

Description

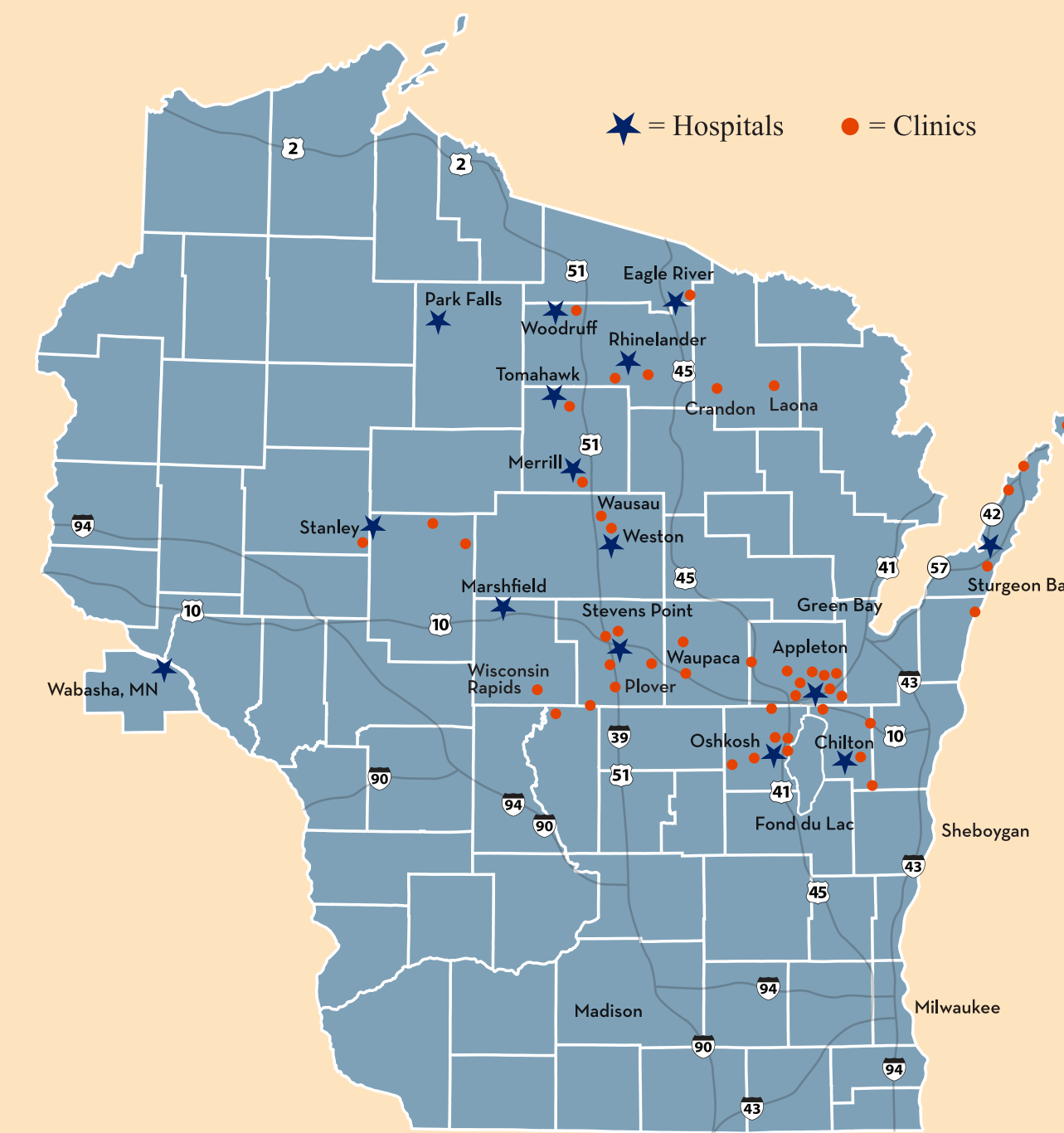
Ministry Health Care hospitals have long embraced palliative care as part of their mission. The result of this locally determined approach was a patchwork of programs that were difficult to evaluate and impossible to scale up to the system level.

Implementing a system approach to a centrally defined and standardized model for inpatient care required careful planning and coordination. Factors such as multiple EHR applications, geographic distance, and lack of understanding or acceptance around palliative care were challenges to address. Utilizing a rigorous and disciplined work plan provided the needed structure for success.

Ministry Health Care

Ministry Health Care, a part of Ascension Health, is an integrated healthcare delivery system serving more than 1.1 million people across Wisconsin and eastern Minnesota and is the largest provider of Catholic healthcare in Wisconsin. Ministry Health Care is 15 hospitals, 46 clinics and nearly 12,000 employees

Ministry Health Care was founded by the Sisters of the Sorrowful Mother more than 120 years ago to further the healing ministry of Jesus by continually improving the health and well-being of all people especially the poor. Ministry is ranked among the top 20 percent of healthcare systems in the country by Truven Health Analytics, formerly Thomson Reuters.



Results and Outcomes

- Palliative Care services have been aligned with the system strategic plan and integrated into the success profile for executives
- Utilizing a 'Tight-Loose-Tight' framework we have activated a program to provide inpatient palliative care consults in 7 hospitals over a 12 month period
- Consultations are provided by a multi-disciplinary team that includes advanced practice nurses, social workers, and chaplains
- A governance structure was developed and implemented with the goal of assuring system wide involvement with operational and strategic planning.

Strategic Approach

- Engaged a dyad leadership structure
- Utilized a formal change acceleration process that included ePMO and LEAN
- Defined best practices in key areas of work flow and process while identifying areas of local decision making
- Integrated palliative care metrics into operational leadership performance reviews
- Adopted a 'grow your own' philosophy when faced with staffing challenges

Key Learnings

- Education is a FIRST step in integrating primary palliative care into the practice of physicians and nurses
- Changing culture is not easy and it requires dedicated planning
- EHR limitations can significantly reduce engagement of clinicians
- A long range (3-5 year) strategic plan is needed to maintain focus and assure a coherent plan for expansion of palliative care services across the continuum of care
- Hiring 'work ready' staff can be a challenge in many markets, therefore developing a solid staff development plan is important to strengthening the bench strength of your team

Services Provided by Consult Team

- Pain and other symptom management including:
 - Terminal sedation
 - Withdrawal from ventilator
- End of life discussions
- Code Status discussions
- Establishing and/or clarifying goals of care
- Clarifying treatment options



Members From Our Palliative Care Team >

Conclusion

Consistent with Ministry protocol a dyad leadership team successfully implemented seven inpatient consult teams over the course of one fiscal year. The challenges and successes of a rapid deployment model were reviewed. Ultimately these teams touched 1048 patients and families coping with serious or life-threatening illness. Strategic planning is ongoing to establish a 3-5 year plan for expansion and growth of services. Critical areas of expansion include outpatient services and communication skills training for clinicians.



PALLIATIVE CARE

Here for you