

Implementation and Integration of an Inpatient Consultation Service in a County/Safety-Net Teaching Hospital



JPS Health Network is a Level 1 Trauma Center, 537 bed public hospital plus a free-standing 96-bed Behavioral Health Pavilion, and 43 associated ambulatory and primary outreach sites in Fort Worth, TX serving all of Tarrant County. JPS sponsors eight residency training programs including the largest Family Medicine Residency Program in the country. As one of Texas' major urban public hospitals, JPS serves as the primary safety-net provider of acute care for Tarrant County's Medicaid and uninsured population. Medicaid, self-pay and uninsured individuals make up 75% of JPS' patient population.

Palliative Care Services
817-702-6805

Matthew L Rios, MD
Medical Director

DiAnn Young, MSN, APN-BC
Program Manager

Palliative Care Services Background

- **Implementation:** September 2013
- **Financing:** Delivery System Reform Incentive Payment (DSRIP) Project under the Texas 1115 Healthcare Transformation Waiver
- **Milestones and Metrics:** Chosen from the DSRIP Waiver menu with achievement goals for each year serving as the trigger for incentive funding achievement
- **Staffing:** A Hospice and Palliative-Care Board Certified Medical Director, APN-BC Program Manager, Chaplain, and an 8 hr. per week K-9 Certified Comfort Dog
- **Service Integration:** Piloted on ICU for first three months, expanded to oncology for the next three months and at six months began taking referrals for all inpatient units with exception of the NICU

Identified Start-Up Challenges/Opportunities

- Limited knowledge of palliative care medicine and concepts
- Unable to provide 24/7 coverage due staffing resources
- Limited palliative care trained/experienced staff
- No palliative care specific EMR support
- Hospitalists rotate units every 7 days
- No full time physician champion
- Physician/staff engagement

Ongoing Program Challenges/Opportunities

- Service Expansion: 24/7 Coverage, Outpatient Oncology Clinic, Emergency Department, NICU, Geriatrics
- Palliative Care Education for healthcare providers
- Recruitment of experienced palliative care staff
- Increasing physician/staff engagement
- Rotation of Hospitalists every 7 days
- Palliative Care Fellowship
- Increasing referral base

What Have We Done / What We Are Doing

- Successfully Implemented a Palliative Care Consultation Program
- 1,063 patients and families have been served between September 2013 – September 2015
- 85% of Palliative Care Consults are from Critical Care areas
- Participate in General Nursing Orientation
- Recruited full-time Medical Director, May, 2015
- Attend Hospitalist Staff Meetings, presenting Palliative Care Services
- Implemented the first Region 9 and 10 Palliative Care Cohort, March 2015
- Expanded Provider Coverage in the Outpatient Oncology Palliative Care Clinic
- Closely aligned with Pastoral Care Services/ share several organizational goals
- Teach Palliative Care Education for BSN and Family Medicine Residency Programs
- Developing a NICU Palliative Care Program in Collaboration with Women's Services
- Continual collaboration with Knowledge Management and IT to develop reports to capture data
- Held 1st Annual Employee Advanced Care Planning Event on National Health Care Decisions Day
- Serve on the Critical Care, Oncology, Ethics, NICU Palliative Care and Life Gift Donation committees
- Co-Teach Quarterly Perinatal Loss & Bereavement Workshops with Director of Pastoral Care and L&D Department
- Collaborated with IT to develop Palliative Care Patient Flagging and Nursing Orders for a Palliative Care Evaluation in our EMR
- Collaborated with IT to develop Templates for Documenting Pain Management Assessments, Family Meetings, for DSRIP Reporting

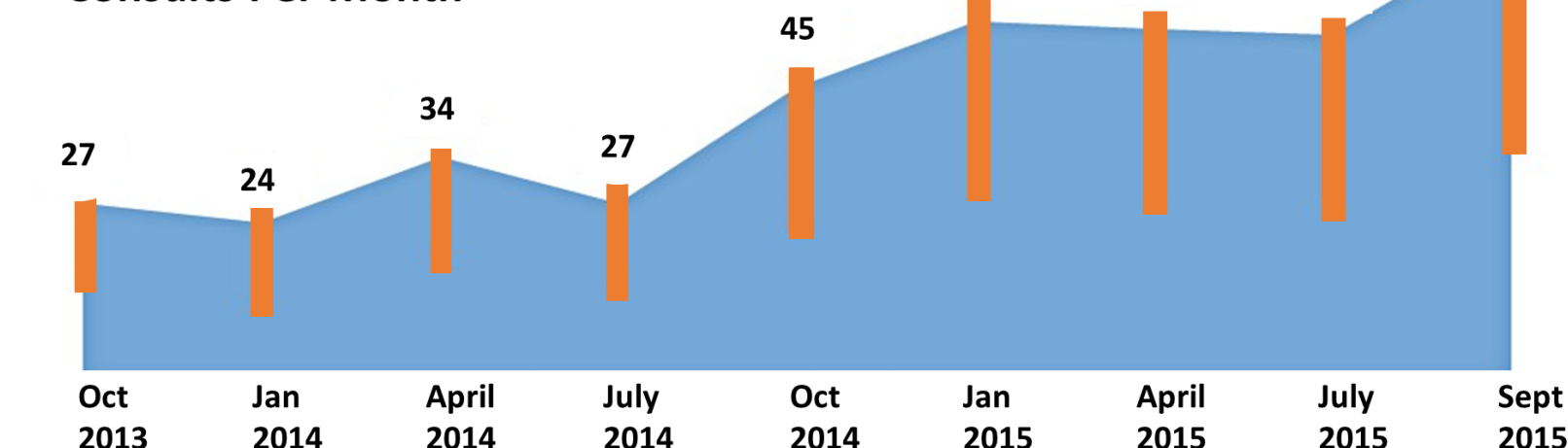
Where We're Going

- Implementing the Center to Advance Palliative Care's Clinical Training Pilot Program in Critical Care areas, January, 2016
- Increasing Continuing Education Programs in Palliative Care for Providers, Residents, Nursing and Social Work
- Integrating Palliative Care into the Emergency Department, 2016
- Partnering with our Geriatric Service Line to increase services
- Physician Palliative Care Fellowship
- Apply for Joint Commission Certification, 2016

QPI – Quantifiable Patient Impact

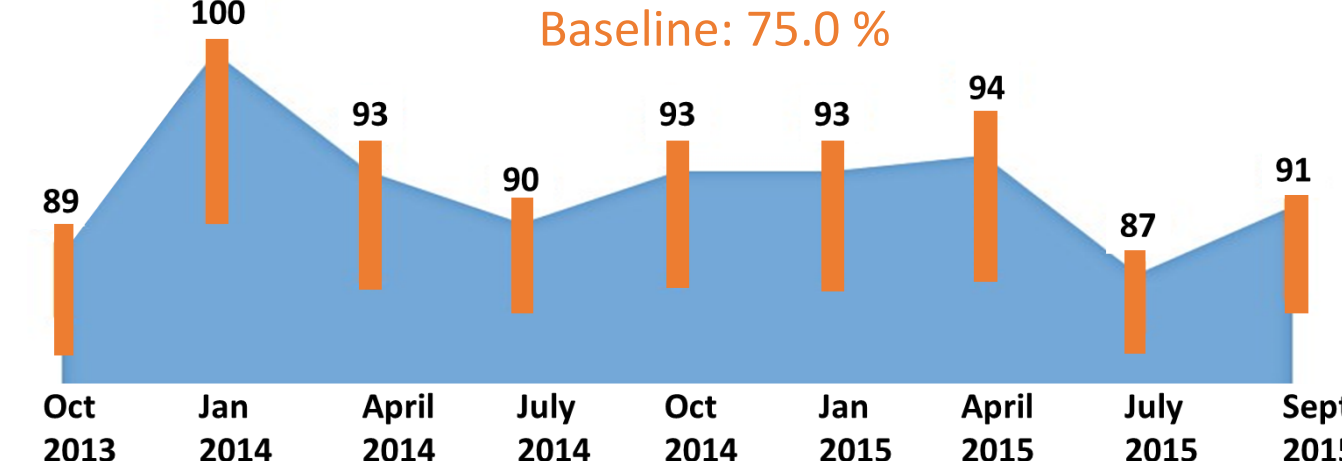
Baseline: 0.0%
DY 3 Goal: 269 Actual: 402
DY 4 Goal: 650 Actual: 661
DY 5 Goal: 750

Consults Per Month



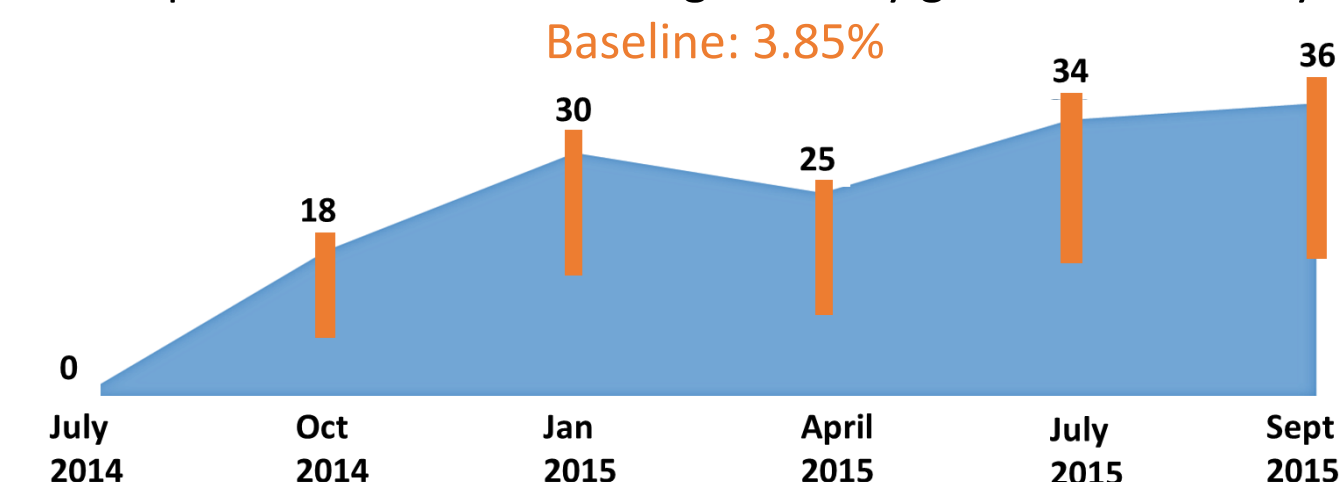
Patient Preferences

% of patients with documentation of life sustaining treatment preferences
Baseline: 75.0 %



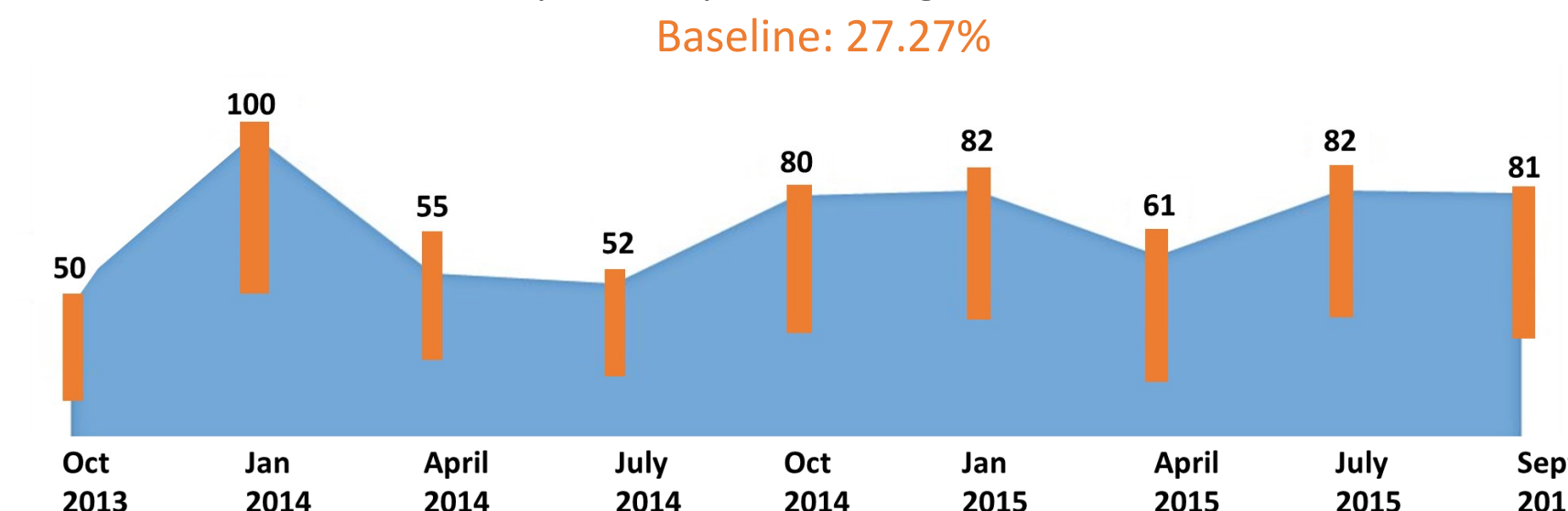
ICU Interdisciplinary Family Meetings

% of ICU IDT family meeting documentation for patients with an ICU length of stay greater than 5 days
Baseline: 3.85 %



Pain Assessment

% of pain assessments completed within 24 hours of a positive pain score greater than 4
Baseline: 27.27 %



Spiritual Assessment

% of patients with documented spiritual assessments
Baseline: 72.5 %

