Transitions in Care
Implementation of a Cross-Continuum Palliative Care Program

Jane Pike Benton MS, RN

MetroWest Medical Center

MetroWest HomeCare & Hospice

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Saint Vincent Hospital

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at the right time
in the right care setting.

Palliative Care Program

Palliative Care Program

- Cross continuum (Hospice-Hospital) collaboration to shift the culture of our acute care facilities regarding approaches to chronic illnesses and end of life care

- Creation of a Steering Team to drive the project through creation of policies, processes and a communication plan

- Creation of a Palliative Care Team to provide consultation and to begin modeling 'the difficult conversation'.

Palliative Care Team

Membership includes:

Director of Hospice
Physician knowledgeable with palliative care
Psychiatrist
NP or Nurse knowledgeable with palliative care
Pain Resource Nurse
Hospice Nurse
Chaplain
Social Work
Pharmacist

Benefits of the Program as per NHPCO "Hospital – Hospice Partnerships in Palliative Care"

- Enhanced pain and symptom management
- Care concordant with patient-family preferences
- Improved patient and family satisfaction
- Reduced costs via shorter length of stay, decreased readmissions and less acute treatment ordering
- Earlier transition of care to Bridge or Hospice care

Financial Implications

- Palliative Care services are non-billable
- Financial benefit is directly related to the Palliative Care Team's ability to
  - reduce and/or eliminate unnecessary testing and procedures
  - utilize less expensive and more effective medications
  - reduce unavoidable readmission

Patients who are discharged average savings ~ $1696*

Patients who die in the hospital average savings ~ $4900*

Morrison et al published an article in The Archives of Internal Medicine 2008;168(16):1783-1790. "Cost Savings Associated with US Hospital Palliative Care Consultation Programs"

It's about how you live.