

Early Integration of Palliative Care in Patients Diagnosed with COPD

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Background: Chronic Obstructive Pulmonary Disease (COPD) is extremely prevalent and is associated with high symptom burden. There are numerous benefits provided by access to palliative care (PC) in this population. Despite this, within our medium size suburban community hospital, there are a small number of PC consults for this patient population.

Purpose: This quality improvement project's goal is to identify hospitalized high-risk patients with COPD (those with 2 or more COPD-related admissions within the last 6 months, or those requiring non-invasive ventilation or intubation) and to increase PC access. Specific aims included optimizing their transition to the outpatient setting with increased referrals to outpatient PC, pulmonology, and pulmonary rehabilitation.

Methods: An in-service was provided to the hospitalist team to educate them regarding the project. Pocket cards describing referral criteria and benefits offered by PC were distributed. The PC team was provided a guideline for a generalized approach to consults for patients with COPD.

Results: During the one-month project's duration in May 2022, 9 patients who met criteria were referred to PC of 155 total PC referrals (6%). Comparison to baseline data shows no appreciable increase in the number of consults. Of 2 patients referred to outpatient PC, neither followed-up for unknown reasons. One patient was referred to hospice. While most patients were already following with pulmonology, 3 new pulmonary consults were generated, with only 1 PC follow up. Two patients were referred to pulmonary rehabilitation. Though not included in initial aims, it is notable that all patients had advanced care planning discussions and surrogate decision makers documented.

Conclusions: This project did not demonstrate positive results, but was limited by its short duration and complicated by staffing issues. Additionally, it was identified that there is a need for additional education regarding benefits of early integration of PC in the hospitalized setting.