Today's Interactive Session

Our roundtable today is designed to be a discussion involving you. For our virtual audience, please ask any question of the presenters at any time by typing your question into the chat box on your screen. Please note that your questions will remain anonymous. We will address as many questions as we can during each of the panels of today's program.

Overview

Fact box:
Baylor Scott and White

- 49 hospitals—16 of which are over 100 beds and/or have a patient population requiring palliative care
- More than 4,900 licensed beds
- More than 35,000 employees
- More than 5,800 affiliated physicians
- $5.1 billion in total net operating revenue

PANEL 1
The Organizational Case for Palliative Care: Meeting the Triple Aim

- Robert L. Fine, MD, FACP, FAAHPM, clinical director, Office of Clinical Ethics and Palliative Care, Baylor Scott & White Health
- Martha R. Philastro, MS, MBA, FACHE, administrative director, Supportive and Palliative Care program, Baylor Scott & White Health
Robert Fine, MD, FACP, FAAHPM
Clinical Director, Office of Clinical Ethics and Palliative Care

Robert Fine is the clinical director of the Office of Clinical Ethics and Palliative Care for Baylor Scott and White Health, one of the largest not-for-profit healthcare systems in the nation. Dr. Fine has completed board certification in internal medicine, geriatrics, and palliative medicine. He is a fellow of both the American College of Physicians and the American Academy of Hospice and Palliative Medicine. He has served on the National Institute of Standards and Technology - Institute of Medicine (NIST-IOM) Board on Health Care Quality and Safety. He has served on the Joint Commission (TJC) Palliative Care Certification Task Force and the American Society of Clinical Oncology - American Society for Radiation Oncology - American Society of Hematology - American Society of Blood and Marrow Transplantation - American Society of Hematology - American Society of Hematology - American Society of Hematology Cancer Supportive Care Task Force. He is a member of the American Society for Clinical Oncology’s (ASCO) Advocacy Committee and the American Society of Clinical Oncology’s (ASCO) Task Force on Quality Care. He has served on the National Quality Forum Committee on Palliative and End of Life Care, the Ethics Committee of AAHPM, and the Steering Committee on Palliative Care for the Coalition to Transform Advanced Care (C-TAC). In 1999, he served as the lead physician author of the Texas Advance Directives Act and has worked closely with the TMA, T1H, and others to maintain and improve the act since that time. In 2004, he led the formation of the BUMC Supportive and Palliative Care service, which went on to become one of the first 10 Joint Commission-certified palliative medicine programs in the country. Working with his administrative partner, Martha Philastre, he further developed supportive and palliative care programs across Baylor Health Care System. That statewide program won the American Hospital Association Circle of Life Award for best healthcare system palliative medicine program in 2014.

Martha Philastre, MS, MBA, FACHE
Administrative Director, Supportive and Palliative Care Program

Martha Philastre is administrative director of the Baylor Scott & White Health Supportive and Palliative Care program. In that role, she is responsible for strategic planning, financial analysis, staff recruitment, and metric standardization and reporting. She joined Baylor Scott & White Health in 2010 and is working to develop and expand its palliative care services across the system. She led the program to be one of the first in the country to achieve Joint Commission certification at two Baylor Scott & White Health facilities—Baylor University Medical Center at Dallas and Baylor All Saints Medical Center at Fort Worth. Of the approximately 1,600 palliative care programs in the country, only about 70 have earned Joint Commission certification. In 2013, the Supportive and Palliative Care service was awarded the prestigious Circle of Life Award from the American Hospital Association. A fellow of the American College of Healthcare Executives, Philastre joined Baylor Scott & White Health from M.D. Anderson Cancer Center, where she worked for 15 years, including 10 years working with the Department of Palliative Care and Rehabilitation Medicine, one of the most robust services in the country. During that time, she helped establish M.D. Anderson’s inpatient, outpatient, and consultation services. She holds a Master of Science in Biochemistry from the University of Texas and a Master of Business Administration degree from Our Lady of the Lake University in San Antonio.

The Journey to Palliative Care

“I used to kid our administrators. I showed them some of our data on reduced readmissions and shorter length of stay. I said, ‘If you’re getting paid for every one of those days, I’m your enemy because I’m shortening length of stay, but in the new world of value-based medicine, I’m one of your best friends.’”

Robert L. Fine, MD, FACP, FAAHPM
Clinical director, Office of Clinical Ethics and Palliative Care, Baylor Scott & White Health
Palliative Care Composite Definition
(From CMS, NOF, CAPC, WHO, ACS, AAHPM, & IOM)

• Multidisciplinary team-based process to relieve suffering and improve quality of life for patients and families facing serious illness. This suffering is not only physical, but also may be emotional, social, and/or spiritual. Patients may or may not be considered terminally ill.

• Palliative care is offered simultaneously with all other appropriate medical treatment at any age and any stage, or may replace treatments no longer benefiting the patient.

• **Palliative care is not hospice**, although all hospice is palliative.

Supportive and Palliative Care (SPC)

SPC Service Growth

• From serving 119 patients at one facility in nine months in 2004, the supportive and palliative care service line has grown to provide 5,447 new inpatient consults, 13,119 hospital follow-up visits, and 1,133 outpatient office visits in fiscal year 2015.

* FY15 includes NTX & CTX

SPC Staffing Growth

• From a part-time team on a single campus, the BSWH SPC service line now has 12.8 physicians, 9 advanced practice nurses, 1 registered nurse, 6 social workers, 4.5 child life specialists, 0.5 music therapists, 6.5 spiritual care providers, and 21 doula volunteers spread across 14 facilities.

• Currently recruiting for 3 additional physicians and 2 additional APRNs.
SPC Demographics

- Reasons for consult
  - Pain: 23%
  - Other symptom management: 25%
  - Care planning: 90%

- Location of consults
  - ICU: 33%
  - Floor: 64%
  - ED: 2%

- Major diseases seen: Cancer, cardiac, & pulmonary
- Seeing 5% of adult admissions, range 0.3%–9.9%

Supportive and Palliative Care Value

“Timing is everything”

We tracked 2,405 SPC consults at 5 hospitals over a 42-month period:

- For SPC patients discharged alive and seen in the first 6 days of admission, cost savings were $2,773
- For SPC patients discharged deceased and seen in the first 14 days of admission, cost savings were $9,266
- This is similar to other nationally published studies

Supportive and Palliative Care Value

“Priceless!”

- A patient able to go home and continue the fight:
  - “You’ve made my pain better, you helped my family so much, now I can get on with living and fighting this disease.”

- A patient met 6 months before death, pursuing aggressive treatment until just before the end:
  - “The comforting and reassuring feeling that we experienced from our relatively brief involvement with the palliative care group was a real blessing—it helped us make our last week and days so very special.”

- A patient/family refusing hospice and met only a few days before death:
  - “Thank you for sharing the palliative care concept with us. Mother’s death was graced by your services.”
SPC Patient Experience

- Amy Culley video

PANEL 2

Engaging Patients and Their Families With a Supportive and Palliative Care Model

- Donnie Crump, MDiv, BCC, chaplain, BSW Medical Center - Irving
- Pamela Green, DNP, APN, FNP-C, supportive and palliative care nurse practitioner, Baylor Medical Center at Carrollton
- Cinda McDonald, M.Ed., CCLS, GCQA-C, manager, supportive and palliative care, Child Life Services, Baylor Scott & White Health
- Shawnta Pittman-Hobbs, MD, palliative care, Baylor All Saints Medical Center at Fort Worth
- Danielle L. Reed, LMSW, ACHP-SW, palliative care social worker, Baylor All Saints Medical Center at Fort Worth

Presented By:

Donnie Crump, MDiv, BCC
Chaplain, BSW Medical Center - Irving

Donnie Crump began his tenure with Baylor Scott & White Health in 2001 and has been staff chaplain at Baylor Scott & White Medical Center – Irving since 2004. He served as resident chaplain at Baylor University Medical Center at Dallas when the palliative care team was first taking the program from a concept to a reality and served on the organizing committee. As staff chaplain at the Irving facility, Crump provides pastoral support to patients, families, and interdisciplinary staff and multidisciplinary teams in a variety of areas that include advance care planning, end of life care, grief support, and decedent care. He is on the Office of Mission and Ministry Leadership team; serves as current chair of the Clinical Practice Self-Directed Ministry Team; is on the Baylor Scott & White Health – North Texas Clinical Ethics and Palliative Care Council; and serves those same two areas at the Irving campus. He received his Master of Divinity from Southwestern Baptist Theological Seminary in Fort Worth, Texas, in 1986. Crump is board-certified as a chaplain with the Association of Professional Chaplains. Other certifications include Advance Critical Incident Stress Management and Disaster Spiritual Care Certification with the American Red Cross. He served as a pastor at several churches from 1986 until he joined the Baylor Irving staff.
Pamela Green, DNP, APRN, FNP-C  
Supportive and Palliative Care Nurse Practitioner, Baylor Medical Center at Carrollton

Pamela Green has been a nurse practitioner for Baylor Medical Center at Carrollton since 2009. She joined the Supportive and Palliative Care program at Baylor Carrollton three years ago and has been instrumental in developing the program. As palliative care coordinator/administrative supervisor, she is an active participant in developing the program’s inpatient consultative program. A registered nurse for 23 years, Green has been board-certified as a family nurse practitioner for nine years. She completed her BSN and MSN through Texas Women’s University and earned her Doctorate in Nursing Practice through the University of Alabama. In 2014, Green was a speaker for the 2014 Texas Clinical Nurse Specialists Annual Conference in Austin, Texas. Other lectures include the 25th Annual Texas Nurse Practitioner Conference in The Woodlands, Texas; the 21st Annual Conference for the DFW Case Management Society of America in Irving; and the Geriatrics Conference in Dallas and the 21st Annual Conference for the DFW Case Management Society of America in Irving, all in 2013. She is coauthor of the journal article “Palliative Care in the Intensive Care Unit.”

Cinda McDonald, M.Ed., CCLS, GCCA-C  
Manager, Supportive and Palliative Care, Child Life Services, Baylor Scott & White Health

Cinda McDonald is a Certified Child Life Specialist with the Supportive and Palliative Care team at Baylor University Medical Center at Dallas. She also is a manager of child life services for Baylor Scott & White Health. She joined Baylor Health Care System in 2011 and worked closely with Dr. Robert Fine to develop the child life services program. The program has grown very quickly, and it is anticipated that in fiscal year 2015, the child life specialists will serve more than 800 families, including close to 1,800 children, across the Baylor Scott & White Health-North Texas division. In her role as manager, she leads a team of child life specialists that serve children of adult patients on five Baylor campuses. These children, grandchildren, or other closely involved children of adult patients with serious, life-limiting, and/or terminal illness or injury are helped to understand their loved one’s medical situation. In addition, McDonald and her team provide support to patients or adult children of patients who have developmental disabilities. While the majority of the families she serves are receiving supportive and palliative care services, she also supports non-palliative care patients and families in the NICU, ED, and trauma ICUs.

Shawnta Pittman-Hobbs, MD  
Palliative Care, Baylor All Saints Medical Center at Fort Worth

Shawnta Pittman-Hobbs joined the Baylor All Saints Medical Center at Fort Worth team in June 2013 as the medical director and first full-time palliative care physician for the Supportive and Palliative Care program. Prior to that, Dr. Pittman-Hobbs served as a palliative care service physician at Baylor University Medical Center at Dallas from 2009 to 2013. In addition to her current position, she also serves as an adjunct clinical assistant professor at the University of North Texas Health Science Center to fourth-year medical students in the core geriatrics clerkship rotation at Baylor Fort Worth. In this role, she is given the opportunity to spend time with students, helping them develop an understanding of, and possibly a passion for, palliative care. Prior to her full-time career in palliative care, Dr. Pittman-Hobbs worked as a hospitalist at Baylor Dallas and rheumatologist at John Peter Smith/UNT Health Science Center-Fort Worth. She is board-certified in hospice and palliative care, internal medicine, and rheumatology.
Danielle Reed was Baylor Health Care System’s only dedicated social worker for Supportive and Palliative Care when she joined the Baylor All Saints Medical Center at Fort Worth program three years ago. In that role, she has been involved in the orientation and support of other social workers providing palliative care assessments across the system. Since joining the team, she has seen the number of monthly consults double. Currently, the Baylor Fort Worth Supportive and Palliative Care team ranks number one in the system for percentage of consults per hospital census. The team was actively involved in preparation for the 2013 on-site survey resulting in advance certification in palliative care by The Joint Commission—the second hospital in the system to receive this certification. Reed is no stranger to supportive and palliative care. She has spent most of her career working with the aging population, especially those with dementia, and had a two-year focus on cancer survivors. For the last eight years, she has worked in hospice and palliative care and spent five years with a local hospice agency working in an inpatient hospice unit as the social worker. Since joining Baylor Fort Worth, Reed has been active in promoting the importance of advance care planning to staff, patients, and visitors through National Healthcare Decisions Day.

Supportive and Palliative Care Takes a Village

• Understanding team member roles
• The daily huddle
• Trust and support for each other
• Team member visits as validation and clarification

Supportive and Palliative Care Flow

1. Comprehensive team assessment – medical (board-certified MD/DO or APRN), social (SW), spiritual (pastoral care), emotional (all)
2. Help with symptoms, from pain and nausea to anxiety or depression
3. Spiritual distress
4. Supporting the family, including children
5. Care planning for the future
**SPC Medical Assessment**

- Comprehensive history and exam with extra focus on disease trajectory, symptom burden, and prognosis.
- APRN or MD/DO responsible for comprehensive consult note.
- Tools in the EMR.

**Patient and Family Goals**

“One of the things that I say to patients and families is that men and medicine can do amazing things. But at the end of the day, if it’s not in line with the goal that you’ve set for yourself or as a family, then just because we can do it doesn’t necessarily mean that we should.”

Pamela Green, DNP, APRN, FNP-C, supportive and palliative care nurse practitioner, BSW Medical Center at Carrollton.

- Dedicated palliative care social workers have the time and training to help unravel often-complex family issues for seriously ill patients.
- More time spent on discharge planning, including emotional and social issues.
- Key questions: What kind of emotional strengths do they have to get through these things? What kind of family or friend support do they have? What kind of past experience with tough situations do they have?
Child Life Specialists

- Professionally trained in child development; specialize in working with children and families in medical settings
- Common in pediatric hospitals helping children adjust to their own illness
- BSWH Supportive and Palliative Care is pioneering the provision of child life services for the children of seriously ill adults
- Help parents explain serious illness in developmentally appropriate ways and better understand children’s needs and reactions to grief
- Answer children’s questions and help them understand thoughts and feelings about their person’s medical situation or death

Child Life Therapeutic Interventions

- Children learn about and understand their world through play. Child life specialists provide children opportunities to play with purpose.
- Facilitate activities that promote understanding of their person’s diagnosis/prognosis, as well as positive memory-making and legacy activities.
- Utilize bibliotherapy and art therapy techniques as an outlet for children to express what they cannot verbalize.
- Preparation for ICU visits, disclosure of trauma and death, support when saying final goodbye, and early grief processing.

Pastoral Care

“Death is primarily a spiritual issue with physical repercussions.”
Pastoral Care

• Patients and families need to maintain hope
• Patients and their families need to talk about the spiritual facets of their suffering and of their end-of-life journey if that is where they are
• MFACTS
  – Pastoral care providers need to assess any spiritual dimensions of patient or family suffering and convey that information in the record to others
• Significant role in ACP for patients already ill who don’t have any directives or who need additional directives

Break

We will reconvene in 15 minutes.

PANEL 3

Early Interventions: Emergency Department, Oncology Initiatives, and Advance Care Planning

• Donnie Crump, MDiv, BCC, chaplain, BSW Medical Center at Irving
• Robert L. Fine, MD, FACP, FAAHPM, clinical director, Office of Clinical Ethics and Palliative Care, Baylor Scott & White Health
• Pamela Green, DNP, APRN, FNP-C, supportive and palliative care nurse practitioner, BSW Medical Center at Carrollton
• Shawnta Pittman-Hobbs, MD, palliative care, BSW All Saints Medical Center at Fort Worth
ID – PC – ED

- Identification of Palliative Care patients in the Emergency Department.
  - We found nearly 30% of our hospital mortality was from patients who died within 72 hours and were admitted from the ED
- SPC consult on admission, not after 3 weeks in the ICU!
  - Early support and communication for families
  - Early goals of care discussion and therapeutic trial vs. hospice directly from the ED

Oncology Initiatives

From antagonists to partners in care

- From “We don’t want palliative care … our patients don’t need palliative care” to “How soon can you see my patient … we really need your help.”
- “In a 2010 study in the New England Journal of Medicine, researchers at Massachusetts General Hospital in Boston (Temel, et al) found that among patients with metastatic non-small-cell lung cancer, early palliative care led to ‘significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life but longer survival.’”

Oncology Initiatives

From antagonists to partners in care

- Literature shows improved length and quality of life when SPC is consulted early, immediately after first oncology visit for patients with metastatic lung cancer
  - Across BSW, metastatic lung cancer patients are only seeing a SPC physician 29% of the time (range 11%–58%)
  - FY16: Increase the percentage of patients with the diagnosis of metastatic lung cancer with SPC consult or referral on first hospitalization or oncology clinic visit to 32.9% for the system
    - This will require a 15% improvement by June 30, 2016
Multiple Advance Care Planning Initiatives

• All of our chaplains heavily involved in ACP
• ACP as “preparedness plans” for patients considering LVAD or heart transplant – “What’s your Plan B?”
• Advance care planning as a preventive care strategy for all persons 18 and over seen in our affiliated medical practices
• Digital advance care planning

Preparedness Planning in Transplant/LVAD

• “Even if a patient gets an LVAD or even better a transplant, they will still have to face death again. We need palliative care on our team.” —A leading heart failure expert.
• APRN role in values review, preparedness planning, and advance directive completion.

ACP as Preventive Care

• ACP training for all new physicians joining our affiliated physician group
• Tools in the outpatient EMR
• Tracking ACP by provider the same way we track compliance with other preventive strategies
• Practicing what we preach
Thank You
For follow-up questions, please email Jim Molpus at jmolpus@healthleadersmedia.com
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