Abstract

**Objective:** The study evaluated a standardized process for obtaining a palliative care consultation for re-admitted heart failure patients, and the impact of a palliative care consultation on symptoms and patient perception of readiness to discharge from the hospital.

**Methods:** A pre- and post-test using the Symptoms Rating Scale was utilized to assess the impact on symptoms, and a modified The Patient Outcome Scale questionnaire assessed the readiness for discharge. Thirty-day hospital readmission rates were reviewed. Non-parametric Wilcoxon Rank-Sign two tailed test using medians to analyze multimodal data that did not fit normal curve.

**Findings:** Of the 21 patients who met criteria for a palliative care consultation, 17 enrolled into the study. Three were denied a palliative care consultation. One was discharged from study participation due to study bias. Symptom improvement in four classifications was demonstrated by a 57.5% reduction in anxiety scores, 43.6% reduction of pain, 36.30% reduction of shortness of breath and 82.6% reduction of constipation. Thirty-day hospital re-admission rates for palliative care heart failure consultation patients totaled 17.6% (reduced from 24% 30 day re-admission rate for all heart failure admissions prior to the beginning of the study). Three of the 17 participants of the study were readmitted within 30 days. Of those three, two had end-stage heart failure and were enrolled into a hospice program. The readiness for discharge interview and questionnaire identified one of 17 participants who did not feel ready to discharge.

**Conclusions:** Results have implications for a standardized palliative care consultation for heart failure patients earlier in the hospitalization. The results show a reduction of patient symptoms, re-admission rates and positive perceptions of readiness for discharge. Further research is necessary to evaluate the palliative care influence on heart failure patients. Clinical Relevance: Heart Failure is the leading cause of hospitalizations and is categorized by multiple admissions and an unpredictable illness trajectory. Palliative care consultations obtained early in the hospitalization may reduce symptoms, hospital re-admission and improve patient perceptions regarding readiness for discharge.