The Progression of Palliative Care in Rural Middle Tennessee

Background

MRMC is located in Columbia, Tennessee and is licensed for 255 acute care beds. MRMC is the largest hospital between Nashville, Tennessee and Huntsville, Alabama. MRMC serves a population of more than 250,000 people who live in rural settings. Since the integration of palliative care in 2014, the palliative care team has received more than 2,500 inpatient consults with an average of 80 new consults a month and has added an additional registered nurse to the team. The palliative care team at MRMC is a nurse led program working under the supervision of two palliative care certified physicians. The team also has access to the hospital chaplain and hospital social workers to assist with psychosocial and spiritual needs identified during a consult. The palliative care team is supported in the community by three community-based palliative care providers: Aspire, Compassus and Willowbrook.

Purpose

Provide a consistent, aligned approach to deliver palliative care services to patients living in rural Middle Tennessee through the integrated efforts of Maury Regional Medical Center (MRMC’s) palliative care team and health care leaders within the communities served. The team promotes care that is empathetic, understanding and compassionate.

Action Plan for Challenges/Gap

1. Palliative care team to provide continuing education to primary care physicians and local physician groups to explain palliative care
2. Palliative care team has goal to attend seminar/class to provide tools to prevent burn-out.
3. Palliative care to meet with senior leadership to present needs for team expansion
4. Provide healthcare providers with data to support benefits to patients and their loved ones through palliative care services
5. Work with community based palliative care providers to find innovative ways to reach underserved communities.
6. Encourage community-based palliative care providers to work together to develop a standardized work that promotes care that is consistent

Challenges/Gap

1. Lack of knowledge by healthcare professionals regarding palliative care versus hospice care
2. Palliative care team burn-out/resilience
3. Need for designated team members
4. Physician Buy-in
5. Outlying service area with limited resources to palliative care
6. No standardized definition of community partners: Home health model versus Hospice model

Successes

1. Increasing support from oncology group
2. Community-wide advance care planning initiative
3. COPD Taskforce collaboration with MRMC and Compassus to assist high-risk patients with symptom management and decrease in 30 day readmission rates
4. Hospitalist and Intensivist support
5. New palliative care nurse navigator added to team
6. Consult volume increase
7. Chaplain provides spiritual support and grief support at cancer center

Chart - Palliative care consults FY 16 vs FY 17

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