

Building Bridges - one way to grow a program

A partnership between a children's hospital and an adult home hospice to develop a continuity of care model to follow the child wherever they are – a palliative care delivery model

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This poster shares the story of how a change in community services for PPC challenged a large health care system to collaborate in a new way to provide care through *marketing, education and collaboration.*



Marketing

- New need developed in the Twin Cities area for home based palliative and hospice care
- Why? "What is in it for me"? Making the case with:
 - Leadership in home care and hospital
 - Clinical staff
 - Bedside staff
 - Home care and hospice staff

Education

- End of Life Nursing Education Consortium (ELNEC) – training for staff (2 sessions)
 - 80% from Fairview/UMMCH, 20% others
 - 60% hospital based, 20% home, 20% other
 - 80% Pediatrics, 20% in hospice/home care
- Unit Champions
- Bedside teaching
- "Just-in-time" education at home/inpatient

Collaboration

- Partnership formed between a children's hospital and an adult homecare and hospice program to create **Pediatric Advanced Complex Care Team (PACCT)**
- Goal: sustainable program to provide inpatient and home-based interdisciplinary care for children with life threatening conditions who needed complex medical care, palliative care or hospice
- Main areas of referral: NICU, oncology, general pediatricians in community
- Presence at interdisciplinary team rounds (NICU, PICU)
- Working with other community providers



Systems of Influence



Communities of Participation

Developing Networks of Like Minded Individuals



The Seed

<http://www.margaretwheatley.com/articles/emergence.html>

