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Integrating Palliative Care Medicine into Skilled Nursing and Long Term Care

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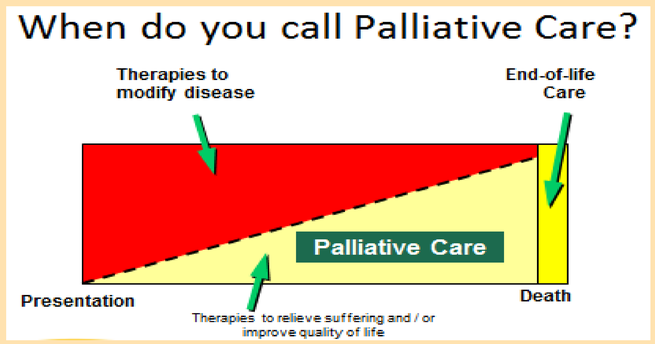
Introduction

Sentara Medical Group's Palliative Care Medicine (PCM) team proposed a collaboration between PCM, an urban acute care hospital, skilled nursing and long term care with the potential to increase the continuity of patient care and decrease readmission rates.

Objectives

- To optimize the quality of life of our patients and families and empower them with choices.
- To optimize the transition and continuity of care process from inpatient hospital to skilled nursing facility or long-term care.
- To reduce unnecessary admissions, readmissions and inpatient hospital mortality.
- To provide relief from pain and other distressing symptoms and integrate the psychological and spiritual aspects of care.
- To improve the quality of clinical care delivered to patients being discharged from the hospital to long term care facilities.



Palliative Care Medicine

The World Health Organization (2015), defines Palliative Care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

- Palliative Care strives to optimize the quality of life of patients and families and empower them with choices.
- Palliative care can be accessed throughout the continuum of chronic illnesses either concurrently or independent of curative or life prolonging care to facilitate patient autonomy, access to information and choice.
- Outcomes are best when patients are identified early and have appropriate and consistent care.

Guidelines for PCM Referrals

Patients who have:

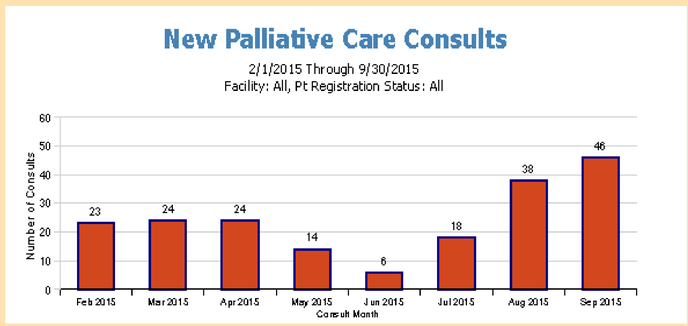
- Weight loss – 5% or more over 2 months.
- Decreased ability to complete activities of daily living.
- 2 or more hospitalizations in the last 6 months.
- Increased use of PRN medications or treatments to relieve symptoms.
- Difficulty controlling physical or emotional symptoms related to serious illness.
- Decreased interest in participation of care and activities.
- Uncertainty regarding prognosis or goals of care.
- Requests for futile care.
- DNR/DNI conflicts.
- Use of tube feeding or TPN.
- Cognitively impaired or seriously ill.

Methods

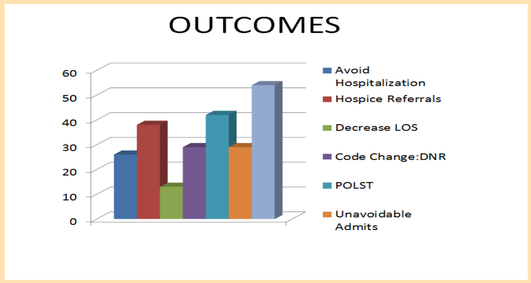
The PCM program used a multi-prong approach.

- Spragen's Palliative Care database, a web-based application, tracked the PCM referrals. The database tracked the daily census, visits by the physician and Advanced Practice Nurse (APN), captured data from Edmonton Symptom Assessment Scale tool including hospital admissions, discharges from PCM services, Hospice referrals, and code status changes. . Data was used to measure and evaluate the efficacy of the program.
- A dedicated APN facilitated communication between the acute care team, PCM hospital teams, Skilled and Long Term Care facility teams. The APN participated in daily rounds of PCM patients as well as patients identified as high risk for readmissions. The APN provided assessment and treatment for all patients referred to PCM and was available as a resource to the nursing staff.

Results



- Between February 1 through September 30, 2015, 193 consults were facilitated.



- Increased communication between acute and sub-acute facilities
- 12 - 30 day readmissions avoided
- 64 - Admissions/transfers avoided
- 38 - Hospice referrals
- 29 - Code status changes to DNR
- 42 - POLST completed
- 54 - Family meetings held
- 29 - Unavoidable hospital admissions (Unavoidable defined as new diagnosis, acute changes in a patient who is full code, and patient or family insistence.)

Conclusions

- PCM management has a positive impact on optimizing continuity of care resulting in a decrease of unnecessary hospital transfers, decrease in hospital mortality and improvement of care given to pateints and families.
- PCM can have a positive impact on outcomes when ongoing care plan discussions are held in skilled nursing and long term care facilities.
- Early intervention and education by PCM in skilled nursing and long term care facilities provides benefits to the patients, families and health care system as a whole.

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