

Utilization of Palliative Care Consults in Liver Disease Patients at University Hospital

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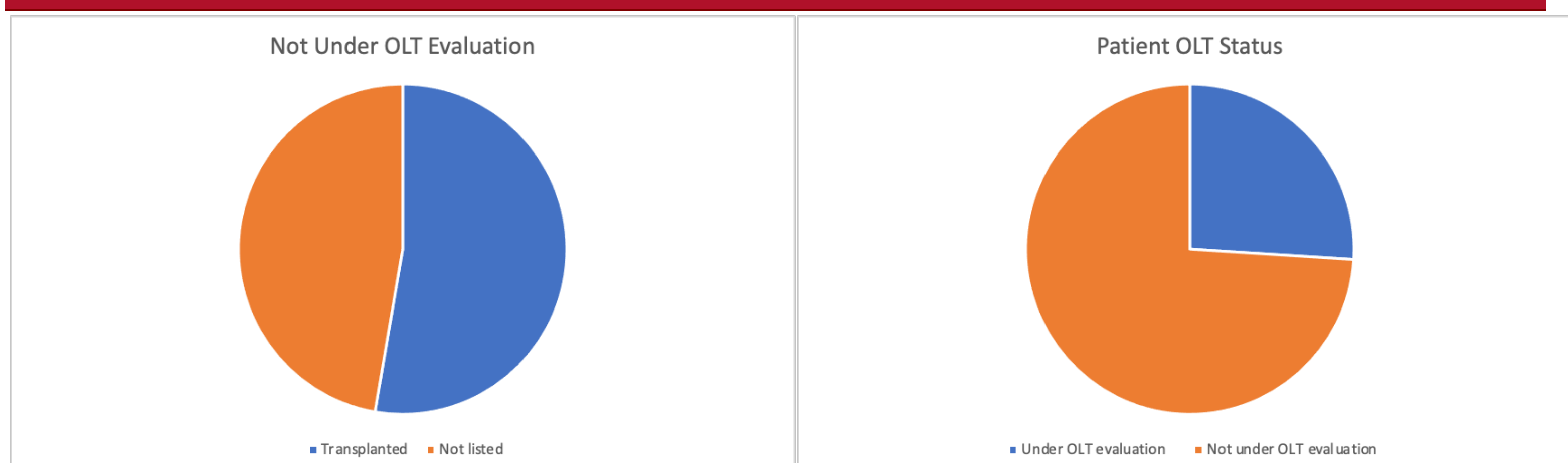
Background

- Palliative care consultation in end-stage liver disease patients is underutilized or utilized too late
- Reasons for poor use of palliative care include the following (1,5):
 - Misconception of the purpose of palliative care
 - Viewing it as contradictory for those under transplant considerations
 - Lack of reimbursement
- Early palliative care involvement have shown to lead to better symptom management and lower costs of medical care (1)
- University Hospital is a liver transplant center that provides management and transplant evaluation for ESLD patients
- The objective of the project is **to assess the hospital's use of palliative care consults and how it compares to other liver centers**

Methods

- Randomly selected 100 patients from EMR list "liver pre-transplant" between 01/01/2021 – 01/01/2022
- We collected the following data:
 - Sex and age
 - Whether patient was under evaluation of orthoptic liver transplant (OLT)
 - Whether patient was listed OLT transplant
 - Any history of admission for ESLD or related complications
 - Code status
- We looked at the most recent ESLD-related admission examining:
 - Any transfer to ICU during admission
 - Palliative care consult during admission or palliative care consult placed in ICU
 - Code status change if palliative care was consulted

Results



Patients not under OLT evaluation/listed/transplanted	
Admitted	12/35 = 24%
ICU transfer/stay	2/12 = 16.67%
Palliative care consult during admission	3/12 = 25%
Palliative care consult in ICU	1/3 = 33.33%
Code status change	1/3 = 33.33%
Patients under OLT evaluation + listed	
Admitted	6/11 = 54.55%
ICU transfer/stay	0
Palliative care consult during admission	1/6 = 16.67%
Palliative care consult in ICU	0
Code status change	1/1 = 100%

Conclusion

Key Conclusions:

- At UH, 25% of admitted patients not under OLT evaluation/listed/transplanted and 16.67% of OLT listed patients had a palliative care consult
- Other studies: 34.4% (n = 116) of patients not eligible for liver transplant (2) and 11% (n=102) of patients who were de-listed or declined LT were referred to palliative care (4)
- UH has similar utilization of palliative care consultation specifically for single-inpatient encounters in ESLD patients

Study Limitations:

- N of 100, this is small relative to the number of patients being treated for ESLD at a major liver transplant center like UH
- Data collected was from a single admission for each patient and only inpatient data

Future Studies:

- Looking at data from multiple admissions for each patient
- Looking at palliative care discussions in an outpatient context
- Expanding data beyond code status changes and looking at pressor use, intubation, dialysis use in the ICU for those with vs without palliative care consultations

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