

Building Bridges and Towers: Developing a Palliative Care Program in Two Diverse Campuses



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Problem

Ninety million adults live with life-threatening illnesses.¹ A majority of Medicare expenditures take place during the last year of patient life. Pain control, symptom management and psychological distress plague many with chronic disease. More than one million people die yearly without Palliative Care services.

Strategy

In 2008 a 225 bed community hospital affiliated with an academic center implemented the role of the Palliative CNS in an effort to expand the existing Palliative Care program. With the implementation of the CNS role the 225 bed hospital saw an expansion in its average daily census from 2 patients when the CNS role was implemented to 7-8 patients/day in 2011.

In 2010 based upon the success demonstrated at the community hospital the 520 bed academic center implemented a Palliative CNS role modeled on the above program.

The CNSs utilized a variety of strategies to enhance multi-site program development:

- Education for healthcare providers on Palliative Care principles.
- Consistent contact with multidisciplinary providers to generate referrals.
- Implementation of nursing referrals.
- Palliative Care rounding.
- Data collection and tracking for quality and fiscal responsibility.

Evidence

Palliative Care has demonstrated significant impact in improving the quality of life.^{3,4,5,6,7} Palliative Care programs decrease healthcare expenses by as much as \$6898 per admission.²

Demographic Overview: Santa Monica

Community hospital with academic affiliation

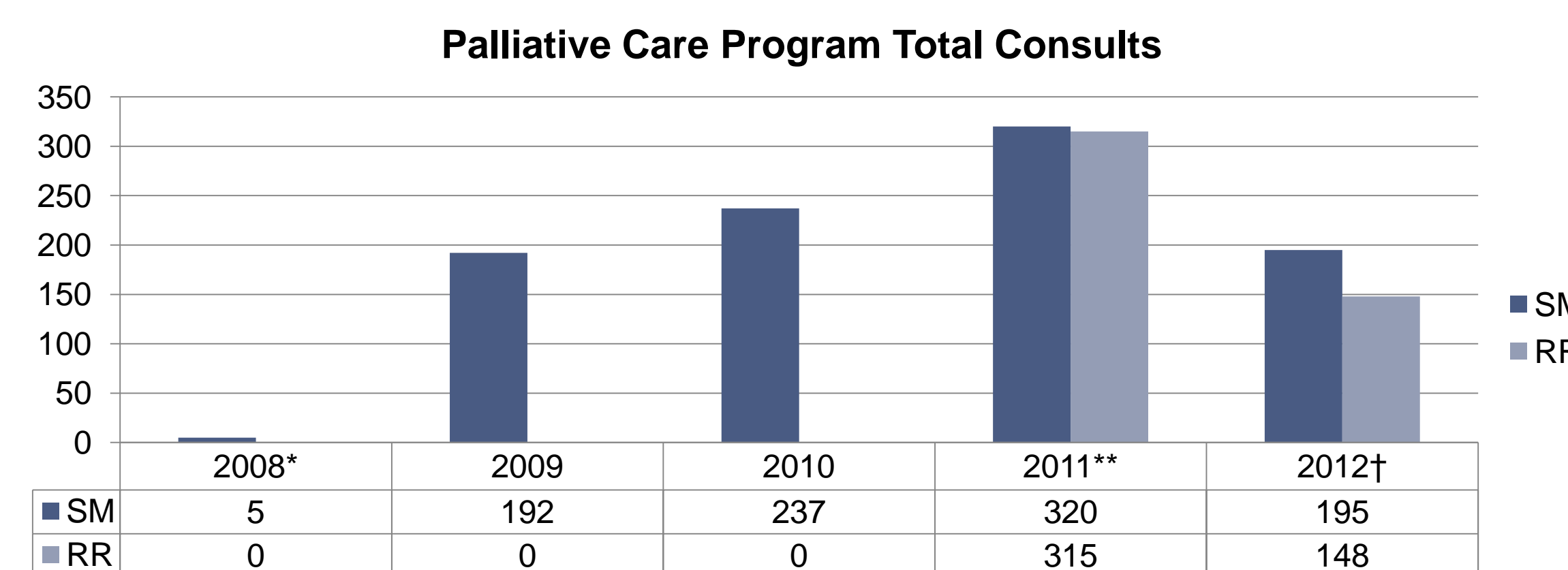
Broad-spectrum ICU
Solid Organ Oncology
Orthopaedics
Geriatrics
Pediatric hematology-oncology

Demographic Overview: Ronald Reagan

Academic Medical Center

Transplant Programs:
• Liver, Lung, Cardiac, Renal, & Bone Marrow Transplant
Dedicated Pediatric Palliative Program
Neurologic ICU
Medical ICU
Cardiothoracic ICU
Liver transplant ICU
Med-Surgical Units
Neuro-Psych Institute

Palliative Population Growth



* Start of the Palliative Care Program at SMUCLA
** Start of the Palliative Care Program at RRUCLA
† YTD totals

Next Steps

- Establish system-wide policies and order sets to avoid confusion between campuses.
- Collaborative programs and services.
- Maintain population specific requirements while sharing educational and other projects
- Palliative Care Collaborative Practice Meetings.
- Development of administrative and professional clinical staff
 - CNSs, physician faculty and interdisciplinary teams

References

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Results

- The importance of the CNS is instrumental in the development of Palliative Care Programs.
- The collaboration of both UCLA campuses demonstrates significant growth to an ADC of 15-20 patients.
- The growth of the palliative Care program has led to increased staff awareness of pain and symptom management

Lessons Learned

- **Synergistic Palliative Care CNS role implementation across dual campuses leads to program growth.**
- **A collaborative and unified Palliative Care team is achievable while maintaining the cultural individuality of the two separate campuses.**
- **Recognition of the need for spiritual care, social work and case management to support the Palliative Care mission.**

