**Systems Integration of Palliative Care into Nursing Homes**

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**Objectives**

1. Integrate palliative care (PC) practice into the Skilled Nursing Facilities (SNF) setting.
2. Provide education to patient / family / caregivers on PC services.
3. Develop PC teams in each of the settings.
4. Reduce avoidable admissions / ED visits for Medicaid beneficiaries.

**Background**

The New York State Delivery System Reform Incentive Payment Program (NYS DSRIP) aims to reduce avoidable hospitalizations (PPA) and emergency department (PPV) visits for Medicaid Beneficiaries. This initiative aims at reducing PPAs & PPVs by integrating primary palliative care (PC) practices into SNFs, clarifying goals of care and options, addressing pain and other symptoms, thus patients may require less hospital readmissions.

**Methods**

Systems-level intervention initiated by NYP/Q Performing Provider System (PPS) to engage & collaborate with community SNFs to provide primary PC services to seriously ill residents. NYP/Q PPS contracted with SNFs & hospices, developed partnerships with community resources to bring PC support-services into SNFs. PPS engaged NH staff and PC champions in AMA’s Education on Palliative and End-of-Life Care (EPEC) trainings to increase role-appropriate competence and comfort in PC skills; CME / CEU credits provided for attendance. PPS promoted the use of advance directives tools, e.g., Medical Orders for Life-Sustaining Treatments (MOLST & e-MOLST).

**Topics to be Presented:**

- EPEC covers 16 modules, including legal / ethical aspects of care, pain management, goals of care, advance care planning, and others.
- Transitions of care
- Advocacy and coalition building
- Vulnerable populations in SNF setting
- Integration of PC into daily functions
- Promote Advanced Care Planning

**Results**

Since April 2015, NYP/Q PPS has engaged 27 SNFs with and without hospice availability and 6 Pediatric and Adult Home Hospice agencies to participate in the project. The PPS is working with partners to provide education on primary PC skills to staff, monitor clinical quality metrics associated with pain management and advance directives, and engage patients and caregivers in PC services.

**Engaged Patients - Year 1**

<table>
<thead>
<tr>
<th>Year</th>
<th>Engaged Patients</th>
<th>Engaged Partners (NF &amp; Hospice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>1,076</td>
<td>22</td>
</tr>
<tr>
<td>April 2015</td>
<td>1076</td>
<td>22</td>
</tr>
<tr>
<td>March 2016</td>
<td>598</td>
<td>20</td>
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EPEC training began in Feb. 2016, offers 2 modules per session, with different SNFs volunteering to host the training. Six modules have been taught thus far, with positive feedback and attendance.

**Conclusion**

DSRIP is an innovative NYS initiative to improve care, offer the opportunity to get appropriate care in the most familiar setting, reduce avoidable hospitalizations and ED visits. NYP/Q PPS formed a coalition of SNFs and hospice agencies, and engage patients in PC.

**Next Steps**

Identify and engage PC champions at each SNF and hospice agency. Pilot PCOS (Palliative Care Outcome Scale) tool at a partner NH, with goal of rolling out to all 27 SNFs by the end of Year 2. Provide supportive basic education to SNF physicians.