A Primary Palliative Care Pathway for Hospital Medicine

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TOPIC

Integration of palliative care to specific setting: Hospital medical ward

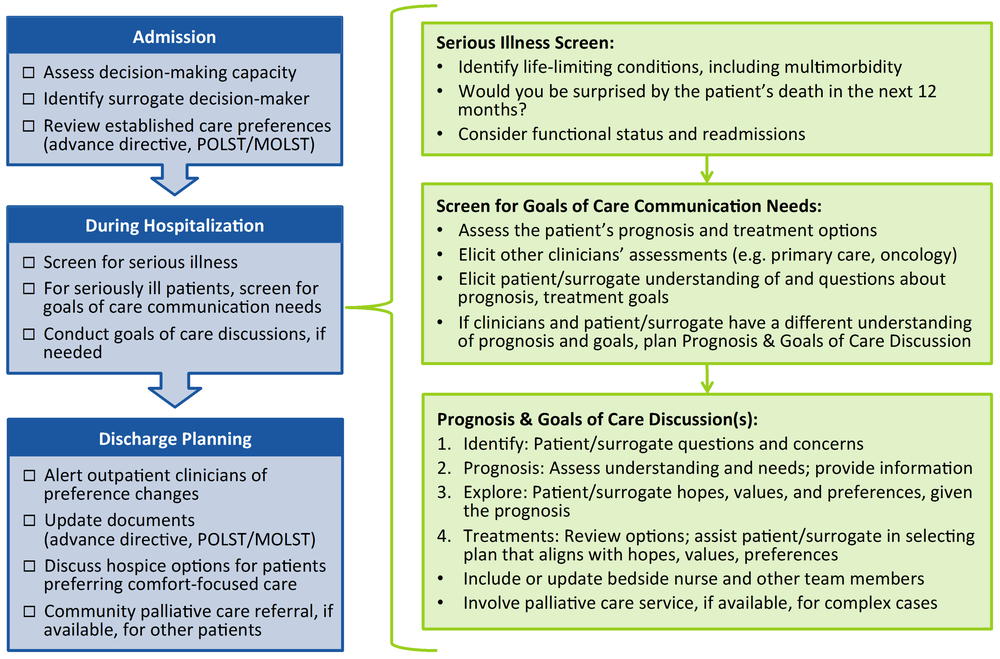
BACKGROUND

- Most Americans who are diagnosed with a serious illness are hospitalized in the last months of their lives
- Hospitalizations often occur at turning points in an illness trajectory, when palliative care needs are high
- The size of the palliative care specialist workforce is inadequate to address the needs of all seriously ill patients
- When most Americans are hospitalized, their care is directed by a hospitalist physician
- For hospitalists to be effective palliative care providers, models are needed that integrate palliative care processes into their work

METHODS

- The project was conducted with the goal of integrating *The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life* into practice
- In July 2015, we convened a national stakeholder meeting on "Improving End-of-Life Care in the Hospital," to create a concept map of palliative care in hospitalist clinical work, including themes, priorities, and challenges
- Goals of care communication was identified as a central palliative care role for hospitalists
- An interdisciplinary expert panel of hospitalist and palliative care physicians, nurses, and health care ethicists collaborated to design a goals of care pathway for hospitalists

CARE PATHWAY FOR HOSPITALISTS AND HOSPITAL TEAMS TO ADDRESS GOALS OF CARE



HOSPITALISTS, THE SOCIETY OF HOSPITAL MEDICINE, AND MENTORED IMPLEMENTATION

- **Hospitalists** are generalist physicians whose clinical focus is the care of hospitalized patients
- Hospital medicine is the fastest-growing medical specialty in the US with 50,000 hospitalist physicians, 80% of whom work in community hospitals
- In addition to clinical care, hospitalists focus on optimizing hospital quality and safety, and research demonstrates that their work has improved patient outcomes and health care utilization
- Palliative care, including goals of care communication, is a core competency for hospitalists, yet systematic efforts have not focused on improving palliative care provided by hospitalists
- The **Society of Hospital Medicine (SHM)** is the professional society for hospitalists
- **Mentored Implementation (MI)** is an award-winning framework that SHM developed to support hospitals and hospitalists in translating safety and quality targets into practice. The framework includes:
  1. Hospital self-assessment
  2. Face-to face training
  3. Systems approach, guided continuous improvement
  4. Individual physician mentoring
  5. Learning community supported by a resource center, listserv, webinars

ABOUT THE CARE PATHWAY

The pathway:

- Builds on palliative care research and communication tools, professional ethical consensus, and insights from patient safety and quality improvement
- Supports hospitalists in processes that ensure that patients' hospital and post-hospital care are aligned with their preferences
- Includes professional standards for clinicians, structural supports for practice change, and the leadership case for change

NEXT STEPS

SHM and The Hastings Center will share, promote, and evaluate the hospitalist goals of care pathway and implementation tools through:

- A publicly available quality improvement Resource Room on the SHM website, launching in Fall 2016
- A Mentored Implementation program, which will include evaluation of the impact of pathway implementation on goals of care process measures and patient outcomes

References

1. Berlinger N, Jennings B, Wolf S. *The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life.* New York, New York: Oxford University Press; 2013.
2. The Dartmouth Atlas of Health Care. Percent of Medicare decedents hospitalized at least once during the last six months of life 2011; http://www.dartmouthatlas.org/data/table.aspx?ind=133. Accessed May 6, 2016.
3. Hua MS, Li G, Blinderman CD, Wunsch H. Estimates of the Need for Palliative Care Consultation across United States Intensive Care Units Using a Trigger-based Model. Am J Respir Crit Care Med. 2014;189:428-436.
4. Wachter RM, Goldman L. Zero to 50,000 – The 20th Anniversary of the Hospitalist. NEJM 2016;375:1009-1011.
5. Quill TE, Abernethy AP. Generalist plus Specialist Palliative Care — Creating a More Sustainable Model. NEJM 2013;368:1173-1175.
6. Wolf SM, Berlinger N, Jennings B. 40 Years of Work on End-of-Life Care – From Patients' Rights to Systemic Reform. NEJM; 2015;372:678-82.
7. Li J, Hinami K, Hansen LO, Maynard G, Budnitz T, Williams MV. The physician mentored implementation model: A promising quality improvement framework for health care change. Acad Med. 2015;90:303-310.

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