation as needed



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