



# Cultivating Consults

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### Abstract

Creating Patient Identification and assessment tools for Palliative Care needs is a challenge and all stakeholders-namely the Organization, its staff and most importantly, the patient can realize the awards for an effective program. Our facility is a 136 bed hospital part of the Houston Methodist System was able to successfully develop and enhance a quality service level, leveraging the team's extensive skills through collaboration with its Palliative Care Director, physicians and staff. With a steady increase our penetration of consults stayed in 4<sup>th</sup> Quartile from 2009-2014 with a significant decrease happening in 2015-2016. It is evident there is a constant commitment by the organization to the Palliative Care program excellence and ensuring the multi-disciplinary team stays engaged,

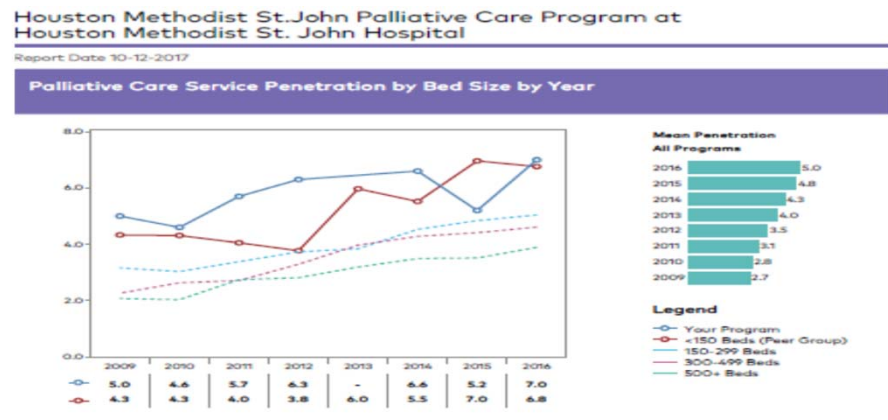
### Planting the Seed: Growing the Program

- ELNEC core course to hospital staff: Introduction to Palliative Care
- One on one physician education to include hospitalists and specialists
- Attend Nursing Orientation monthly to introduce Palliative Care
- Attend Medical Staff meetings and introduce Palliative Care
- Attend Case -Management rounds and identify Palliative Care patients using our triggers
- Align with key staff (charge nurses, lead case-managers, specialized nursing staff) to assist in identification of potential Palliative Care patients
- Show Palliative Care Value with the Hospital's Risk Adjusted Mortality Index
- Keep Administration updated on the progress of program and cost savings
- Introduce Palliative Care to the Community

### Palliative Care Triggers

1. Vented patient >72 hours
2. **Functional status of patient:** limited self care or complete dependent
3. **Basic disease process:** Cancer, Advanced COPD, Neurological Disease, Dialysis, Recurrent CHF, Frequent Hospitalizations
4. **Uncontrollable Symptoms:** Pain, anorexia with Wt. loss, nausea, bowel obstruction, change in mental status, reintubation, constipation, anxiety, depression, dyspnea
5. **Psychosocial issues** with patient or family, need to discuss end of life issues, unrealistic goals or expectations, goals of care, expressed wish for no prolonging treatment, complex family issues, spiritual issues.

### Palliative Care Service Penetration



### 2016 Palliative Care Impact Calculator

Description	Estimated Using our Data
Estimated Average Cost per FTE Including Benefits with IDT mix	\$ 160,000.00
Estimated Team Costs (Staffing FTE x Average cost)	\$ 147,200
Estimated Billing Revenue(Part B Professional At CMS 2017 rates)	\$ 141,376
Net Investment or Subsidy Needed (Staffing Costs- Billing Revenue)	\$ 5,824
Estimated Direct Cost Saving per Case (Episode of Care)	\$ 3,284
Expected Cost Saving before Deducting net Investment	\$ 1,375,080
<b>Expected Annual Direct Cost Savings (Savings Investment)</b>	<b>\$1,369,256</b>

### Next Steps

1. Revise and Reimplement Palliative Care Triggers.
2. Monitor Hospital Indicators of Mortality for Potential Palliative Care Consults.
3. Education again and again on Palliative Care definition, benefits and services beyond transitioning to Hospice.
4. Re-Implement quarterly meeting of the Palliative Care Team. Recruit new members and highlight the strengths of the team and how they support identification of new consults.
5. Align with the Houston Methodist Cancer Center in the Bay Area.

### Conclusion

We are thankful and blessed for the support that our organization has shown over the 10 years we have been operational. Our physicians and Advanced Practice Nurses continue to see the value and work with us in Advance Care planning by consulting us early in patient's disease process. We realize that we can not take our eye off continuing the education throughout the hospital to new and existing staff and physicians.



### Acknowledgments

Dan Newman CEO and Katherine Walsh CNO, Houston Methodist St. John Hospital for their commitment and support to our teams success.  
Palliative Care team consisting of Physicians, Nurses, Speech Therapist, Dieticians, Chaplains, Case-management, Pharmacy, ancillary staff.