Minnesota Rural Palliative Care Initiative

Janelle Shearer, RN, BSN, MA

Agenda

• Differentiate palliative care from hospice
• Discuss rural community strengths and opportunities r/t developing palliative care programs/services
• Describe successful strategies to start/strengthen a rural palliative care program
Stratis Health

- Independent, nonprofit, community-based organization founded in 1971
- Leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities
- Supports quality improvement and patient safety
  - Across the continuum of health care (hospitals, nursing homes, clinics, home health agencies)
  - Across the continuum of quality (individual, setting-based, community, and population)

Palliative care

Palliative care is both a philosophy of care and a highly organized system for delivering care

Goal is to assure that each person experiences the best quality of life throughout the illness trajectory
Components of palliative care

- Symptom management (pain, dyspnea, anxiety, other)
- Elicits and clarifies goals of care
- Attention to emotional and spiritual needs
- Coordinates the plan of care across settings
- Bereavement

Where is palliative care provided?

- Hospital
- Home
- Outpatient
- Nursing homes
- Assisted living
- Hospice
Definition of hospice

- A program designed to provide palliative care when life expectancy is six months or less
- Covered by Medicare and Medicaid
- Covered by private insurance plans with enhanced home care benefits
- Provided by an interdisciplinary team
- Originally designed for cancer trajectory

What does the hospice benefit cover?

- Visits by team, usually not daily
- Medications related to hospice diagnosis
- Durable medical equipment
- Respite care
- Emergency/continuous care in the home or nursing home
- Hospitalization for acute symptom management
- One year of bereavement support for family
- Does not cover custodial care
Rural community challenges

- Rural landscape: demographics and chronic disease
- Availability of specialty clinicians
- Clinical models: large hospitals
- Reimbursement challenges

Rural strengths and opportunities

- The good news
  - Basic skills can be enhanced
  - Majority of patient/family needs can be met
  - Networks and relationships
  - National Quality Forum’s Preferred Practices
  - Specialty level expertise as a resource
Minnesota Rural Palliative Care Initiative Partners

- Stratis Health
- Fairview Health Services
- UCare
- Minnesota Department of Health - Office of Rural Health and Primary Care

Minnesota Rural Palliative Care Initiative

Goal: Assist communities in establishing or strengthening palliative care programs in rural Minnesota

How: By forming a learning collaborative bringing together 10 selected rural communities
Minnesota Rural Palliative Care Initiative

- Fall 2008 – Spring 2010
- Activities
  - Three in-person learning sessions
  - Regular Webinars and conference calls
  - Individual technical assistance
    - Email contact, phone contact, site visits
  - Outcomes Congress – April 8, 2010
    - Kelly Inn -St. Cloud, MN

Initiative objectives

- 100% of communities develop a work plan to implement a palliative care program in their community
- 100% of participating health care professionals report increased knowledge of:
  - Symptom management
  - Effective care-goals discussions
Initiative short-term outcomes

- Evidence of broad community support for palliative care
- Increased use of resources for palliative care
- Increased application of clinical and associated quality measures

Initiative long-term outcomes

- Decreased number of patients leaving their home community for palliative care
- Improved management of symptoms
- Increased satisfaction with family/clinician relationships
- Increased discussions of care goals
- Decreased reported problems around care transitions
- Earlier and increased referrals for palliative care and hospice care
Participating Communities

Minnesota Rural Palliative Care Initiative - eligibility

- Minnesota rural communities
  - Hospitals
  - Home health agencies
  - Hospice programs
  - Nursing homes
  - Clinics
  - Other community resources such as public health, parish nursing, etc.
Participating communities

Communities/lead organizations

- Bemidji - Bemidji State University Department of Nursing
- New Ulm - New Ulm Home Care and Hospice
- Olivia - Renville County Hospital & Clinics
- Red Wing - Fairview Red Wing Health Services
- Roseau - LifeCare Home Medical Center
- Staples - Lakewood Health System
- Waconia - Ridgeview Medical Center
- Wadena - Tri-County Community Health Services
- Willmar - Rice Memorial Hospital
- Winona - Winona Area Hospice
Participating communities

At the start of the initiative, greatest opportunities for improving care identified as:

• Education to staff about caring for people with advanced illness
• Pain management consultation
• Symptom management consultation
• Transitioning the plan of care across settings

Successful Strategies
Successful strategies

• Collaborative model
• Preferred practices
• Focus on goals of care skill building

Collaborative model

• Provides a forum for communities to learn, network, and achieve improvement by working together in the collaborative project
• Improve the quality of care provided to clients in health care communities by developing and/or strengthening palliative care programs
Preferred practices - examples

- Use of interdisciplinary team
- Enable patients to make informed decisions
- Manage symptoms and side effects
  - Document symptoms using standardized scales
- Conduct patient and family care conferences
- Continuing education to healthcare professionals

Skill building

- Focus on goals of care
  - End of life discussions
- Pain and symptom management
Results so far...

- Five communities are providing palliative care services to persons/families
  - Settings: Home Care, Outpatient, Nursing Home, Assisted Living, Inpatient, Community
  - 3 communities have expanded to other settings
- Other focus areas: order sets, advanced care planning, education
Results so far . . .

- Palliative Care education to staff and community members
- Pilot studies expanding to other areas of focus
- Collaboration with others

Ongoing rural palliative care work

1. Rural palliative care resource center
   - Action oriented web site (available to anyone): Sample order sets, action planning tools, rural-specific case studies, recorded training webinars, links to other resources and organizations
   - Quarterly educational webinar/teleconference sessions
Ongoing rural palliative care work

2. Rural Palliative Care Community Development Project
   - Six new additional rural communities
   - Capacity-building
     • Structured assessment
     • Action plan development
   - Applications due: May 28th
   - www.stratishealth.org
Contact Information

Janelle Shearer
jshearer@stratishealth.org
952-853-8553

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