Working Together:
Collaboration between Home Based Palliative Care and the Acute Care setting

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Background

The scope of the services of a hospital based palliative care team is limited and ends when the hospital stay is concluded.

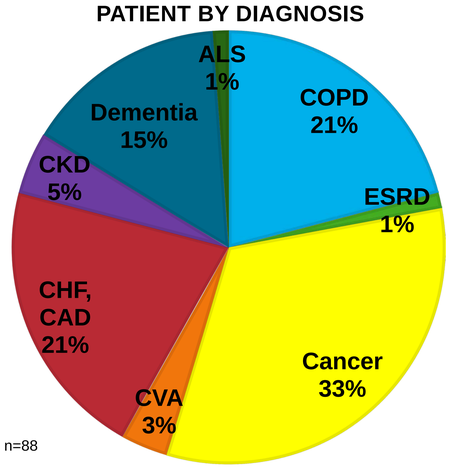
Home based palliative care can step in as the community arm to the hospital to ensure a continuum of care.

The goal of improved communication would be to support seamless transition for patients within the healthcare system.

Challenges

- The hospital system faces challenges that include, but are not limited to: coordination of care, resources and services, patient's habitual over-utilization of emergency services and compliance.
- Challenges for HBPC (home based palliative care) include finding resources to help serve an increasingly complex home bound patient population as well as finding an EMR that is tailored to the specific discipline to document the visits and generate reports.
- Current healthcare policy limits the reimbursement options for home based programs and as such Palliative Care continues to be a major cost center for partner organizations.
- Educating patients, families, and the healthcare community on the difference between Palliative Care, Hospice, and Home Health continues to be an uphill battle.

Demographics

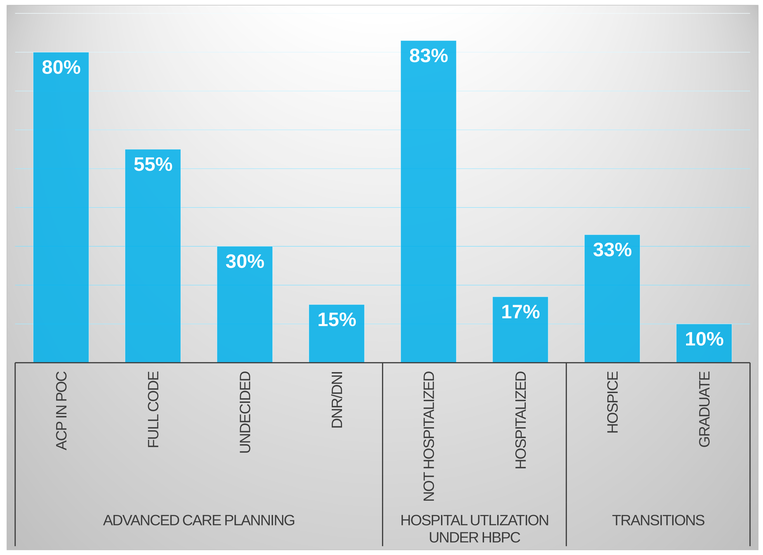


HBPC Staffing:

- 2 Medical Directors
- 3 Full Time, 3 Part Time, and 6 PRN Nurse Practitioners
- 2 Licensed Clinical Social Workers
- Administrative Staff: Director of Operations, Director of Marketing, 1 CMA Coordinator

With a diverse population of patients that could benefit from Palliative Care, these efforts and resources have been best utilized caring for those with advanced or life limiting illness. Serving over 700 patients program to date, the chart below details a sample of patients with outcomes featuring reduced hospitalizations, advanced care planning, and meaningful transitions.

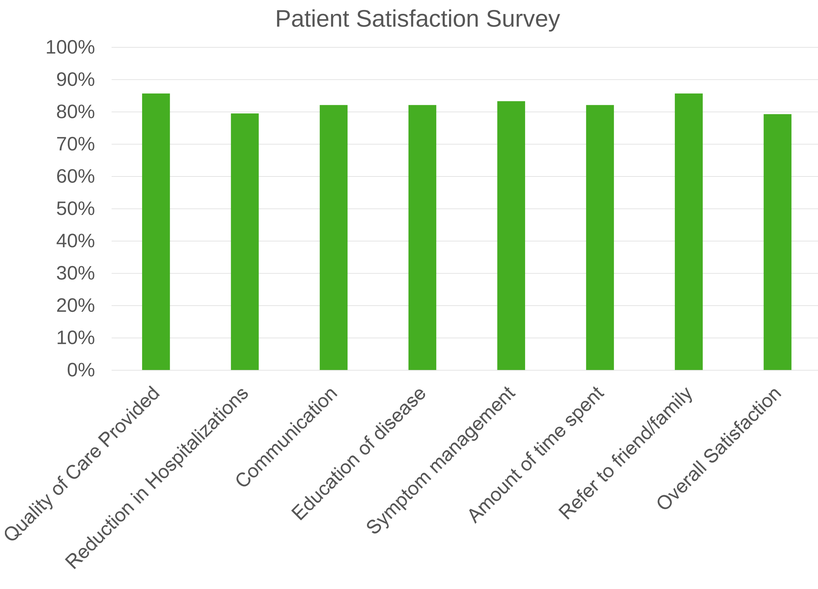
Patient Outcomes



Interventions

- Establishing a home based palliative care provider and leveraging their network of supportive services to increase efficiency.
- Coordinating care, education, and compliance through communication between the acute care setting and HBPC team.
- Providing timely care transitions by relying on the HBPC team to engage the patients with meaningful discussions about advanced care planning, disease progression, and end of life preferences.
- Creating an individualized plan of care that meets the needs of the patient that align with the care plan developed by the hospital.
- Improving outcomes by reducing unnecessary hospitalizations and shifting the focus of care from the disease to the person living with advanced illness.
- Closing the loop with the hospitals by providing chart notes on mutual patients and a 'Snapshot,' showing outcomes, patient by diagnosis, and satisfaction survey completed by patients receiving care from HBPC.

Patient and Hospital Satisfaction



Hospital Satisfaction Survey

Hospital systems surveyed reported a 93% overall satisfaction with the care provided by HBPC. Feedback reports quick turn around time, efficient communication, and education given to healthcare professionals and patient/family alike.

Conclusion

True collaboration between home based palliative care programs and hospital systems has shown to have a measurable impact that is threefold. Improved patient/family satisfaction due to increased support, advanced care planning, and enhanced quality of life that reflects the values and beliefs of the patient and their loved ones.

Increased education on palliative care services that translates into expanding access to services both within the hospital and in the community.

Reduced utilization of high cost interventions, ED visits and ICU stays. Continuing ongoing discussions on disease progression, improved communication with healthcare partners, and seamless care transitions- all of which translates into reduced healthcare costs.

QR Code