



Community Palliative Care



Vision 2013

- Late hospice referrals-has to be a better way
- Get the right services, to the right patient, at the right time.....
- Someone trained in goals of care discussions
- Educate in the death denying culture of Benton Franklin Co.

Where to start?

- Call Jannette Weber RN-former Hospice Dir
- Channel your passion into action
- Desperation is the true mother of inspiration

Research

- No best practice that applied to PC
- No funding
- Talked to others who had some kind of supportive program
- No one did any program the same
- Self educated ourselves
- Bought a handbook on PC-NHPCO
- EMR????

2013 Launch

- 1 RN Director-doing outreach-one Dr. at a time, taking referrals, developing program....
- 1 ARNP, part time RN, admin support from hospice triage
- Volunteer Retired hospice RN's making calls
- Levels 1, 2, 3 established....according to acuity.
- Separate EMR....Practice Fusion/Suncoast
- Coding and billing are a different language

Also:

- 8 am-5 pm program
- Calls answered 24/7
- Must have a PCP
- Chronic Pain is not an admitting diagnosis
- And not much funding....

2019

- Serving 149
- ¼ of patients referred to PC are hospice appropriate but not ready for hospice
- PC Refers approx. 30 pts monthly to hospice
- 2 ARNP's
- 1 MD
- 1 RN, 1 per diem RN
- 1 MA/CNA process ref
- Chaplain-added 2018
- Soc Services
- RN Dir

What we learned

- Education and Outreach pertinent
 - Constant clarifying of programs to medical and lay community
 - Community activities around death and dying
 - Agency committed to mainstreaming conversations about death and dying
 - 4th Annual CME conference on the Art and Science of Managing Advanced Illness and End of Life Care Oct 18
 - Joined in the public health message about the need for palliative care

And still learning....

- PC program evolves as the need arises
- EMRs still don't 'talk'
- Those who have lived full lives, are in their 80's and have been living with chronic, serious illness that has become terminal, are still very fearful of dying and facing their mortality
- Young people with terminal diagnosis who are still continuing therapy are fearful of dying

- Having these conversations take skill, experience
- There is still not much funding
- We as a community are more open to Palliative and Hospice Care.....

BUT we still don't want to be dead.

- Illness is very personal-not medical
- Healing doesn't always take curing