

CAREPOINT™: A SYSTEM LEVEL APPROACH TO COMMUNITY-BASED PALLIATIVE CARE

Variables	N	%
Age group		
<65	9	16.1%
65-75	16	28.5%
76-85	20	25.7%
>85	11	19.6%
Gender		
Female	36	64.3%
Race		
Asian	1	1.8%
Black	4	7.1%
Hispanic	13	23.2%
White	38	67.9%
Care Setting		
Home	47	83.9%
SNF	6	10.7%
ALF	3	5.4%
Diagnoses		
Cardiac	14	25.0%
Cancer	13	23.2%
Renal	9	16.1%
Pulmonary	7	12.5%
Neuro	7	12.5%
Hepatic	4	7.1%
Other	2	3.6%
# Comorbids		
None	3	5.4%
One	20	35.7%
Two	23	41.1%
Three+	10	17.8%

Study Design:

Evaluate the effectiveness and feasibility of an integrated community-based palliative care program (CBPCP) called CAREPOINT, by measuring the effects on patient's symptom burden; impact on individual's perceived care quality; advance care planning (ACP) engagement, and the effects on hospital and emergency department utilization.

Outcomes:

Symptom burden significantly **reduced**

- pain (4.23 ± 3.02 to 3.00 ± 2.17), $p = 0.000$
- anxiety (3.87 ± 2.94 to 2.89 ± 2.43), $p = 0.000$
- SOB (3.31 ± 3.25 to 2.71 ± 2.37), $p = 0.000$

Overall perceived care quality **improved**

- $t(39) = -7.976$, $p = <0.05$

All-cause hospitalization rate

- **reduced** by 25%, $p = 0.001$

All-cause emergency department visit rate

- **reduced** by 100%, $p = 0.000$

ACP

- 96.2% of participants **fully engaged** in the process of ACP by post-intervention

Conclusion:

This study showed CAREPOINT as effective and feasible in improving patients' care needs.

Given the significant symptom burden, poor perceived care quality, poor self-care ability, and complex care needs more studies are needed to test the long-term effects and sustainability of CBPCPs for vulnerable populations that continuously challenge the current care system with unmet care needs.

Intervention:

- APN Medical Management
- Nurse Supportive Care
- Interdisciplinary Team Support

Four Care Tenants

- Pain & Symptom Management
- Medication Management
- Setting Management
- Advance Care Planning

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