

# Rural Palliative Care Initiative

**STRATIS HEALTH IS LEADING THE MINNESOTA RURAL PALLIATIVE CARE INITIATIVE**, in partnership with *Transitions and Life Choices*, the palliative care program of Fairview Health Services, to build palliative care capacity in rural Minnesota.

This initiative stems from an advisory committee of health care professionals and rural health experts, convened by Stratis Health in 2007, that explored rural palliative care needs and opportunities. The committee concluded that rural communities have a great need for training clinical and non-clinical professionals to better facilitate difficult conversations and provide improved care for those with chronic diseases or in end-of-life care.

## Background

Palliative care is an emerging field, new to many health care providers. This approach to managing serious and advanced illness centers on relieving suffering and improving quality of life for patients and their families.

It customizes treatment to meet the needs of each individual, seeking to relieve pain, anxiety, shortness of breath, fatigue, nausea, loss of appetite, and other symptoms, and to provide emotional and spiritual support. Practitioners of palliative care help patients and their families understand treatment options, and facilitate effective communication among health care professionals, patients, and family members—bringing together the support systems that patients need to determine how to plan for the best quality of life. This interdisciplinary care can be offered in a variety of settings: hospitals, long-term care facilities, or people's homes.

By 2030, 21 percent of Minnesota's population will be over the age of 65, compared to 12 percent in 2000. Thirty percent of Minnesotans live in rural communities, but a disproportionate number (41 percent) are over the age of 65. With Minnesota's aging population, especially in rural areas, and with more of the elderly having multiple chronic health conditions, palliative care will be in greater demand over the next decades.

## Initiative Scope

Starting in fall 2008, ten rural Minnesota communities—those served by a hospital with fewer than 150 beds—are participating in an initiative to establish or strengthen palliative care programs in their communities.



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health serves the health care community as a quality improvement expert and clearinghouse, educator and trainer, consultant and supporter, facilitator and convener, data resource, and consumer resource.

Thirty percent of Minnesotans live in rural communities, but a disproportionate number (41 percent) are over the age of 65.

Participating communities and their lead organizations:  
Bemidji - Bemidji State University Department of Nursing  
New Ulm - New Ulm Home Care and Hospice  
Olivia - Renville County Hospital & Clinics  
Red Wing - Fairview Red Wing Health Services  
Roseau - LifeCare Home Medical Center  
Staples - Lakewood Health System  
Waconia - Ridgeview Medical Center  
Wadena - Tri-County Community Health Services  
Willmar - Rice Memorial Hospital  
Winona - Winona Area Hospice

Each community formed a team consisting of a combination of health care interdisciplinary staff (physicians, nurses, social workers, and chaplains); representatives from different settings such as home care, hospice, hospital, and nursing home; parish nurses; and county public health staff.

Stratis Health is facilitating a learning collaborative, through which the community teams will design a model or focus for their community and will receive education to improve skills in palliative care.

Over 18 months, Stratis Health and Fairview will host three learning sessions on palliative care, including care models in rural communities and core competencies for palliative care. Between the learning sessions, communities will work toward goals and will receive technical support. The work will culminate with an outcomes congress, where key learnings and accomplishments will be shared. An advisory committee will help guide the development and implementation of the initiative.

## Outcomes

The following short-term outcomes are expected:

- Evidence of broad community support for palliative care, as demonstrated by a highly functional team that fully participates in the initiative
- Increased use of resources for palliative care (technical, financial, and educational)
- Increased application of the Clinical Practice Guidelines as issued by the National Consensus Project for Quality Palliative Care, the National Quality Forum's Preferred Practices for Palliative Care, and the Institute for Clinical Systems Improvement (ICSI) Palliative Care Guideline, and associated quality measures

The long-term outcomes, resulting from improved clinical training and community education, are expected to:

- Decrease the number of patients having to leave their home community for palliative care elsewhere
- Increase the number of patients reporting improved management of symptoms
- Increase satisfaction in the family-clinician relationship
- Increase discussions of goals of care, reflected in the care plan
- Decrease reported problems around care transitions
- Produce earlier and increased referrals of patients appropriate for palliative care

The initiative will be evaluated at the conclusion of the 18-month learning collaborative and one year later to compare results against an initial assessment. The initiative will be considered successful if 100 percent of participating communities implement a palliative care program in their own communities and 100 percent of participating health care professionals report increased knowledge of palliative care, including symptom management and care-goals discussions.

Stratis Health and Fairview will disseminate the findings at the conclusion of the initiative, with the intent that the process can be replicated throughout the state and in rural areas throughout the nation. ○

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