Defragmenting the Care of Complex Postoperative Patients: The Role of the Interdisciplinary Palliative Care Team (TH310-B)

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Objectives

- Identify institutional barriers to meeting the medical, psychosocial, and spiritual needs of complex postoperative patients.
- Harness resources of your institution in order to improve the care of complex postoperative patients including chaplaincy, residents, and healing environments.

Background: Some of the most challenging patients are those with complex postoperative courses. These patients are at risk of fragmented care and prolonged admissions. They are moved throughout the hospital and have multiple hospitalists and specialists involved. Interdisciplinary palliative care teams can play a pivotal role in addressing this fragmented system by navigating conflicting specialty plans and discerning patient and family “bit picture” goals and values, ultimately leading to a satisfactory conclusion. We describe one case where ST, a 74 year old male who underwent valve replacement due to right heart failure, subsequently endured a 168 day admission.

Case Description: After his surgery, ST remained intubated for an extended period and was ultimately transferred to the pulmonary unit where a PC consult was called on day 91. Our initial focus was pain control, weakness, and delirium. The PC team built a relationship with both the patient and his family who expressed frustration and anger at the outcome of the surgery. ST was seen multiple times by the PC NP, physicians, and chaplain over two months culminating in a multispecialty meeting to determine what medical options remained. Any disagreement in the plan was addressed by the PC team arranging family meetings with the specialists in order to unify the perspective that ST was failing and wanted to go home to die. The PC team also participated in meetings with hospice in order to encourage and support the development of a home hospice plan.

Conclusion: Complex postoperative patients can lead to frustration of caregivers, fragmentation of care due to long complicated admissions, and loss of focus on the overall goals of patients and families. By building trust with families, and persistently navigating and coordinating competing specialty input, PC teams can play a critical role in helping these patients defragment their care, thus ultimately achieving a satisfactory outcome.