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 (ESLD) patients is underutilized or utilized too late. Reasons cited include misconception of palliative care and poor reimbursement. However, early consults have shown to lead to better symptom management and lower costs. University Hospital is a major liver transplant center that provides management and transplant evaluation for ESLD patients. The project’s objective is to assess the hospital’s use of palliative care consults and how it compares to other liver centers.

**Methods:** From a “liver pre-transplant” list, 100 patients were randomly selected between 01/01/2021 – 01/01/2022. We collected the following data: sex, age, undergoing orthoptic liver transplant (OLT) evaluation, listed or transplanted, admission related to liver disease and code status. We looked at the most recent/relevant admission for any ICU care, whether palliative care consults were placed outside or in ICU and any code status changes.

**Results:** Of the 100 patients, 26 were under OLT evaluation: 11 were listed, 15 were not. Of the 74 patients not under evaluation, 39 were transplanted and 35 not listed. Of the OLT listed patients, 6 (54.55%) were admitted. None required ICU and 1 (16.67%) had a palliative care consult and a code status change. Of those not evaluated/listed, 12 patients (34.29%) were admitted; 2 (16.67%) required ICU and 3 (25%) had palliative care consulted with 1 done in the ICU and had a code status change.

**Conclusion:** 25% of admitted patients not OLT-listed and 16.67% of OLT listed patients had palliative care consults. Other studies reported 34.4% of non-transplanted (2) and 11% of de-listed/non-transplant patients were referred to palliative care (4). Overall, UH demonstrates a similar utilization of palliative care consultation. We hope to expand the study to look at palliative care impacts on intubation, pressors, and dialysis use and to include multiple admissions and the outpatient setting.