

PALLIATIVE CARE SERVICES IN A RURAL COMMUNITY – PULLMAN REGIONAL HOSPITAL'S JOURNEY



Deb Watson, RN, BSN, MBA, NEA-BC
Clinical Project Manager
Pullman Regional Hospital

PULLMAN REGIONAL HOSPITAL- 25 BED CRITICAL ACCESS HOSPITAL; WHITMAN COUNTY PHD #1-A



OUR COMMUNITY, OUR PATIENTS

<i>Area</i>	<i>Total Population</i>	<i>Total Population (2000 U.S. Census)</i>	<i>Population Change</i>	<i>Percent Change</i>
Pullman	30,388	24,672	+ 5,716	+ 23.17%

- This change is considerably higher than the population increase in Washington and more than double the population change in the United States.

<i>Area</i>	<i>Seniors Total</i>	<i>Seniors in Poverty</i>	<i>Poverty Rate</i>
Pullman	1,146	116	10.1%
Non-Pullman	2,812	151	5.4%
Whitman County	3,958	267	6.7%
Washington	851,875	66,755	7.8%
United States	40,544,640	3,793,577	9.4%

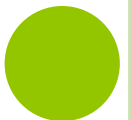
PULLMAN REGIONAL HOSPITAL'S DEFINITION OF PALLIATIVE CARE

- Specialized care for people with chronic or serious illness and is appropriate at any age or stage of serious illness. This type of care is:
 - Focused on providing relief from the symptoms and stress of a serious illness and can be provided along with curative treatments.
 - Goal is to improve quality of life for both the patient and the family.
 - Facilitates patient autonomy, access to information, and choice.
 - Helps patients and families understand the nature of their illness, and make timely, informed decisions about care.



VISION

- Patient and Family Centered
- Continuum - Support Care Transitions Throughout Life
 - Birth – Death
 - Palliative Care supports patients/families/caregivers on a continuum
 - Fluid



PALLIATIVE CARE SERVICE DEVELOPMENT

- **PRH Executive Team Support/Hospitalist Support**
- **Community Team**
- **Washington Rural Palliative Care Initiative (WRPCI)**
 - Telehealth Case Consultation Sessions
 - Resources – Palliative Care Screening Tool, Vital Talk

Palliative Care Team

- Core Consultation Team

Education/Training

- DOH
- CAPC – Center to Advance Palliative Care
- Certification

PALLIATIVE CARE CHAMPIONS



FINDING CHAMPIONS

- Look Within
- Manager Buy-in
- Core Consult Team: PA-C, 2 RNs, Pharmacist, MSW
- Coordinator Role
- Start Small
- Forming, Storming, Norming, Performing
- Tap Into Talents of Full Palliative Care Team



PALLIATIVE CARE SERVICE

- Collaborative Model
- Screen Patients with standardized tool
 - Serious illness impacting quality of life
 - Select predominately based on capacity
- Goals of Care conversation with patient/family
 - Asking for Permission
 - Emergency Department Information Exchange (EDie)
- Advanced Care Planning – Identify health care agent
- Collaborative Care Meetings - Family/Providers
- Referrals to beneficial services
- Contact Line
- Ongoing Follow-up Calls – Point Person




CHALLENGES

- Time – Limited Capacity
- Documentation
 - EMR and Paper
- Communication to PCPs
 - EMR discharge summary inadequate
 - Ongoing follow-up summary
- Spiritual/Emotional Lead
- Teamwork
- Billing



BENEFITS TO THOSE WE SERVE

- Remain at home/least restrictive setting
 - Wrap around support – prevent from falling through cracks
 - Give voice to patient/family wishes
 - Work with and support Primary Care Providers
 - Prevent emergency department visits/re-admissions
 - Reduce costs
 - PC services support ACO goals
 - Fits alongside of & integrated with CCM – trajectory as decline begins with chronic condition(s)
- 

RESULTS

- Meaningful Service with Limited Capacity
 - Screened 226 patients between June 2018 and July 2019
 - 179/226 met criteria (79%)
 - Enrolled 25 patients into PC services
 - Currently working with 19 patients (1 to TCN)
 - Reduced ED Visits/Inpatient Admissions
- Growth in Confidence
- Normalized Ebb and Flow of Rural Service
- Transitioned from Inpatient to Outpatient
- Community Educators



RESULTS –STRATIS HEALTH

Measure	Q1 2019		Q2 2019	
	Number of patients	%, score, or number	Number of patients	%, score, or number
Number of patients with palliative care initial encounter	8	100%	10	100%
Average number of ED visits per patient				
6 months prior to palliative care	8	2.13	10	3.90
First 60 days of palliative care	8	0.13	6	0.20
Average number of inpatient stays per patient				
6 months prior to palliative care	8	1.63	10	1.20
First 60 days of palliative care	8	0.00	6	0.10
Average length of inpatient stay per patient				
6 months prior to palliative care	8	4.63	10	4.70
First 60 days of palliative care	8	0.00	6	0.10



FUTURE

- Outpatient Service
- Telehealth
- Volunteers
- Education/Training
 - Spiritual

