The Quality of Acute Care and Serious Illness

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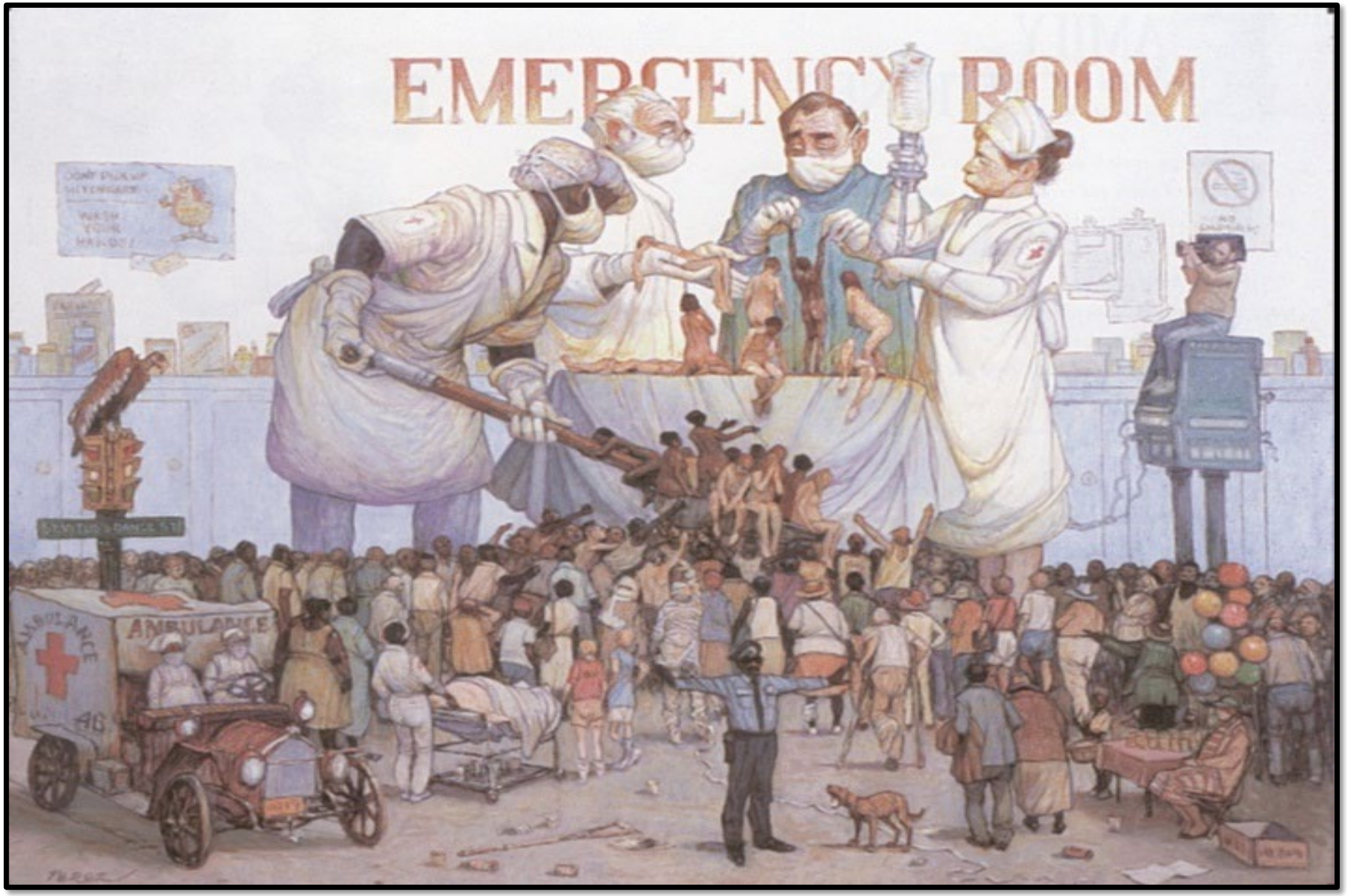
No conflicts of interest

Emergency Care

- Window to population health
- Research agenda to end disparities, & address the needs of society's most vulnerable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Default Approach

Case Presentation

A middle-aged women with advanced ovarian cancer presented to the ER with SOB, fever and hypoxia accompanied by her husband and two teenage children.

Tachypneic to 40s, tripoding, oxygen saturation 75% on RA

Placed on NRB and O2 saturation improved to 95%; patient expressed desire not to be resuscitated and to be DNR/DNI.

Increased work of breathing, given Lasix 40mg IV with no effect; family distressed seeing air hunger and begged team to intubate the patient.

She was intubated and admitted to the ICU.

Hospital Quality Metrics: Focus on Mortality

US News & World Report

- 30-day mortality starts from admission
- Does not matter if changed to hospice status after admission
- If not admitted (i.e., CDU or observation status), then does not count
- Limited DRGs
- Readmissions may result in >1 death per patient if death occurred within 30 days of multiple admissions
- Death after IP discharge could still count if it occurs within 30 days of admit date
- Risk adjustment- Elixhauser comorbidities + age + sex + Medicaid status + base DRG

Vizient

- IP mortality at discharge (rather than 30-day)
- Death does not count if changed to hospice status after admitted
- Because death is assessed at discharge, an IP death only hits a single admission
- All IP cases included (not specific DRGs)
- Vizient risk-adjustment

Reduction in Inpatient Mortality: ED to Hospice

Original Investigation | Emergency Medicine

A Hospice Transitions Program for Patients in the Emergency Department

Christopher W. Baugh, MD, MBA[1]; Kei Ouchi, MD, MPH[1]; Jason K. Bowman, MD[1,2] ; et al

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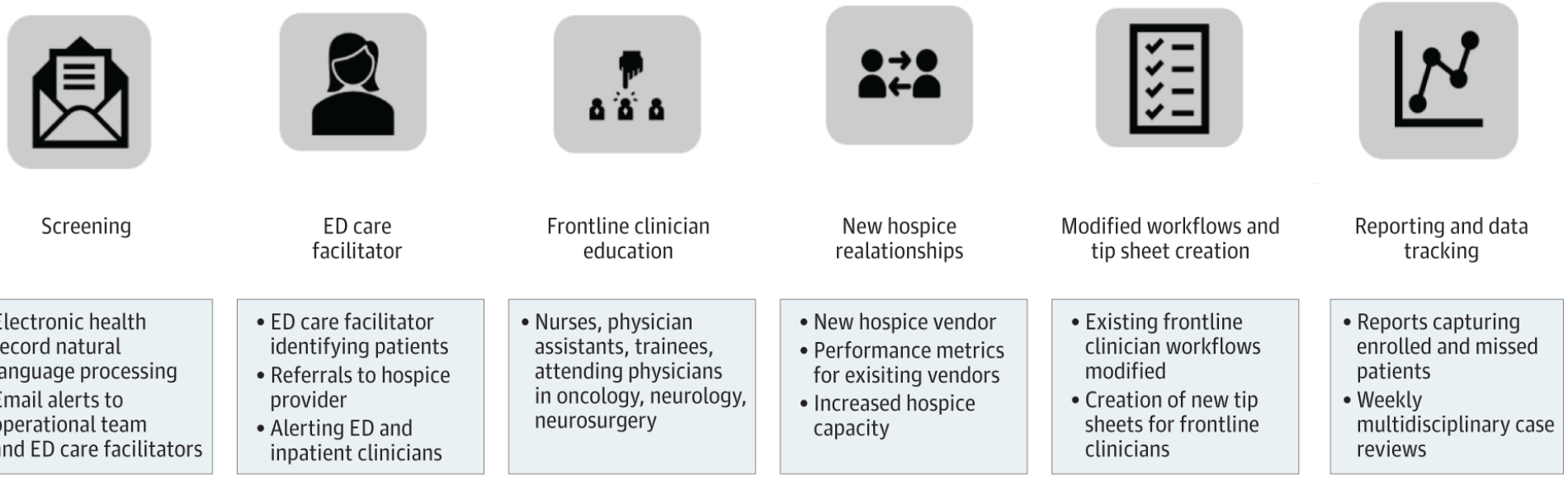
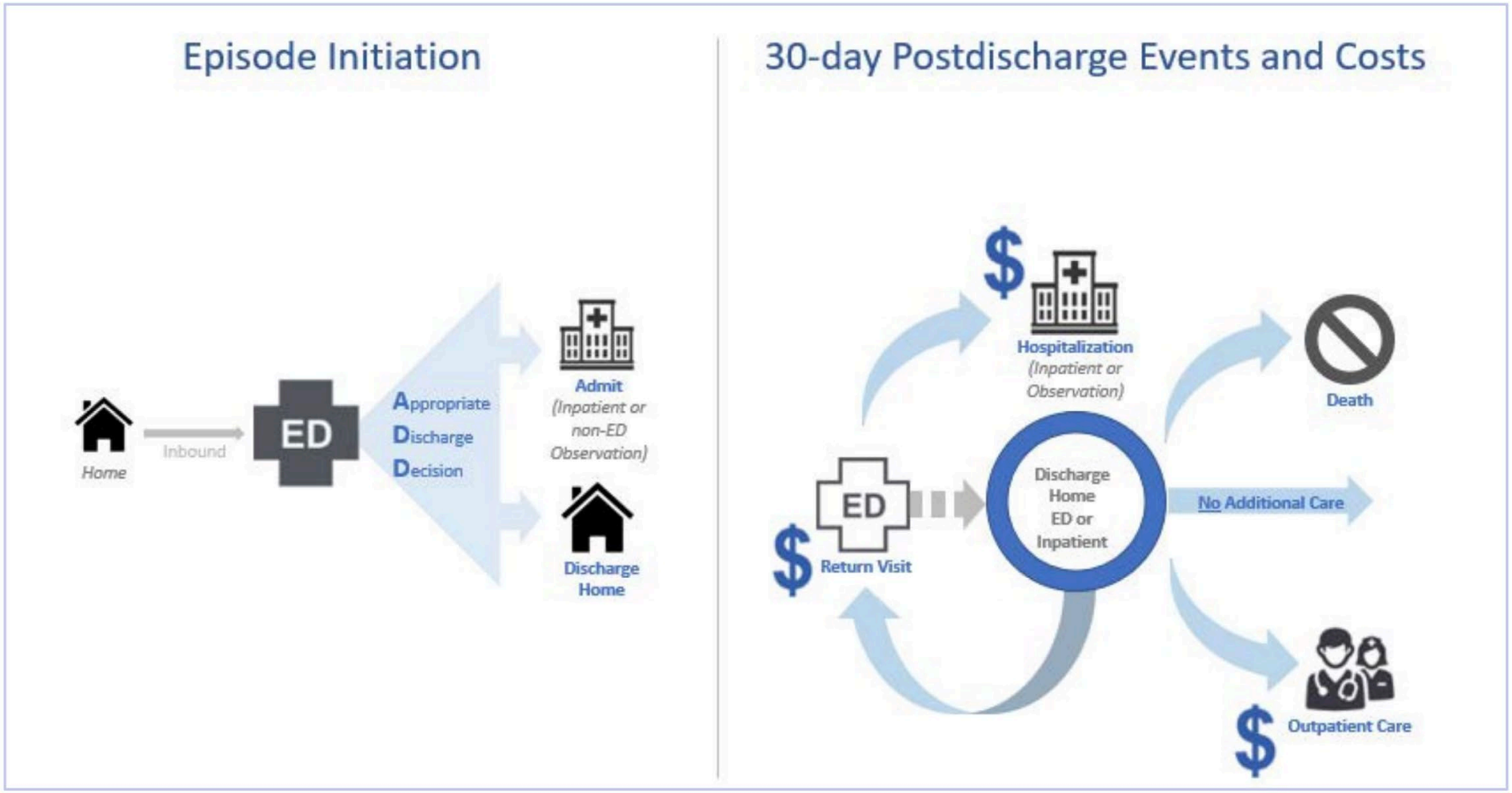


Alternative Payment Model: Acute Unscheduled Care Model (Focus on ED Admission)



Research and New Models of Care

Community Paramedic Led Transition Intervention

30-day coaching intervention delivered by community paramedics, post-ED discharge

Designed to empower dyads to manage their healthcare with confidence, with a focus on:

- Understanding red flags that require further care
- Outpatient follow up
- Medication management
- Personal health record

Nurse-Led Telephonic Care

Up to 6-month nurse-led telephonic care for PLWD and their care partners, post-ED discharge

Comprehensive program that includes training and implementation of structured assessments and care plans with a focus on:

- Transitional care
- Behavioral symptoms
- Serious illness
- Communication/Goals of care

- Regulatory barriers
- Reimbursement

Questions?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