

# Partnering to Provide Inpatient

by Jennifer Currin, LMSW



In 2003 the oncology team at Memorial University Medical Center, a 530-bed academic medical center in Savannah, Ga., realized that it needed to do more to help patients manage their palliative care needs. The team explored the idea of partnering with Hospice Savannah. To visualize how a partnership might work between a cancer center and hospice, both institutions made a site visit to Hospice of the Bluegrass in Kentucky in early 2004. This mentoring program was sponsored by The Center to Advance Palliative Care. From that experience, Memorial University Medical Center and Hospice Savannah gained tremendous insight and agreed to start a palliative care partnership and an interdisciplinary palliative care team to coordinate palliative care services at Memorial University Medical Center.

Georgia state rules and regulations did not allow a hospice company to bill for palliative care services. Therefore, before a palliative care program could be developed, Hospice Savannah had to form a separate company within its own governing board. Articles of incorporation were developed and 501(c)(3) status was obtained in order to proceed with the venture. The new entity was called the Steward Center for Palliative Care and included the creation of a separate Board of Directors, which would oversee the palliative care services for the community.

## Program Launch

In June 2004 the palliative care program was launched with a pilot study in Memorial University Medical Center's inpatient oncology units and inpatient intensive care units. The palliative care team developed a screening tool for both units based on a sample available through the Center to Advance Palliative Care. The tool was revised to match our specific patient populations. The primary nurses and social work case managers on the units then scored each patient using the tool. If the scores met certain criteria, the patient's attending physician ordered a palliative care consult. The consult team included a physician from the Steward Center, a nurse practitioner from the Steward Center, and the RN case manager and a chaplain from Memorial University Medical Center. The pilot study ran for three months and proved to be a valuable resource for deciding which patients would benefit from palliative care referral.

In addition to the screening tool, the palliative care team developed a formal education plan for all of the nursing units at Memorial University Medical Center. The team taught the differences between hospice services and palliative care and explained the benefits of palliative care for patients and families. The education plan included in-services during regularly scheduled staff meetings on the inpatient and outpatient units. The in-services covered screening criteria for referrals for palliative care, case examples of patients who received

palliative care, and the benefits these patients received from these services. The in-services lasted 15 minutes and allowed time for questions about current patients on the units who may be appropriate for referral to palliative care. At each in-service, participants received a copy of the screening tool and copies of the presentation slides, which included triggers for referrals. Special attention was given to the oncology unit, as well as the medical, trauma, neurological, and cardiovascular intensive care units. Today, the palliative care program thrives in these areas and is moving into units that treat end-stage renal and cardiac diseases.

The physician from the Steward Center reached out to medical students and residents at Memorial University Medical Center, providing valuable education about palliative care and hospice services. The internal medicine residents spend a week visiting Hospice House (a 28-bed inpatient facility), going to home visits, visiting the outpatient palliative care clinic, and observing palliative consultations in the critical care units. This educational week guides future practitioners in caring for those at the end of life and teaches them when palliative care is appropriate.

## Program Growth

The palliative care program began receiving referrals quickly after it launched. Within 18 months, it became apparent that we also needed a follow-up program for discharged patients.

In March 2006 the palliative care team set up an outpatient clinic that included one-day-a-week appointments in the outpatient cancer center at Memorial University Medical Center. The outpatient team included the same Steward Center nurse practitioner who provides inpatient consultations, a social worker from Memorial University Medical Center's cancer program, and a hospital chaplain.

By 2008 patient referrals had increased enough to add a second outpatient palliative care clinic day. In 2010 the program saw the following numbers:

- 184 new inpatient palliative care consults
- 69 new outpatient client consults
- 132 inpatient follow-up visits
- 471 outpatient clinic follow-up appointments.

# & Outpatient Palliative Care



## Memorial University Medical Center's palliative care team.

In 2011 Memorial University Medical Center and the Steward Center partnered in the sharing of an additional palliative care nurse practitioner to support the demand for new referrals. (The original nurse practitioner is fully funded by the Steward Center.) Both nurse practitioners round with hospitalists and residents to identify patients who may benefit from palliative care. They also participate in oncology tumor board meetings to hear treatment plans for patients receiving palliative care and note the need for additional symptom management.

The majority of the referrals for the palliative care outpatient clinic come from the Curtis and Elizabeth Anderson Cancer Institute at Memorial University Medical Center and local oncology specialists. As the palliative care clinic is located in the cancer center, medical oncology specialists are present to help communicate patient treatment plans and provide informal guidance as to whether a palliative care consult is appropriate.

Oncology patients come to the outpatient palliative care team for management of a myriad of physical and psychosocial symptoms. The primary goal for most patients is pain relief. Others come seeking support for depression, anxiety, weight loss, bowel control issues, or sleep issues. Cancer specialists in the community often refer to the palliative care team to initiate difficult conversations about goals of care, hospice, and end-of-life needs.

The outpatient clinic also provides tremendous support for patients' family members and loved ones. The palliative care team identifies caregivers that might benefit from counseling, resource support, or the free integrative therapies that we offer (massage, reflexology, yoga, and a monthly caregiver workshop). The Steward Center also offers a companion program for families under their care. It is modeled after the support services offered for hospice volunteers.

The palliative care program also serves as a powerful support for patients and those transitioning from aggressive treatment to hospice care. For these patients, the pallia-

tive care team spends time answering questions, listening, and providing education. The medical team has found great relief in the palliative care program as a bridge to hospice services. In the last two years, 197 patients have transitioned from the palliative care program to hospice care.

### Outcomes Data

From the beginning of this palliative care partnership, Memorial University Medical Center and the Steward Center have diligently tracked outcomes data. The focus: financial data, patient and family satisfaction, and healthcare provider satisfaction.

To determine whether this program provides a financial savings for Memorial University Medical Center, we compare length of stay and hospital charges for palliative care patients to a control group of patients with the same diagnosis who did not receive palliative care. In 2010 the palliative care consult and follow-up services demonstrated an \$8 million cost savings to Memorial University Medical Center over a one-year period. With the addition of a second nurse practitioner, the first six months of 2011 has brought about \$12 million in cost savings to the hospital. Further, the number of hospital admissions was tracked for those in palliative care (number of admissions prior to palliative care and the number following palliative care consult) and the number decreased by 35 percent.

Adding palliative care services has increased satisfaction in patients and families, physicians, and ancillary staff members. For healthcare providers, once patients are referred to palliative care, all symptom management prescriptions are handled by the palliative care team. Patients can get their prescriptions filled at their monthly palliative care visit, and they have only one number to call if they are in crisis. In addition, the palliative care visits give patients ample time to ask questions and discuss physical and psychosocial aspects of coping with their illness. As a result, physicians have experienced fewer calls from patients and families, fewer symptom concerns to manage, and reduced patient admissions to the hospital. Anecdotally, the oncology team at Memorial University Medical Center has noticed that patients are more compliant with their chemotherapy and radiation treatment since their symptoms are better managed and they are able to better tolerate treatment.

This palliative care partnership has been a wonderful experience for Memorial University Medical Center, the Steward Center, and most importantly, for the patients and families we serve. ☺

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