
Impact of Family Support Intervention on Costs, Readmissions in Patients at Risk of Death



Approximately 500,000 Americans die annually following admission to an ICU, often lacking decision-making capacity due to advanced illness or medications. Clinicians rely on surrogate decision-makers for care decisions, but communication breakdowns are common, making the process emotionally difficult for surrogates. This often leads to patients receiving more invasive treatments than they would have chosen, conflicting with patient-centred care goals and increasing end-of-life care costs.

The PARTNER (**PA**iring **Re**-engineered ICU Teams with **N**urse-driven **E**motional Support and **R**elationship-building) family support intervention, delivered by an interprofessional ICU team, showed improved patient- and family-centredness of care, reduced ICU and hospital stays, with no impact on surrogates' psychological symptoms at 6-month follow-up. The intervention was designed to be low-cost, nurse-inclusive, and feasible for most hospitals.

The initial PARTNER trial publication did not assess the intervention's effects on hospitalisation costs or readmissions. Evaluating whether improved care was cost-effective is crucial for health systems considering the PARTNER intervention.

This recent analysis assessed the PARTNER intervention's impact on hospitalisation costs and post-discharge care utilisation for up to six months.

From July 2012 to February 2016, study researchers compared the PARTNER family support intervention to usual care in ICUs. The intervention aimed to improve care practices, including advanced communication training for nurses, a structured family support pathway, and implementation support. The study involved five ICUs within the University of Pittsburgh Medical Center (UPMC) Health System and included adult patients who lacked decision-making capacity and met specific clinical criteria.

Patients were excluded if they lacked a surrogate decision-maker or were only receiving comfort-focused treatment. The PARTNER intervention focused on addressing cognitive, affective, and psychological challenges faced by surrogates, involving daily meetings with families and regular clinician-family meetings.

Data were collected from UPMC's electronic health records, including patient demographics, primary diagnosis, severity of illness, comorbidities, and hospitalisation costs. Cost calculations were done using UPMC's activity-based costing (ABC) system, which assigns specific costs to each service based on actual resource utilisation.

Surrogate decision-makers provided informed consent for participation and were interviewed by research staff 6 months post-discharge to determine patients' use of acute care, skilled nursing, rehabilitation, and hospice services.

As per the findings, the PARTNER intervention resulted in significantly lower total controllable costs (geometric mean: \$26,529 vs \$32,105) and direct variable costs (\$3912 vs \$6034) compared to usual care. The cost reduction was more substantial for decedents (\$20,304 vs. \$26,610) than survivors (\$31,353 vs. \$35,015). Fewer patients in the intervention group were readmitted to an acute care hospital (34.9% vs 45.1%) or skilled nursing facility (25.3% vs 31.6%).

These findings show that a family support intervention delivered by an interprofessional ICU team significantly decreased index hospitalisation costs and readmission rates over a 6-month follow-up period.

Source: [Annals of Intensive Care](#)

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