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Olakanmi Olagoke

Olisa Ezegwu

Ayokunle Olagoke

Yasmeen Golzar

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Incidence, Trends and Predictors of Palliative Care Consultation among Patients Admitted for LVAD Implantation in the United States

Olakanmi O. Olagoke¹, Olisa Ezegwu¹, Ayokunle A. Olagoke², Yasmeeen Golzar¹

¹John H Stroger Jr. Hospital of Cook County, Chicago, IL

²University of Illinois at Chicago, Chicago, IL

Aim: Left ventricular assist devices (LVAD) have become an important part of advanced heart failure management either as a bridge to transplantation or destination therapy. Patients with advanced heart failure have a poor prognosis and may benefit from palliative care (PC) services. However, there is scarce data regarding the incidence, trends, and predictors of palliative care consultation among patients undergoing LVAD implantation. The main objective of this study is to assess the incidence, trends, and predictors of PC referral in LVAD recipients using the Nationwide Inpatient Sample (NIS) database from 2010 till 2014.

Methods: We conducted a weighted analysis on patients who underwent LVAD implantation during their index hospitalization in the 2010 - 2014 NIS data. We compared those who had palliative care referral with those who did not. We further examined the trend in palliative care utilization. Adjusted odds ratio (aOR) was calculated to identify patients' demographic, social and hospital characteristics associated with PC consult using multivariable logistic regression analysis.

Results: A total of 13,825 admissions (mean age: 57.02±13.4 years, 23.3% female) who had LVAD implantation were identified. Also, 559 (4.2%) had PC during the hospital stay. PC referral increased in the time frame from 14 per 1000 LVAD implantations in 2010 to 55 per 1000 in 2014 (P=0.001). Age_{2_75}years (aOR 1.61), higher median household income (aOR 1.746), female (aOR 1.43), cardiac arrest (aOR 1.46) were associated with higher PC referral. PC referral was also higher in private owned hospitals when compared to government- owned hospitals (aOR 2.4). Midwest had higher PC referrals compared with North- east region (aOR 1.768). Mortality was

significantly higher among those who had PC referral (aOR 10.76)

Conclusion: There was an increase in trends for in-hospital PC referral in LVAD admissions over the 5-year study period. However, the overall rate of PC referrals during the index hospitalization remains low. Significant mortality among patients with PC referral may reflect the erroneous belief that palliative care consultation is only indicated among those with a higher likelihood of dying after the procedure.

