

CIRCLE OF LIFE AWARD WINNER

PALLIATIVE CARE

WESTERN CONNECTICUT HEALTH NETWORK

ABOUT US

Our mission is to integrate the principles of palliative care in the management of the seriously ill across our healthcare delivery system that fulfills the quadruple aim – high quality; better patient experience; lower cost; and caregiver support.

Our vision is that palliative care is the standard of care for serious illness across care settings.

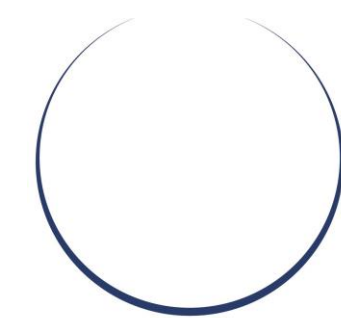
Western Connecticut’s palliative care program gained The Joint Commission certification in 2014 and shares its expertise with other hospitals in Connecticut, also participating in a statewide initiative to promote patient-directed care strategies for people with serious illness.

Over the past decade, Western Connecticut’s palliative care program has grown from a small team serving Danbury Hospital to reaching patients across the system’s continuum of care, including home care, nursing home, cancer center outpatient, and in the offices of primary care physicians and pulmonologists.

The strategic plan is to move into population health management. A review of the Medicare Shared Savings Program demonstrated a savings of up to \$10,000 in patients who were seen by the palliative care team.



The Joint Commission



CIRCLE of LIFE®

OUR TEAM

- Damanjeet Chaubey, MD, MPH – Medical Director
- Karen Mulvihill, DNP, APRN – Network Director
- Julie Langton – Administrative Coordinator
- Bernadene Lawrence-Phillip, APRN
- Elisabeth Henry, APRN
- Julia MacMillan, APRN
- Neelam Narula, APRN
- Iris Nagin, APRN
- Eve Block, MD
- Vijay V. Desai, MD, MBA
- Jeanine Famiglietti, MD
- Jo-Ann Maroto-Soltis, MD
- Richard Lamkin, PA
- Nancy Chiaia, LCSW
- Jordan Nichols, LCSW
- Chaplain Lynn Crager, MSN
- Spiritual Care Team



we know you **well** SM

INNOVATION

CARE DECISION FOR SERIOUS ILLNESS

“What matters” to the Patient and Family – Conversation guide to elicit patient’s understanding and values

1. What is your understanding now of where you are with your illness?
2. How much information about what is likely to be ahead with your illness would you like to have?
3. If your health situation worsens, what are your most important goals?
4. What are your biggest fears and worries about the future with your health?
5. What abilities are so critical to your life that you cannot imagine living without them?
6. If you become sicker, how much are you willing to go through for the possibility of gaining more time?
7. How much does your proxy and family know about your priorities and wishes?

<https://www.talkaboutwhatmatters.org/documents/Providers/PSJH-Serious-Illness-Conversation-Guide.pdf>

HOME VISIT PROGRAM

Criteria for accepting patients for the Palliative at Home Program

- Patient has an established and current relationship with a WCMG Provider (PCP and/or specialist)
- Patient meets the following criteria:
 - Elderly, frail, declining, homebound and unable to make office visits
 - Non-elderly with serious advanced illness, mostly homebound
- Patient must have a care navigator and/or home care service involved

COMMUNITY PRACTICE

- Outpatient Oncology
- 6 Nursing Facilities
- 2 Primary Care Offices
- Pulmonary Specialty Office
- Home Visit Program

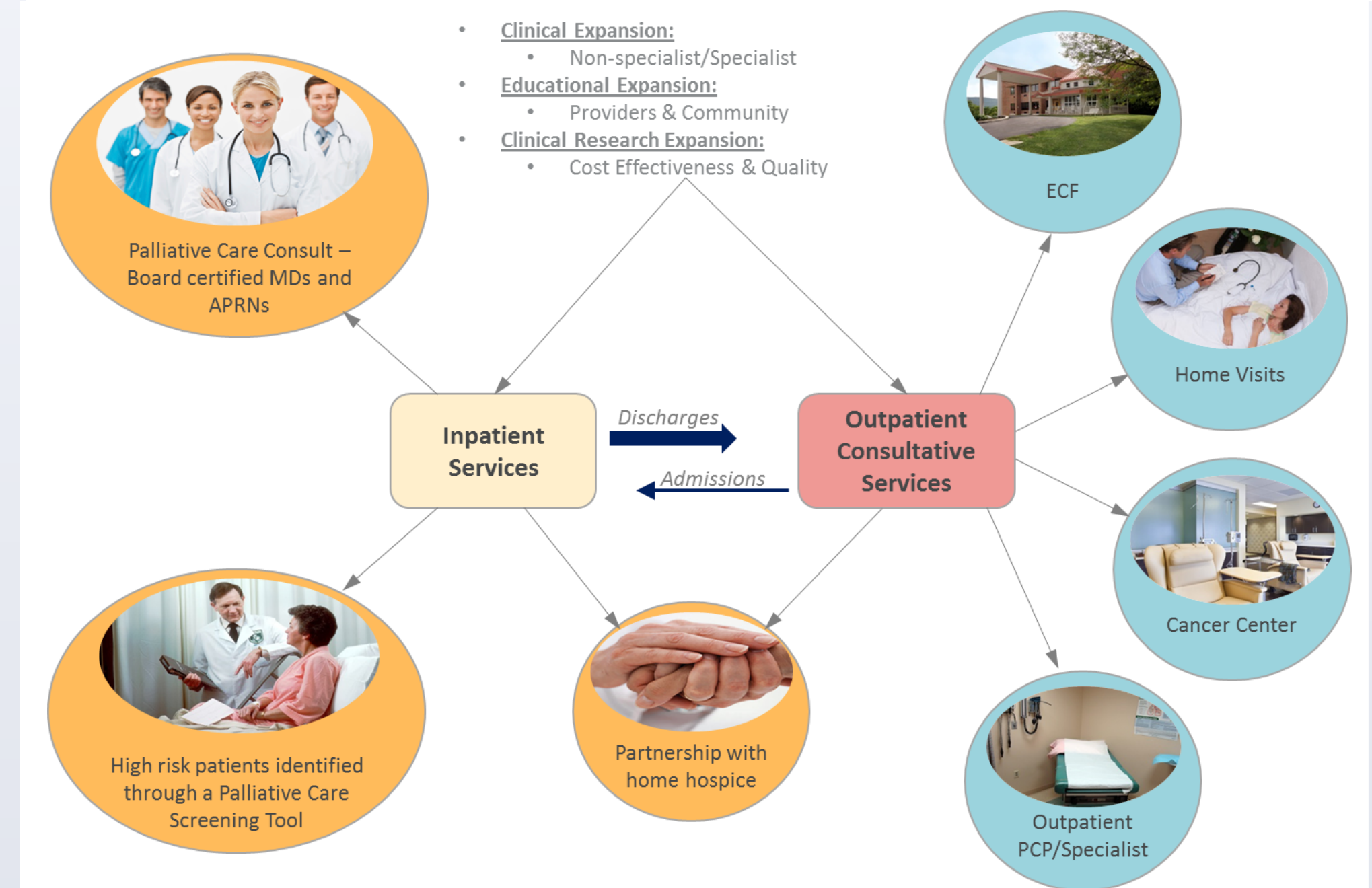
AUTOMATIC REFERRAL PROCESS

PALLIATIVE CARE SCREENING TOOL

Criteria – Please consider the following criteria when determining the palliative care score of this patient		
1. Basic Disease Conditions (select all that apply)		
a. Cancer (Metastatic or Recurrent)	e. Advanced Cardiac disease (for example: severe cardiomyopathy, CHF, ischemic heart disease) with symptoms at rest	SCORING Score 2 Points EACH
b. Advanced lung disease oxygen dependent (such as COPD or interstitial lung disease)	f. Other chronic progressive illness (for example: advanced dementia, advanced Parkinson’s)	
c. Stroke with significant functional limitations and/or swallowing dysfunction	g. Failure to thrive/debility, malnutrition with BMI <16	
d. End Stage Renal Disease (on dialysis)	h. Advanced cirrhosis with altered mental status	
2. Other Co-Morbid Conditions (select all that apply)		
a. Any other medical conditions (i.e. liver disease, renal disease, COPD, CHF, diabetes, other neurological diseases)		SCORING Score 1 Point EACH
b. Has unacceptable level of pain > 24 hours with or without treatment		
c. Has uncontrolled symptoms (nausea/vomiting) with or without treatment		
d. Has profound depression with or without treatment		
3. Grade Scale for Functional Status		
Self-care or ADLs equals eating, bathing, dressing, toileting, transferring and walking independently		
a. Fully active, able to carry on all pre-disease activities without any limitations to perform ADLs (self-care)		Score 0
b. Limited activity; confined to bed or chair more than 50% of waking hours; requires assistance with 1 ADL (self-care)		Score 2
c. Completely disabled; totally confined to bed or chair; requires assistance with more than 1 ADLs (self-care)		Score 3
4. Utilization		
The Patient:		
a. Has frequent visits to ER > 1 x month same diagnosis		Score 1 Point EACH
b. Has more than one hospital admissions for same diagnosis in last 30 days		
c. Nursing home resident		
d. Admission to ICU		
e. Prolonged hospitalization with poor prognosis		
TOTAL SCORE		
SCORING GUIDELINES:		
TOTAL SCORE = 2 No intervention needed		
TOTAL SCORE = 3-5 Observation only and rescreen		
TOTAL SCORE = 6-7 Consider Palliative Care Consults (requires physician order)		
TOTAL SCORE = >8 Order Palliative Care Consult		

INNOVATION

PALLIATIVE CARE PROGRAM



EDUCATION AND RESEARCH

Generalist Palliative care Education and Training:

- Conferences: 222 attendees-110 WCMG (MD’s PA’s APRN’s)
- Hospitalist Education-EPEC and CAPC communication modules
- Resident Education – Simulation Lab with Standardized patient, Capstone Project
- Nursing Education- 200 ELNEC and 36 Train the Trainor Program

Community Education

- Conversation project – 500 community members
- “Legalities and Realities” for staff and community members

3 IRB approved studies-accepted for publication

Presentation at National Conferences

GOLDSTONE CAREGIVER CENTER

The program works closely with spiritual caregivers/social workers at Danbury Hospital’s Goldstone Caregiver Center to deliver care that is culturally and spiritually sensitive.

The Center’s staff also provides a comfortable healing environment for families to receive emotional support. Hospital visitors can meet with a licensed clinical social worker, spiritual leader, or other members of the health care team to find welcome guidance and relief.