INTEGRATION OF PALLIATIVE CARE IN MULTIPLE PATIENT CARE SETTINGS

PALLIATIVE CARE WHEREVER THE PATIENT IS.....EVERYWHERE!
Providing Palliative Care in Multiple Patient Care Settings from ER to Home
Mercy Regional Medical Center, Durango, CO

Overview
The concept of providing Palliative Care in multiple patient care settings from ER to ICU to Med Surg, then to Rehab and Skilled Care, Specialty Clinics and Finally Home. A small in-patient program grew quickly to a robust community based non-profit Palliative Care Program in Rural SW Colorado.

Purpose & Objectives

The Ultimate Goal: Bringing Palliative Care to Patients Wherever They Are

Flexibility in Sites of Care Delivery
The Patient Experience is Enhanced by Providing the Palliative Consult Where the Patient is Residing.

Critical Success Factors

- Local staff with strong community connections to sites of care
- Leadership actions that support the Palliative Care Program
- Building relationships with internal and external providers. How?
  - Influence decisions made within the hospital
  - Foster a culture change in end of life care
  - Challenge providers to be Palliative Care Providers
- Utilize the strengths of existing provider roles in End of Life Care
- Clinical competence of the Palliative Care Team
- Ensure that every provider knows they make a difference and contribute to the mission of the organization
- Flexibility of staff is key to delivery of care at multiple sites.
- Shared costs of the program between the hospital and home care
- Team building with MSW, Case Managers, and Chaplain staff
- Integrating Palliative Care with the Providers at the Regional Sites

Facility Profile & Facts

Founded in 1882 by the Sisters of Mercy, Mercy Regional Medical Center has grown to be Southwest Colorado’s largest and most technologically advanced Hospital.
- 82-beds
- Level III trauma center
- 151 board-certified physicians
- 44 medical specialties and sub-specialties
- 800+ full and part-time employees (one of the largest employers in the area)

How We Did It

1. Developed a plan to expand Palliative Care to Rural SW Colorado
   1. Use the Centura Health Model
      What are the goals?
      - Increase hospice length of stay
      - Reduce readmission rates to hospital
      - Provide excellent patient centered care
   2. Implement
      How will you know if you are successful?
      - Study demographics
      - Review metrics on readmits
      - Increased days on hospice and census
   3. Listen to Feedback
      What are the changes needed to make the program successful?
      - Provide and Facility surveys
      - Downstream/upstream revenue
      - Develop strategies to improve

2. Strategies

   Engage the Doctors- Consistent availability in the hospital to review appropriate cases and attend team meetings. Site visits to Community with education on Palliative Care.
   Provide excellent follow-up- Focus on increased referrals while giving feedback to referral sources

2. Actions

   1. Create “Mission Opportunities” Reflect on the mission of the organization while making patient care decisions
   2. Increase Visibility of Palliative Care Providers
      Hospital meetings, rounding, employee education, attend department meetings, community education
   3. Recognize Physician Champions
      Celebrate successes and achievements with those that make you successful
   4. Clearly Communicate “What is Palliative Care?”
      Define the scope of care provided and emphasize it is more than “end of life” care
   3. Resolve Conflicts with Positive Solutions
      Implement problem solving at the time of conflict
   4. Improve Communication
      Increase frequency of employee education, just-in-time training opportunities, don’t take for granted that employees know what Palliative Care is

Our Team

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Carrie McConnel NP, Palliative Care Program Director, Centura Health
The Physicians, Nurse Practitioners, and Physician Assistants, Nurses and staff at Mercy Regional Medical Center, Mercy Home Health and Hospice of Mercy

Outcomes

Lessons Learned

Payor Mix

Palliative Care...
Bringing care to “Everywhere”

- Cultural change from “end of life care” to palliative care is possible but it takes thoughtful effort
- Plug-and-play programs may not work. Every organization is different
- Need to modify goals as challenges develop
- Communication and participation of all staff is essential
- It takes hard work and long hours
- Taking ownership of the growth and success of the program
- Making changes based on employee/provider feedback is crucial
- Listen to what the patients are saying, follow their goals
- Acute Care Rehospitalization rate less than 2%, FY 16