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

DISPOSITION 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.”