


Palliative Care
Minnesota Rural Initiative


What's next?

Lyn Ceronsky GNP-BC, CHPCA
Director, Palliative Care
Fairview Health Services
lcerons1@fairview.org




Objectives

- Review goals and best practices for palliative care
- Describe models for palliative care in rural communities
- Identify key concepts in designing processes



What has changed since November?

- National scene
- Local attention to this project
- Opportunity to add technology
- Increased economic challenges
- ? Health care reform



What are the goals of palliative care?

- Pain and symptom management
- Psychosocial and spiritual support
- Information and support to make decisions reflecting goals and values
- Continuity of care

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Resources to guide your community plan

- Goals of palliative care (review definitions)
- Preferred practices for quality palliative care: Nat'l Quality Forum
- Resource list in your binder
 - Center to Advance Palliative Care
 - National Hospice and Palliative Care
 - Educational resources

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Steps for MN Rural Palliative Care Initiative

1. Needs assessment of your community
2. Identify 2-3 most pressing areas/targets
3. Refer to national standards to check alignment
4. Identify objectives, action steps, timeline
5. Determine realistic measures
6. Check back with stakeholders
7. Begin!

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Needs Assessment: Top 3 Issues

- What would patients and families identify?
- What would people in your community say?
- What would health care professionals say?
- What do you think?

(Your discussions and needs assessment may help answer these questions)



Examples of Data

- Patient and family satisfaction data
- Concerns identified by your staff
- Pain scores
- Nursing facility to hospital to nursing facility transfers; long LOS
- Lack of advance care planning
- Current quality initiatives that you can build on



Steps in Planning

- Needs assessment
- Develop goals (discussion guide)
- Objectives, Action steps, Timeline
- Measures (How will we know we are meeting our goals?)



Community Capacity Development Theory (CCDT)

- Communities tackle problems through collective problem solving
- Change happens by enhancing existing capacities
- Approach is strength based
- Requires leadership, broad participation, learning over time

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Concepts to consider

- Team or No Team
 - Even with a team, need processes of care
 - Processes are a great start
 - It is okay to start with improving processes, plan for a palliative care clinician in the future
 - Is generating revenue essential? If yes, need a MD/NP
 - It is fine to think about using current resources
 - It is fine to ask for more resources

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Concepts to consider


- Key Processes
 - Back to the NQF Preferred Practices
 - Goals of care discussions, documentation of patient wishes, identification of surrogate decision maker → biggest cost impact
 - Pain management—best symptom intervention
 - Transitions—research based practice

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Concepts to consider


- Transdisciplinary* approach and palliative care
 - Who can assess patient goals and values?
 - Who can assess pain?
 - Who can assess family coping, resources?
 - Would it be possible to think about a team care plan/process?

(* Also called co-management or interdisciplinary)



Concepts to consider


- Scope of Practice
 - Are you working at the “top of your license”?
 - If you were, what difference would that make?



Why we think this will work

- Communities know strengths, opportunities, weaknesses and threats
- Communities know culture best
- Core clinical palliative care processes:
 - pain management
 - developing process and skill in documenting goals of care discussions
 - coordinating care among settings

Diane Meier, MD quote: “if people understood how to manage pain and how to have discussions about goals of care, the volume of our work would decrease tremendously...”



What are other communities doing?

- A. Nurse placed in primary care clinics
focus is on frail elderly and palliative care
(Washington state: Everett Clinic)
- B. NP/RN: coordinate care of patients across settings and agencies; emphasize symptom management, quality of life (Project ENABLE)
- C. Provider offers consults in multiple settings
(Bozeman, MT)
- D. APN home visits (Boston, Tomah, Wis)

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Resources

– CAPC Manuals

- 2 are free to download
- “Top Tools” is \$55.00
- www.capc.org

Primer of Palliative Care (received at first LS)
Sample med calculations
Family meeting protocol

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