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Electronic medical orders for life-sustaining treatment (eMOLST) in new york state: Length of stay, direct costs

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In the United States, approximately 20% of patients die during a hospitalization having an ICU stay with critical care costs exceeding \$82 billion annually, accounting for 13% of inpatient hospital costs. Treatment of sepsis is listed as the most expensive condition in US hospitals, costing more than \$20 billion annually. No study to date has looked at the effect of palliative care and advanced care planning on intensive care unit (ICU) costs in the short term and long term using direct variable, direct fixed and indirect ICU costs. Electronic medical orders for life-sustaining treatment (eMOLST), following the POLST paradigm, is carried out in New York State. Our aim was to investigate the impact of signing an eMOLST form on the length of stay and direct costs in the intensive care unit. Outcome measures of this retrospective chart included length of hospital stay, total direct costs, ICU costs, and palliative care consultation for patients >65 years of age, admitted into the ICU and having a diagnosis of sepsis. Independent samples t-test were used to test for significant differences between those who had and not signed the eMOLST form on total direct costs, ICU costs, and length of stay in the hospital. Patients who signed the eMOLST form had significantly higher total direct and ICU costs and had a significantly longer length of hospital stay. Signing an eMOLST form does not have a positive fiscal impact on direct hospital costs or reduce the overall length of patient stay.

Biography

Claudia R DiBlasi is a doctoral candidate, OMS-4, from TouroCOM-NY-Middletown. She has a Master of Arts in Mathematics from Villanova University. She has expertise in product management and fulfilled actuarial and analyst responsibilities prior to her transition into the healthcare industry.

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