Growing a Culture of Palliative Care Across Healthcare Settings

7th Annual Hospice & Palliative Care Conference
St. Anselm College - March 5, 2020

Jennifer Powers, MHA, CHPCA
Agata Marszalek, MD

Disclosure Statement

We do not have any relevant financial relationships with any commercial interests

* Agata Marszalek, MD - Director, Palliative Medicine
* Jennifer Powers, MHA, CHPCA - Manager, Supportive & Palliative Care

Objectives

1. Define palliative care and the interdisciplinary team
2. Provide an overview of WDH and our philosophy of care
3. Outline palliative care program development at WDH
4. Describe palliative care expansion at WDH
5. Demonstrate the value of palliative care at WDH
6. Review steps to sustain the program and team health

Objective 1
Definition of palliative care and the interdisciplinary team

Language Matters

Language, definition, and messaging make a big difference in attitude towards palliative care

Why getting the message straight is critical to improving access to palliative care

- How we talk about palliative care influences perceptions about palliative care
- Attitudes become significantly more favorable as people are educated
- The more educated consumers become, the more likely they are to say they would consider palliative care for themselves or a loved one
Definition of Palliative Care

Palliative care is specialized medical care for people living with serious illness. It is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Interdisciplinary team: MD, APRN, PA, RN, Social Worker, Chaplain, PT/OT, Pharmacist, Dietician

Palliative Care is not Hospice

<table>
<thead>
<tr>
<th>Palliative Care</th>
<th>Hospice Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not dependent on prognosis</td>
<td>Dependent on prognosis</td>
</tr>
<tr>
<td>Addresses patient and family needs from diagnosis of a serious illness to death</td>
<td>Addresses patient and family needs 6 months prior to death, and provides bereavement up to 1 year after death</td>
</tr>
<tr>
<td>Services are provided in addition to other curative treatments</td>
<td>Services are provided for terminally ill patients who no longer seek curative treatment</td>
</tr>
</tbody>
</table>

What happens when we talk about palliative care and hospice in the same sentence?

“Palliative care and hospice support the patient and family during serious illness.”

Audience remembers palliative care and hospice

“Palliative care supports the best possible quality of life for patients and their families.”

Audience remembers palliative care and quality of life

Objective 2

Overview of Wentworth-Douglass Hospital and our philosophy of care

History of WDH

Wentworth-Douglass Hospital opened on August 30, 1906. It has grown to become a nationally recognized, not-for-profit charitable health care organization located in the Seacoast community of Dover, New Hampshire. We have a 114-year history of compassionate care and innovation.

- 500 nurses
- 400 providers
- 2,300 employees
Overview of WDH

- Accredited by The Joint Commission, 128 bed Magnet recognized hospital
- January 1, 2017 we became members of Massachusetts General Hospital and Partners Health Care System
- Seacoast Cancer Center on the hospital campus
- 36 outpatient primary & specialty care practices (Wentworth Health Partners)

“We Care” Philosophy at WDH

- Patient and family centered
- Focus on quality and good outcomes
- Goal is to provide access to the best specialized care close to home
- Continue to develop, grow and improve additional health care services to best serve the community

WDH Mission, Vision, Values and the Triple Aim

Objective 3
Palliative care program development at Wentworth-Douglass Hospital

Why did WDH invest in Palliative Care?

The benefits of palliative care are huge

- Improved patient experience
- Safer practices
- Reduced hospital days and patient spending due to advance care planning
- Less staff burnout
- Reduced unnecessary hospital utilization

Well-controlled symptoms mean fewer ED visits and hospital admissions

Individuals living with a serious illness – such as cancer, COPD, heart disease, frailty, or dementia – face heightened risk of unnecessary suffering, crisis hospitalization, and preventable spending.

Pilot Study

Michele’s RN graduate project

- Select patient care setting
- Form primary palliative care team (MD + RN)
- Provide education (formal, real-time)
- Screening tool
- Provide services to patients and families
Outcome of the pilot study

- Improved symptom management and reduced caregiver burden
- Matched treatment options to patient goals
- Improved patient and family satisfaction with their care
- Time devoted to intensive family meetings and counseling relieved burden on referring physicians’ time
- Developed momentum for the next step...

Patient testimonials

“Palliative care made this difficult time a lot easier for me to cope.”

“I cannot stress what a difference palliative care made in our lives — not only as a loving couple, but as a family unit.”

Program Start-Up

Step 1

System assessment

- Identify existing strengths within the hospital system that could benefit from a palliative care program through partnership, collaboration, and support
  First champions: Nurses, Hospitalists
- Meet with multiple stakeholders: Clinicians, Leadership, Board of Directors
  First champions: Chief Nursing Officer, Chief Medical Officer

Step 2

Needs assessment

- Identify areas of need to highlight where palliative care programs make the greatest contribution
  Expert symptom management
  Knowledge of patient priorities to improve function and quality of life
  Attention to physical and emotional distress
  Support for the primary medical provider and family caregivers

Making the clinical case

How we got buy-in for a palliative care program

Making the financial case

- Nearly 35% of hospital admissions are for patients with multiple chronic conditions
- Nearly 80% of ED visits and hospitalizations are due to exacerbations of preexisting conditions and chronic symptoms
- The sickest 10% of patients account for over 65% of total health care expenses
  This group is characterized not only by the presence of one or more serious medical illnesses, but also by functional dependency, cognitive impairment, frailty, and heavy reliance on family and other caregivers.
  Only 11% of them are in the last 12 months of life.

Objective 4

Palliative care program expansion at Wentworth-Douglass Hospital
Growth in Palliative Care by Region

Access to Palliative Care

Palliative Care Program Expansion at Wentworth-Douglass Hospital

The Interdisciplinary Team at WDH

Services Provided

Program Volumes
Objective 5
Demonstrating the value of palliative care at Wentworth-Douglass Hospital

The Importance of Measurement
Structure: What’s in place
What are the characteristics of our service: settings, team and staffing, training, coverage, etc.

Process: What gets done
What percentage of admissions do we see, which patients and services we work with, how often we assess for symptoms

Outcome: What’s achieved
What is the impact of our service on QOL, satisfaction, LOS, readmissions, hospice referrals

Our Portfolio of Metrics
- Total visits by setting
- Inpatient integration
- Stage IV lung cancer integration
- Documentation of quality metrics
- Patient and family satisfaction
- Referring provider satisfaction

Structure Metrics
Settings and Volumes

Quality Metrics
Measuring What Matters
Consensus recommendations from AAHPM and HPNA

Pain
Was the patient screened for pain within 24 hours of initial consult?
Did the patient receive a med or non-med treatment for pain within 24 hours?

Dyspnea
Was the patient screened for dyspnea during the initial consult?
Documented Plan of Care to manage dyspnea?

Nausea
Was the patient screened for nausea during the initial consult?
Documented plan of care to manage nausea

Constipation
Was patient screened for constipation during initial consult?
Documented Plan of Care to manage constipation

Discussion of Emotional or Psychosocial Needs
Screening for Spiritual Concerns
Target performance: ≥90% documentation of metrics - MET

Patient and Family Satisfaction Survey
Measuring the Patient Experience

Objective 6
Steps to sustain the program and team health

Population Health Initiative

Who should provide palliative care?
- Palliative Care Specialists: 60%
- PCPs and other non-palliative clinicians: 31%
- Other disciplines (Care Managers, SWs): 9%

Training of primary care physicians and Nurse Care Managers in primary palliative care
- Serious Illness Conversation Guide

Referring Provider Satisfaction Survey

Make Culture Change a Priority

Training of champions in primary palliative care
- Center to Advance Palliative Care (CAPC) – educational modules
- VitalTalk – training videos and resources
- End-of-Life Nursing Education Consortium (ELNEC) – in-person training
- WDH palliative care education programs
- S&PC Shadowing opportunities
- Nursing students
- Pharmacy residents
Primary palliative care training

Vital Talk  
https://www.vitaltalk.org/

Nurses and Nurse Care Managers  
Hospitalists  
Primary Care Providers

Primary palliative care training

https://www.vitaltalk.org/topics/conduct-a-family-conference/

The Power of a Palliative Care Team

Teambuilding
- Morning huddle
- Establishing team norms
- Cultivating positivity
  I’ll see it when I believe it (vs. I’ll believe it when I see it)
- Meyers-Briggs  
  Embracing diversity in the workplace

Attaining Certification
- Continuing education, networking

Work-life balance
- 4-day provider work week

References and Resources

Center to Advance Palliative Care (CAPC)  
https://www.capc.org/

Vital Talk  
https://www.vitaltalk.org/

Ariadne Labs  
https://www.ariadnelabs.org

American Academy of Hospice & Palliative Medicine (AAHPM)  
http://aahpm.org/

Hospice & Palliative Nurses Association  
https://advancingexpertcare.org/

Questions?

"We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being."

~Atul Gawande, Being Mortal

Thank you!