

# STAFFING MODEL: WHEN ONE IS NOT A LONELY NUMBER!

## HOUSTON METHODIST ST. JOHN HOSPITAL

### PALLIATIVE CARE PROGRAM

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## INTRODUCTION

In 2007, our system was tasked to start an interdisciplinary Palliative Care team to assist patients in chronic disease management. Houston Methodist St. John's Palliative Care Program was implemented in FY 2008 as a means of achieving balance in end-of-life care and helping seriously ill patients find peace and dignity between the extremes of too little and too much care. We were the first community hospital to create a Palliative Care Program in our area!

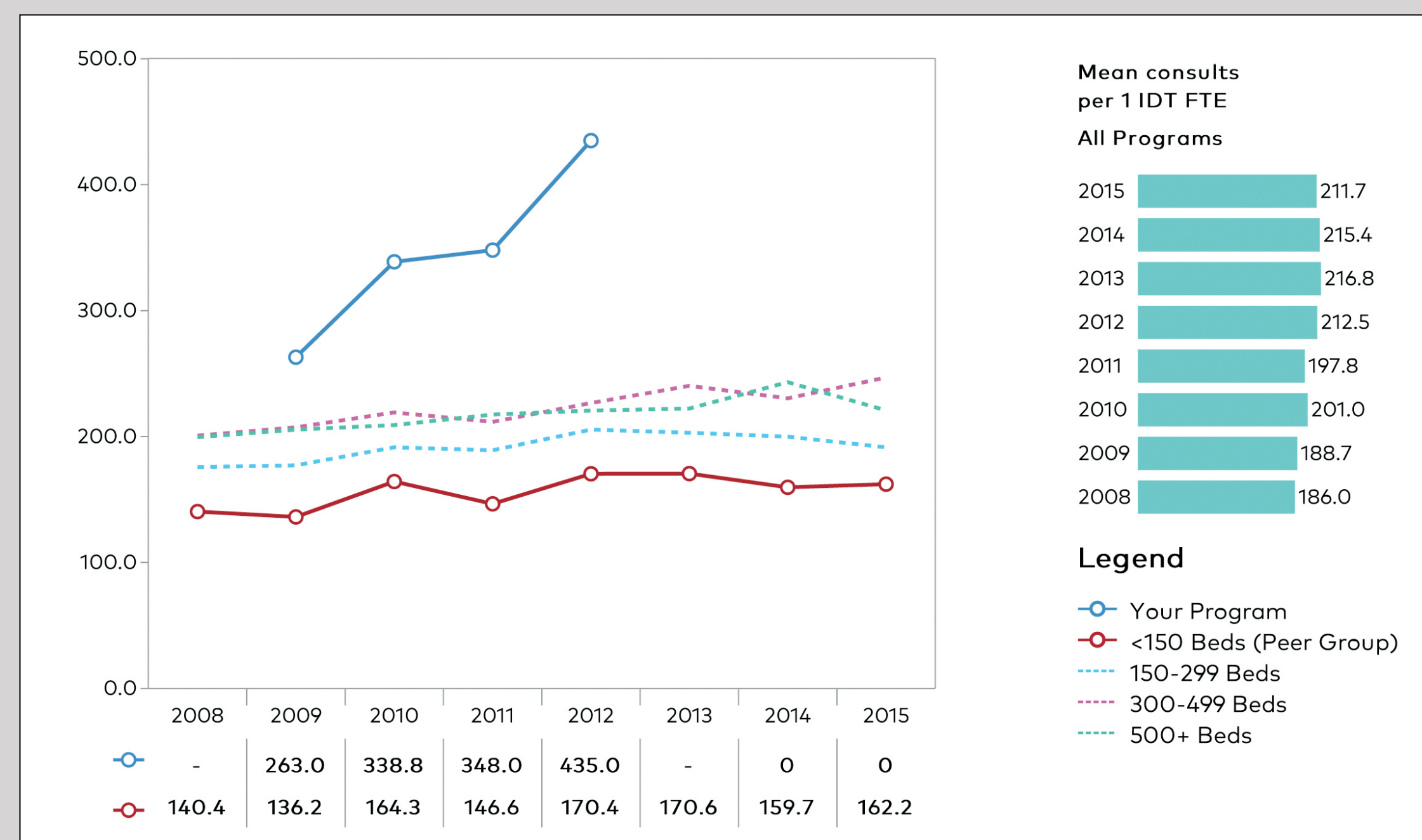
## GETTING STARTED: HOW DO YOU DO THIS?

1. Administration must believe and back the team 100%. (Our Administration assisted with team choices, personally inviting them to join. Attended meetings regularly offering praise and support).
2. Choose a leader that is well respected with Physicians, Nurses and Ancillary staff. (HMSTJ chose a RN with organization longevity and 16 years of experience in education, intensive care, and community relations. Strong relationships with nursing staff, hospitalists, critical care/pulmonary physicians).
3. Provide leader with adequate Palliative Care education. (Our Leader went to ELNEC Train the Trainer).
4. Create a team of experts using criteria of strong alliance to the organization. Remember this team will be vital for recognizing potential patients in need of Palliative Care and be willing to consult on patients with needs in their expertise.

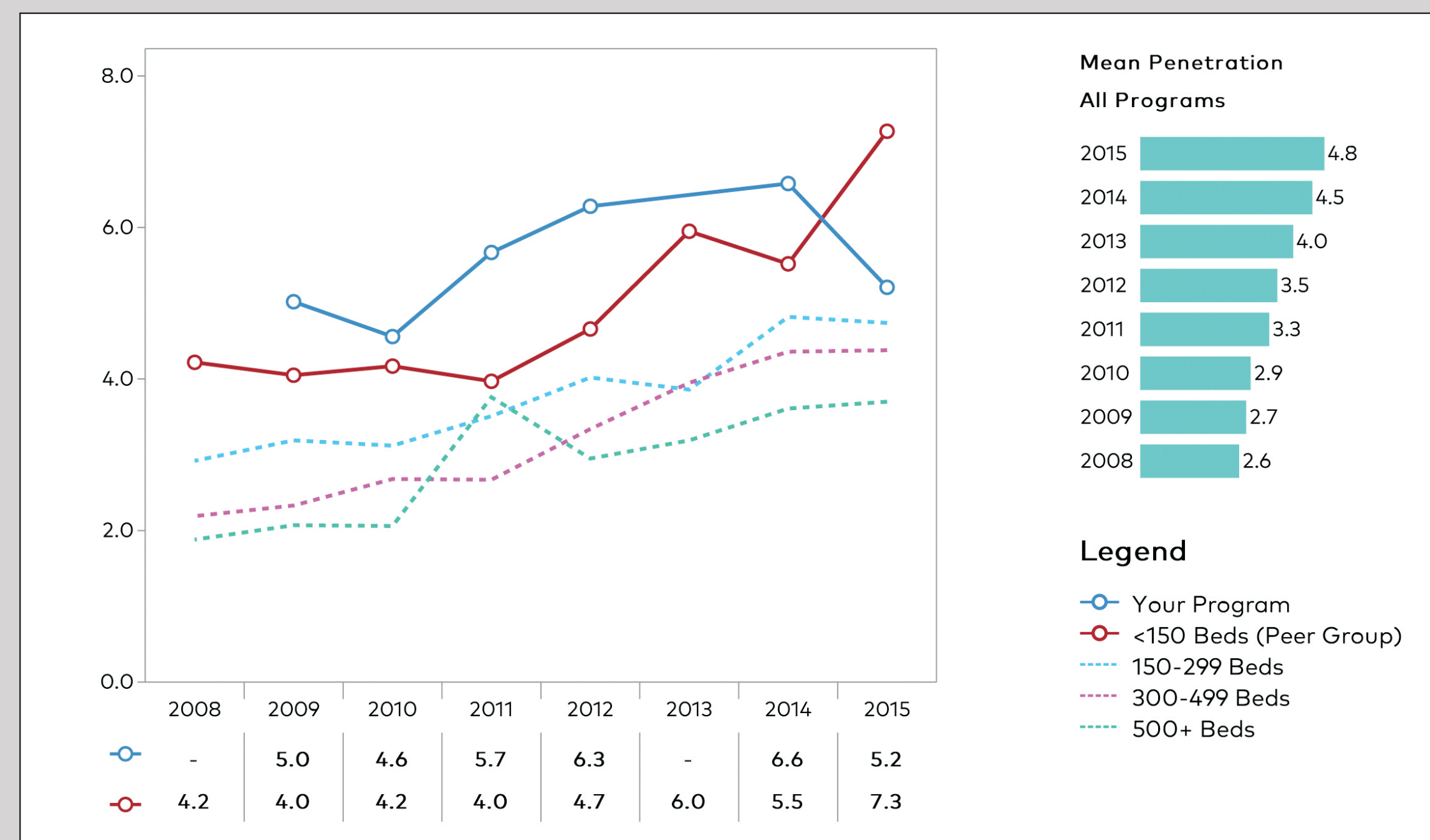
## SUMMARY

Our Program has been in operation for almost 10 years! This team started with .33 of a person and increased to one FTE with dedicated hours to the Palliative Care program. A department of two, both employees carry a Palliative Care load, as well wear many other hats in our community hospital of 136 beds. We have two original team members and still have representation from all the disciplines we started with. The team is engaged and works for the greater good of our patients. Although there has been physician turnover, the palliative care culture has been established and supported by many new faces. The passion that working in the Palliative

## CONSULTS PER INTERDISCIPLINARY TEAM FTE



## PALLIATIVE CARE SERVICE PENETRATION BY BED SIZE BY YEAR



## THE TEAM SPEAKS

**Palliative Care Physician:** As an oncologist, I find the palliative care team at Methodist St. John to be an invaluable resource. The ability to have emotional and spiritual support from the onset of diagnosis is a blessing. Not to mention that numerous studies have confirmed prolonged survival when palliative care is initiated early in treatment. Thanks to the team, I feel my patients and their families are getting the best care possible. ~ Dr. John Knecht

**Speech Therapist:** The addition of the Speech Language Pathologist (SLP) to the Palliative Care team seemed to be a natural extension of the services provided by that professional. Consideration of the ability to communicate wishes regarding care, and to ask questions that lead to a better understanding for those facing critical or progressive illnesses or disease processes, is especially important. The SLP's role in maximizing the patient's ability to communicate and comprehend that information is vital. Additionally, discussions regarding enteral feeding often involve the SLP early on in the decision making process. With specific training in Palliative Care and mentoring by the program director, the SLP became an integral part of the program, providing patients and their families with information, advocacy and community resources. Following patients throughout a hospital stay for individualized therapy or indirect services in the form of ongoing education, allowed the SLP to help cover the load in this small community hospital along with the Director and Chaplain. Incorporation of Palliative Care into the daily visits with patients became almost second nature. Physicians began to recognize and respect the role of the SLP in Palliative Care, and the daily presence of the SLP on the hospital units facilitated referrals and communication among staff regarding patients' needs, leading to the involvement of other allied health professionals. A small community hospital with limited dedicated resources can and did grow under the strong leadership and mentoring of the Director with the simple addition of a SLP to the team. ~ Lori Trainello

## HOW DO YOU SUSTAIN THIS TODAY???

1. Keep a core team similar to above.... Continued education on the benefits of Palliative Care to our Patients, Families, Physicians and Facility
2. Education on Palliative Care to nursing staff during hospital orientation
3. Education to Physician Committees and one-on-one every chance you get
4. Develop relationships with outpatient palliative care, home health and hospices
5. Attend and speak at community events
6. Advertise your program in hospital and patient guides with contact information
7. Attend interdisciplinary rounds for Palliative Care candidates
8. Track your data with the Center to Advance Palliative Care Registry and highlight your progress with administration, physicians, and team members. Share data often and with many.
9. Help remove the stress off of physicians, particularly with family communication, and your consults will multiply.
10. Stay Educated on symptom management and resources.... You need primary care MD support for your knowledge base. They will follow your lead with proven successes. They remain your Palliative Care Physician in many instances during the patient's stay.

Care realm and the acceptance of the value of Palliative Care in your facility gives you professional and personnel satisfaction. One is enough but getting emotional support for those rough days a good support team is vital. My longevity with this hospital I found support with my Palliative Care team, the nurses I work with, physicians on the case feeling that same burden and my family at home.

One of my favorite milestones of our program is when one of our Critical Care Specialists early on went to our competitor and wrote an order for Palliative Care. The case-manager told him we do not have a Palliative Care program and he told them "you need one".