

Redesigning the Role of the Palliative Care Team to Expand Services

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The organization identified end-of-life care as a priority. The Palliative Care Provider Team (PCPT) was expanded and roles redesigned to include attending role for inpatient palliative care and hospice patients.

Objectives

Optimize Palliative Encounters

In one year:

- Palliative consults increased by over 60%
- Follow up visits increased by over 200%
- Billing was implemented for provider encounters

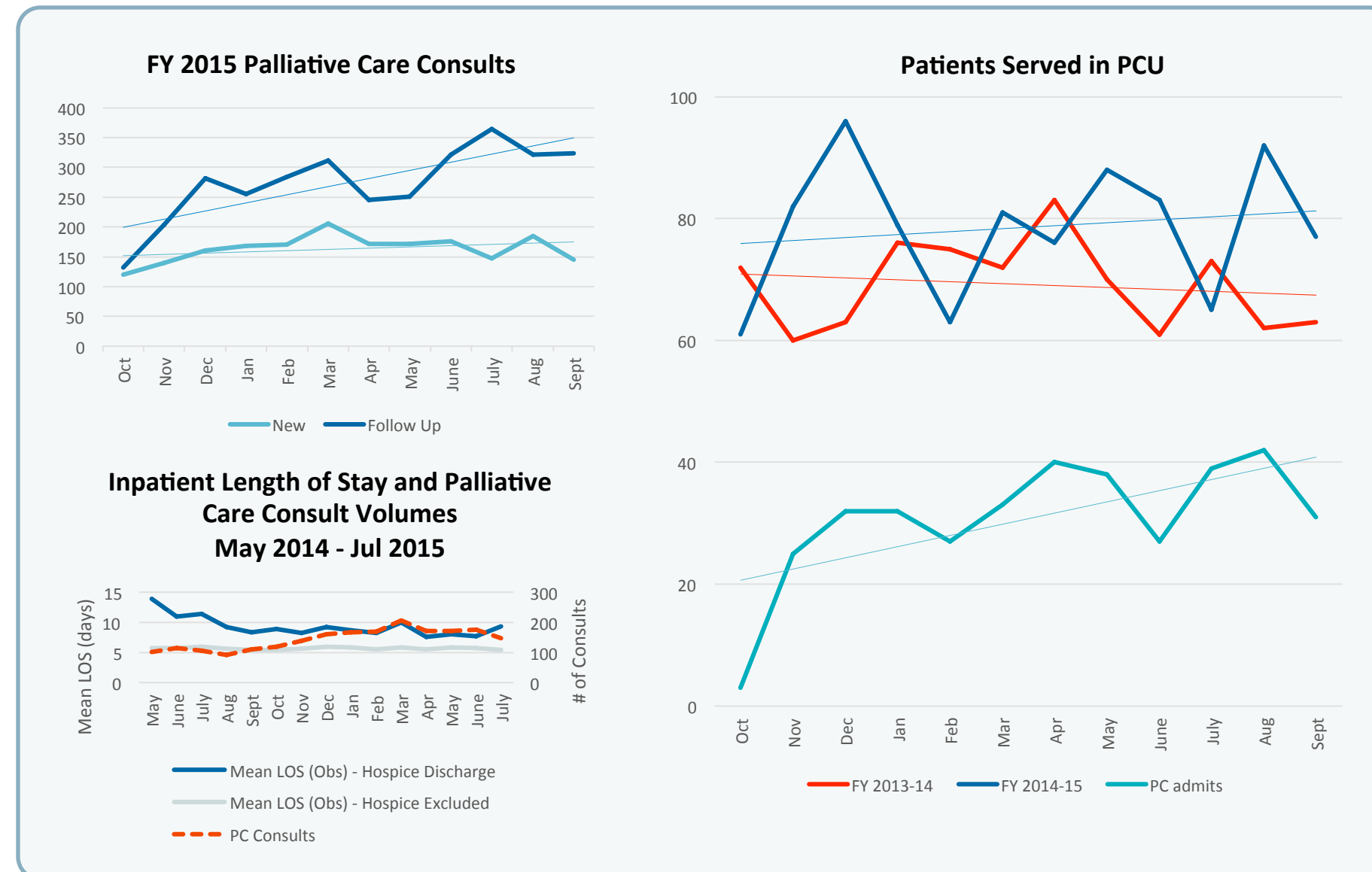
Increase Palliative Appropriate Admissions/Transfers to the Palliative Care Unit (PCU)

In one year:

- Patients served in the PCU increased by 50%
- PCU deaths increased by 60%
- ICU/IU deaths decreased by 14%
- ED admits to PCU incrementally increased

Create Interdisciplinary Team

- Medical Director role established with oversight of the PCU and Inpatient Hospice
- Palliative Care Provider Team implemented for ICU, ED, and Oncology patients
- Weekly team meetings with Medical Director, PCPT, nursing, case management, chaplain, and volunteers
- Decreased length of stay for patients with palliative care interventions



Next Steps

- Expand inpatient and outpatient palliative care services in medical center and regional hospitals
- Evaluate capacity of current team and need for additional resources
- Evaluate fiscal impact of palliative care service in opportunity costs, avoidance cost and backfill revenues
- Advocate and educate for timely consults and incorporation of palliative care for patients exploring curative care
- Collaborate with home health agencies and other community partners to identify high mortality risk patients and offer home hospice option



Individual Patient Room

Dedicated 18 bed Palliative Care Unit in 909 bed medical center



Palliative Care Courtyard

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