

# Provider Perceptions of Code Status for Patients with End-Stage Liver Disease

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## Introduction

- Liver transplantation (LT) is the only curative option for patients with end-stage liver disease (ESLD).
- Patients with ESLD have high rates of in-hospital mortality and low rates of survival to hospital discharge after in-hospital CPR compared to those with metastatic cancer (10.7% vs 15.5%,  $p < 0.01$ ).<sup>1,2</sup>
- As ESLD is one of the few diseases where patients are close to death but also to a total cure, some studies suggest that LT listing and hospice referral should not be mutually exclusive.
- While many centers require that a patient be “full code” for LT listing or evaluation, this is not a United Network for Organ Sharing (UNOS) mandate.<sup>3</sup>
- The belief that patients on the transplant list should be full code has also been suggested as a barrier to advance care planning (ACP) in patients with ESLD.<sup>4</sup>

## Aim

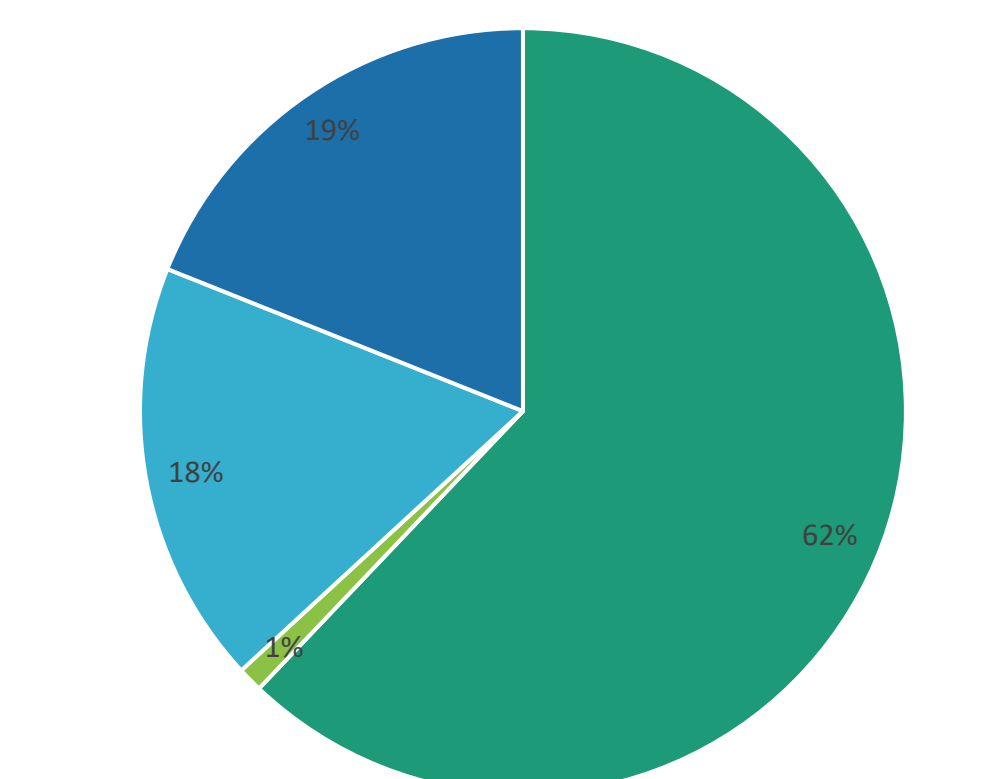
- To assess LT providers’ awareness of organizational policies and their perspectives on code status requirement

## Methods

- Healthcare providers involved in the LT evaluation process at a high-volume transplant center anonymously completed a 13-question survey.
- Answers were displayed using descriptive statistics.

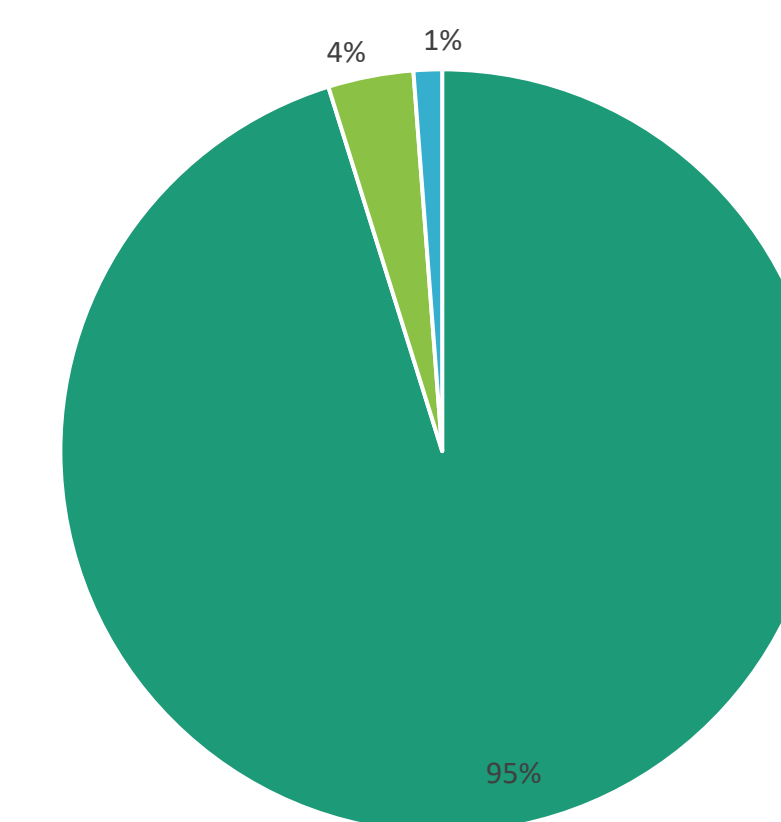
Role on LT Team	Number of Respondents
Gastroenterology/Hepatology Attending	6
Critical Care Attending	5
Transplant Surgeon	3
Palliative Medicine Attending	3
Gastroenterology Fellow	9
Internal Medicine Resident	32
Advanced Practice Provider	14
Transplant Coordinator	6
Transplant Selection Committee	1
Social Worker	1
Other	3
<b>Total</b>	<b>83</b>

Awareness of Institutional Protocol for Code Status



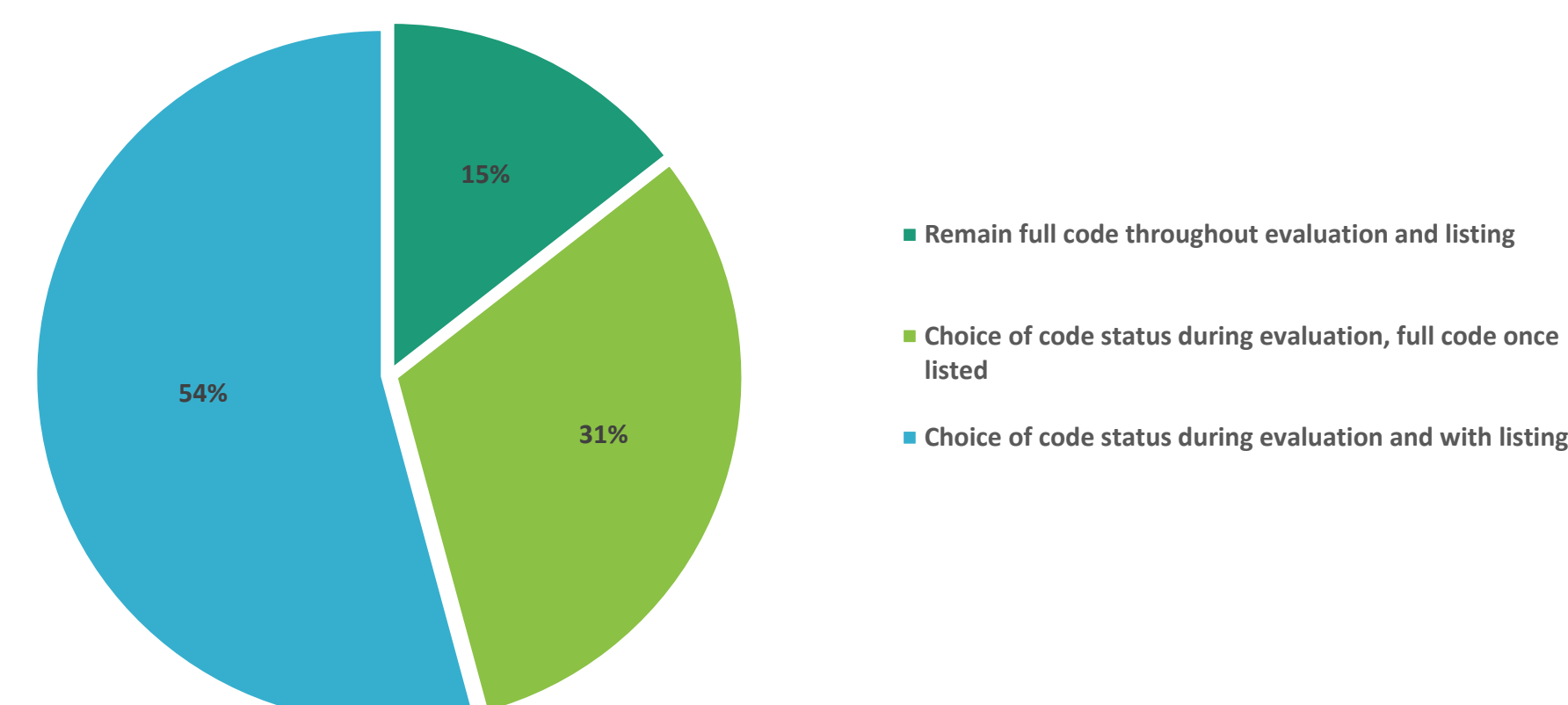
■ No, providers reported no awareness  
 ■ Yes, code status has no bearing on eligibility  
 ■ Yes, patients must be full code to undergo transplant eligibility evaluation  
 ■ Yes, patients must be full code to be listed as active on liver transplant list

Awareness of UNOS Protocol for Code Status



■ No, providers reported no awareness  
 ■ Yes, patients must be full code to undergo transplant eligibility evaluation  
 ■ Yes, patients must be full code to be listed as active on liver transplant list

In your opinion, what do you think the policy should be for code status in patients undergoing LT workup?



■ Remain full code throughout evaluation and listing  
 ■ Choice of code status during evaluation, full code once listed  
 ■ Choice of code status during evaluation and with listing

## Results

- 62% unaware of institutional protocol for full code, and 95% unaware that UNOS did not mandate a patient be full code
- 93% felt that patients undergoing LT evaluation should discuss code status

## Conclusion

- There is a lack of knowledge among providers regarding policy on code status. Among the subset who was aware of a protocol, knowledge of the actual requirements varied.
- There is a diverse range of opinions on code status requirement throughout the LT evaluation and listing process shared by involved providers.
- Next steps:
  - Educational initiatives are needed to increase provider awareness of institutional and national policy regarding code status.
  - Opportunities to further the dialogue of code status and advanced care planning in a high mortality patient population.

## References

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2. Brown CL, Hammill BG, Qualls LG, Curtis LH, Muir AJ. Significant Morbidity and Mortality Among Hospitalized End-Stage Liver Disease Patients in Medicare. *J Pain Symptom Manage.* 2016 Sep;52(3):412-419.e1.
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