Title: How Palliative Care Team Composition Affects Program Variables and Outcomes Data

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Statement of the Problem: Few studies have focused on the relationship of the inpatient palliative care team composition and how this affects program variables and outcomes data.

Background/Literature Review: There is scant research regarding the variety of models of service delivery and how team composition can affect these outcomes.

Purpose: The purpose of this program evaluation project was to investigate the relationship between palliative care team composition, program variables (number of palliative care referrals per month, primary diagnosis, reason for consult, and referring unit), and outcomes (discharge disposition, length of stay [LOS] before and after PC consult, palliative care readmission rate, percent of hospice utilization, and palliative care penetration rate) among three acute care hospitals.

Methods/Measures: This program evaluation project took place across three Denver Metro Area Hospitals in the Centura Health system. Each hospital's palliative care team consisted of a different combination of staff including physicians, advance practice nurses and/or social workers. The project retrospectively evaluated data extracted from the EMR during one calendar year (2017). Raw data extracted from EMR was transferred to Excel to create graphs for comparison of program variables and outcomes.

Implementation Timeline: Aug-Sept 2018 Final Proposal and Deadline for IRB Exemption; Oct-Mar 2019 Analysis of data; May-July 2019 Completion of Project and Presentation.

Findings/Results: Similar trends existed for number of palliative care referrals per month, palliative care penetration rate, discharge disposition, length of stay [LOS] before and after PC consult, referring unit, and reason for consult. The team with the largest number of physicians/APNs had slightly greater number of consults requested for pain/symptom management evaluation. Teams with a greater number of social work positions also had higher hospice utilization. Data for palliative care readmission rate and primary diagnosis could not be attained.

Conclusion/Practice Implications: Few differences in trends were noted among program variables and outcomes despite the inpatient palliative care teams having significant differences in team composition. Given the limitations of this study, more research on the impact of interdisciplinary team composition on program variables and outcomes is indicated.