

“Collaborating with Community Partner’s for Palliative Care”



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Collaboration from within.....the starting point!

1. Referral made by Doctor, nurse, family, friend, whomever.
2. If referral not done by doctor, the doctor then decides if referral is appropriate or not.
3. Initial contact is made to Pt and home intake is set up.
4. Home intake is completed based on Pt wishes about treatment, initial assessments, ROI, and a care plan is developed.
5. Follow up telephonic assessments/check-in's per Pt request (usually weekly).
6. Prioritize symptoms and needs of Pt and family.
7. Provide ongoing support, referrals, education, and bereavement services to Pt and family.



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Internal Players

IDT meetings- scheduled bi-weekly. Meetings include many different professionals to sit down together and review patients current symptoms, treatment, and patient wishes.

Team includes- Doctors, nurses, pharmacist, mental health practitioner, volunteers, and social workers.

Helps to brainstorm best possible treatment for the patient and family.

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Community Collaboration- External players.

1. Financial Assistance

- Assist with County Benefits (LTCC, waivers, cash/food support, rental assistance, energy assistance, Legal Aid, LHS Customer Assistance Application)
- Explanations of insurance documents (Medicare, Medicaid,etc)
- Prescription Assistance Programs (needymeds, CDF, Partnership for Prescription Assistance, RX Assist, RX Hope,BenefitsCheckUp)
- Medical Equipment needs- Easter Seals and HERO
- Pharmaceutical Applications
- Prior Authorizations
- Social Security
- Budgeting and Money Management skills
- Organizing finances before death

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Community Collaboration

2. Supportive Services

- Mental Health
- Housing
- Hospice
- Home Care
- Public Health
- Lifeline
- Meals on Wheels
- Support groups
- Resource Hotlines
- Telephone Assistance Programs
- Respite Care
- HCD
- Transportation
- Disability Parking Certificates
- Vouchers



It's important to ensure that the patient and family are being connected to the appropriate agency's- otherwise patient's can feel discombobulated.

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Community Collaboration

3. Patient Advocate

- Remember the Pt is always the boss- they are the reason why we are here. They should be able to make the decisions in their own life and their voice should ALWAYS be heard.
- Provide the Pt with full understanding of their illness, symptoms, terminology, language interpretation, and provide education.
- Schedule family conferences
- Provide Comfort
- Provide resources available to them.
- Complete HCD/POLST

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Collaboration in the process

Building working relationships with agencies within the hospital and in the community.

Setting up informational and educational meetings with external to continue to build resources, working relationships, build rapport, and to be approachable and personable.

The development of agency wide bereavement to all family members of individuals who have died in our facility.

Volunteer Group Cast- telephonic tool to utilize an efficient way to get a hold of a volunteer for a Pt in need.

POLST- Provider Orders for Life Sustaining Treatment. Turning out to be a bigger project than what we anticipated.

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Barriers and Interventions

Barriers

- Language Barriers
- Limited Pt disclosure
- Stereotypes of a "social worker"
- Cognitive abilities
- Limited resources
- Service delivery
- Poverty Level
- TIME

Interventions

- Interpreters
- Listen to immediate needs
- Education to Pt and staff
- Include family/speak to HC providers
- Be resourceful
- Constantly be networking
- County Assistance
- Volunteers

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So what does this have to do with collaboration with community partners for Palliative Care?

Every referral made to a different agency we are communicating and networking for Palliative Care.

Resources are out there for a reason and when we collaborate with different agency's we are usually doing it with the shared goal of providing an important need to a Pt.

Educate yourself on what your community offers- contacting the county social services and asking if they have a list of resources they use is a great place to start. Then be sure to contact those agency's to introduce yourself and to familiarize yourself with the agency.

Talk and organize from within your own work setting about different resources people may already be using and then develop a resource booklet.

Utilize hotlines when you are unsure or collaborate with other hospital key contact people to use as a sounding board.

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So what does this have to do with collaboration with community partners for Palliative Care?

Remember no matter how big or small your service area is, collaborating with community agency's is crucial to ensure needs are truly being met.

Some Quotes I would like you to leave here thinking about.....

"To be successful you can't show up to the potluck with just a fork."

~ Dave Liniger

"What we need to do is learn to work in the system, by which I mean that everybody, every team, every platform, every division, every component is there not for individual competitive profit or recognition, but for contribution to the system as a whole on a win-win basis." - W. Edwards Deming (1900 - 1993), American

Statistician and Author

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The End

Questions or Comments please feel free to contact me.

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