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

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Clinical Project Manager
Pullman Regional Hospital
Pullman Regional hospital - 25 bed critical access hospital; Whitman County PHD #1-A
### Our Community, Our Patients

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Population</th>
<th>Total Population (2000 U.S. Census)</th>
<th>Population Change</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pullman</td>
<td>30,388</td>
<td>24,672</td>
<td>+ 5,716</td>
<td>+ 23.17%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of patients</td>
<td>%, score, or number</td>
</tr>
<tr>
<td>Number of patients with palliative care initial encounter</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Average number of ED visits per patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months prior to palliative care</td>
<td>8</td>
<td>2.13</td>
</tr>
<tr>
<td>First 60 days of palliative care</td>
<td>8</td>
<td>0.13</td>
</tr>
<tr>
<td>Average number of inpatient stays per patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months prior to palliative care</td>
<td>8</td>
<td>1.63</td>
</tr>
<tr>
<td>First 60 days of palliative care</td>
<td>8</td>
<td>0.00</td>
</tr>
<tr>
<td>Average length of inpatient stay per patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months prior to palliative care</td>
<td>8</td>
<td>4.63</td>
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<tr>
<td>First 60 days of palliative care</td>
<td>8</td>
<td>0.00</td>
</tr>
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</table>
FUTURE

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