

Starting a Rural Palliative Care Program

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Current Program

- Staff
 - Clinical Nurse Specialist
 - LCSW, Spiritual counselor, bereavement counselor (shared with hospice)
 - Access to massage and music therapy



Current data

- Number of patients
- Reasons for consults
- Symptom improvement
- Patient satisfaction
- Number of deaths in hospital



Nature of the community

- Only hospital in town
- Recent second hospice
- Our hospice has 25 year track record
- Population – 60,000-90,000
- 3 nursing facilities
- Too many assisted living facilities
- Growing medical community



How We Started

- Serendipity
- New in town
- Stakeholders
- CAPC – not once, not twice but
- Business plan
- One time donation
- Start low and slow
- Team?




Where we are now

- Number of referrals
 - 2005 – 76 referrals
 - 2006 – 141 referrals
 - 2007 – 242 referrals
 - 2008 – 270 referrals
 - 2009 – target 300




**Reasons for referral
In order of frequency**

- Goals of care
- Pain management
- Psychosocial issues
- Poor prognosis near EOL
- Symptom management
- Transition to hospice
- Advance care planning
- MD referral
- Multiple hospitalizations




DISPOSITON 2008

- 31% referred to hospice
- 21% died in the hospital
- 48% home or other




**Patients dying in the hospital with
palliative care**

- 2005 – 14
- 2006 – 25
- 2007 – 37
- 2008 – 57




Symptom Management

- Pain – 60% improvement
- Dyspnea – 25% improvement
- Constipation – 80% improvement
- Anxiety – 80% improvement
- Nausea- 85% improvement




Key starting points

- Flexibility
- Champion
 - Passion, vision, leader, know obstacles
- Data collection from the beginning
- Reeval, reeval, reeval



Consults

- Trolling
 - With the nurses, with the physicians
- Targeting – use the CAPC tools
- Identify allies, opportunities
- Once you do one, more will come
- Pain, goals of care most common reasons



Education

- Administration
- Board
- Medical community – your hardest target
- Community at large
 - Pain issues
- Goals of care as an opportunity for dialogue
- Education team



Sustainability

- Be everywhere
- Track and publish successes
- CAPC
- Strategic planning
- What else is going on in your state
- Connect to others




Where We are Heading

- SWOT
- Outpatient opportunities
- Reeducation
- Funding opportunities
- Reeval data collection and benchmarking
- Board education/QI education
- Continue to identify opportunities
 - POLST, MPI, other



Continued Issues

- Sustainability
- Time
- Be careful what you wish for
- Too many hats





"Well, time for our weekly
brain-stem-storming session."
