

# A Call to Duty

## Transforming Veteran's End-of-Life Care

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To cure sometimes,  
to relieve often,  
to comfort always  
– this is our work.

-Hopkins Postdoctoral Survival  
Handbook

# PALLIATIVE CARE



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Palliative Care is specialized medical care for people with serious life threatening illnesses.

This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis.

The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support.

Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.

-CAPC

# HOSPICE

Hospice care is for a patient who has a terminal diagnosis and is usually no longer seeking curative treatment.

It focuses on relieving symptoms and supporting patients who are expected to live for months, not years.

Hospice care is provided in the home, in a residential setting, or in the hospital.

Specific Medicare insurance benefit and most insurance follow Medicare's guidelines including the VA.

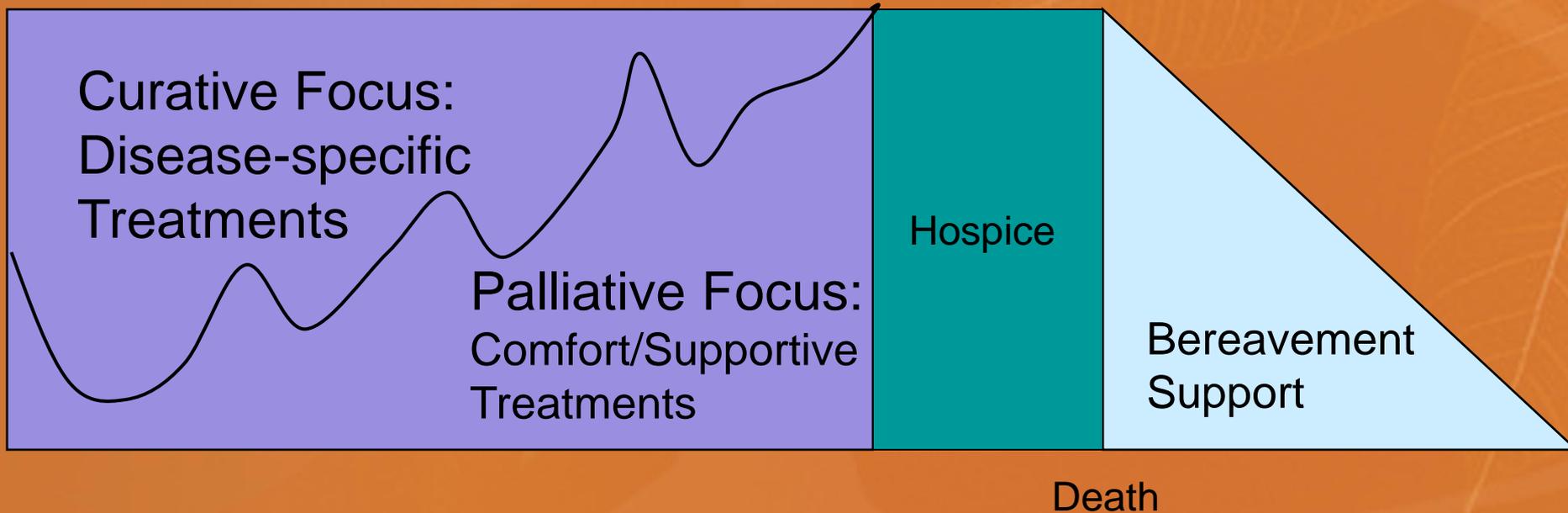
-CAPC

**Ideally, patients and families living with a chronic life threatening and progressing illness could receive Palliative Care throughout the course of their disease and its treatment and as they come closer to death could transition seamlessly and without added distress into a hospice program of care.**

**-Palliative Nursing, 2009**

# What Palliative Care Looks Like

diagnosis



← Palliative Care →

# The case for PC



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## Many studies have demonstrated the benefits of PC:

- **Reduced admissions to hospital**
- **Reduced ED visits**
- **Reduced costs at end of life**
  - Reduced ICU days
  - Reduced procedures
- **Increased quality of life**
- **Increased satisfaction by pt and family**

**Located in Central Minnesota serving 38,000  
Morrison, Todd, Wadena, and Cass Counties**

**Critical Access Hospital (25 beds)**

**Rural Health Clinic**

**- Five Clinics**

**Pillager - Eagle Bend - Motley - Browerville - Staples**

**Senior Services**

**- Long Term Care (100 beds)**

**- 2 Assisted Living Facilities (65 apartments or boarding rooms)**

**Hospice-Home Care**

**Behavioral Health Unit (10 bed)**

# Medical Staff



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**15 Family Physicians**

**2.5 ER Physicians**

**1.5 OB/GYN**

**1 Oncologist**

**2 Psychiatrists**

**1 Rheumatologist**

**1 Anesthesiologist**

**1 Podiatrist**

**1 Dermatologist**

**2 Anesthetists**

**1 Women's Health Nurse  
Practitioner**

**1 Midwife**

**2 Mental Health**

**Nurse Practitioners**

**9 Physician Assistants**

**1 Orthopedic PA**

**4 Mental Health Providers**

# Palliative Care at LHS



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- Long term care
- Homecare
- Out-patient services
- In-patient services
- All have contact person for pt and family to access care and information, to customize care
- All have an Interdisciplinary Team available for various needs
- Team members: RN, Social worker, Chaplain, MD, Pharmacist, Mental Health Practitioner, and as needed therapist, dietitian, spiritual volunteers
- Meet as a team every 2 weeks and informally throughout the week as needs arise

# Palliative Care Growth



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**2005 :developed home care based PC as a bridge between home care and hospice for our “pre-hospice” patients**

**2007 :Growing desire by staff to improve and expand services and a developing awareness about PC spurred further education**

**2008 : MN AHEC grant provided the fuel to move forward**

**Stratis Rural Palliative Care Initiative (1 of 10 MN communities)**

**2009 - 2011 : Began piloting palliative care to Infusion Therapy and Care Center patients, census grew, added staff**

**Offered Ucare contract**

**Awarded AHEC grant to develop curriculum for nursing, medical, pharmacy and social work students**

**Awarded POLST grant from Stratis**

**2012 : VA grant**

**Developing business plan**

# Interdisciplinary Teams



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## PC IDT Team

**Family Practice MD**

**– Hospice & PC Medical Director**

**2 RNs (1.5 FTE)**

**Social worker**

**Pharmacist**

**Chaplain**

**Mental Health CNS (training for PC)**

**2 Spiritual Volunteers**

**As needed –**

**Homecare RNs**

**Medical Home RN case manager**

**Care Center RNs**

## Hospice IDT Team

**Family Practice MD**

**– Hospice & PC Medical Director**

**6 RNs**

**Social worker**

**Pharmacist**

**Chaplain**

**Volunteers**

**As needed –**

**PC RN case manager**

**Care Center RNs**

# Venues of Palliative Care



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## Outpatient setting

- Home visits
- Clinic visits
- Phone calls
- Infusion Therapy

## Long term Care setting

- Care Center
- Hospital if admitted

## Assisted Living setting

- Home visits
- Phone calls

## Inpatient setting

- MD consults acutely
- Team consults for goals of care
- Team consults for transition of care

## Homecare setting

- Hospice Team provides care

## Hospice setting

- Home, Care Center, AL

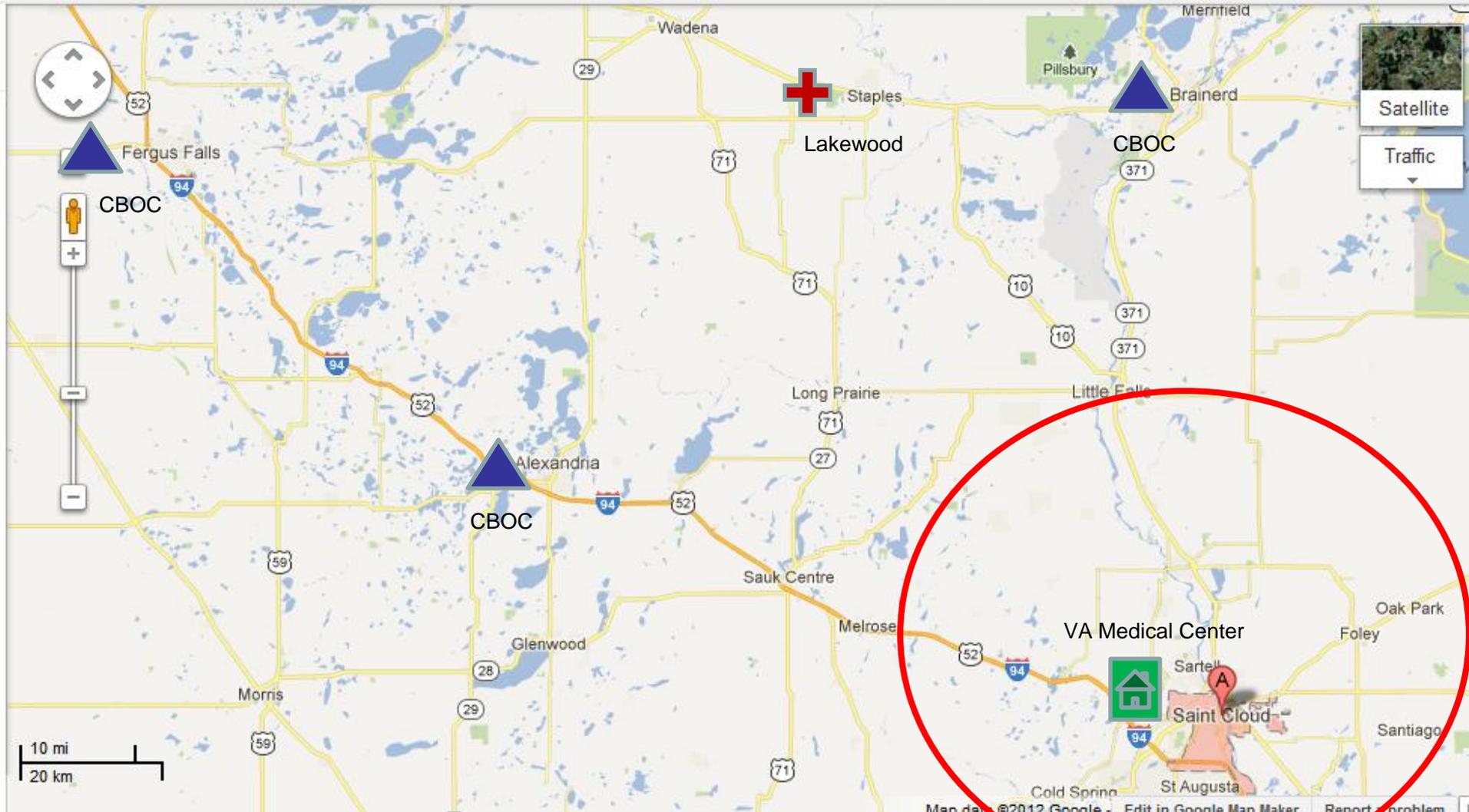
## Neighboring VA clinics

- Brainerd 30 miles
- Alexandria 43 miles
- Fergus Falls 60 miles
- St. Cloud 62 miles
- Bemidji 78 miles

# Map of Regional VA Services



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# VISN 23 Grant



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January 2012:

**Veterans Integrated Service Network (VISN) 23  
Palliative Care Rural Initiative (PCRI) Community  
Partner Funding**

Task:

**Creation of a New Reaching Out Model – Palliative Care**

# Objectives

- **Establish education and outreach program for end-of-life issues.**
- **Raise community awareness about Veterans living in the five county region area, the end-of-life needs they may have and the benefits to which they are entitled.**
- **Disseminate educational materials that can be used by VA and community agencies to help Veterans access services and benefits**

# Objectives

- Educate Lakewood employee staff about the special needs of Veterans
- Address reimbursement of VA paid community services
- Lakewood will coordinate with VA and VA partners to assist in seeking reimbursement for Palliative Care.
- Develop documentation of transition from Palliative care to Hospice for Veterans

# Progress



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- **Met with County Veteran Service Officers in the surrounding area to collaborate about roles and network regarding opportunities to support veterans**
- **Information booth at area health fair and Aging Conference**
- **Trained social workers, medical home, palliative care and hospice staff regarding veterans services at end-of-life**
- **Informed area ministers of We Honor Veterans program at Hospice Foundation of America videoconference on Ethics Issues at the End-of-Life**
- **Participated in information-sharing sessions through webinars and conference calls**

# Home Based Primary Care



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**A unique home care program that provides comprehensive longitudinal primary care by an interdisciplinary team of VA staff in the homes of Veterans with complex chronic and disabling disease for whom routine clinic-based care is not effective**

- **Veteran's home is located within the catchment area of the program (40 mile radius)**
- **The Veteran is or is likely to become non-ambulatory, homebound or is terminally ill**

## VA's Home Based Primary Care looks very similar to LHS's Palliative Care Program

**Explore ways to implement  
Home Based Primary Care  
beyond the  
40 mile radius service area  
by partnering with LHS**

# The people we serve



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- **Veteran with multiple primary cancers. He was seen during an in-patient stay at LHS. Transferred to Home Care Based Palliative Care and cared for by hospice nurses until his enrollment in hospice a few weeks later. He died in his home as he and his family desired.**
- **Veteran in Out-patient PC program who is stable with severe COPD. Have reviewed goals of care and are establishing a trusting relationship with someone who distrusts the government and healthcare.**
- **Veteran in Out-patient PC who is likely to transition to hospice care soon. Staff from each team will meet to smoothly transfer care.**

**“You matter because of who you are.  
You matter to the last moment of  
your life, and we will do all we can ,  
not only to help you die peacefully,  
but also to live until you die”.**

*--Dame Cicely Saunders*

# Contact Us



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