



System-Wide Palliative Care Initiative Spring/Summer 06 Update

Palliative Care

- ▲ Interdisciplinary care that aims to relieve suffering and improve the quality of life for patients with life-threatening illness and their families
- ▲ Palliative Care is not reducible to end-of-life care, but is inclusive of end-of-life care
- ▲ It is offered simultaneously with all other appropriate medical treatment.

The Cure - Care Model: The Old System

**Life
Prolonging
Care**

**Palliative
Care &
Hospice**

**D
E
A
T
H**

Disease Progression

The Cure-Care
dichotomy is simply
false and unsustainable.
We are always called
to *comfort and to care*
regardless of our ability
to cure.

Linking PC to our Strategic Direction

Our
Call to Action
Promise
Enabled
by Focused
Inner Strengths

Healthcare That Works

Total Satisfaction

Healthcare That Is Safe

Total Excellence

Healthcare That Leaves No One Behind

Total Access

Presence as Needed at Full Potential

Knowledge on Demand as a Fully Connected Ministry

Integrated Alliance Network of Values Compatible Partners

Model Community of Mission Centered, Healthy Associates

Time Line

- ▲ **April – December 2004:** The first voluntary system-wide Organizational Assessment in Palliative Care Completed. 31 Health Ministries participated. Findings were collated and analyzed over the summer and fall of 2004, and published in a December 2004 final report as the Ascension Health Organizational Assessment for Palliative Care
- ▲ **January – June 2005:** Reports on findings of the Assessment were shared with Strategic Leadership Team in St. Louis, with five Ethics Networks, and with CEOs of each health ministry that participated in the Assessment. Article appeared in Ascension Health e.news
- ▲ **July 2005:** Palliative Care Steering Committee formed. Palliative Care Initiative proposal presented to and endorsed by Clinical Excellence Steering Committee
- ▲ **August 2005:** Health Ministries completed PC Status Survey

Time Line

- ▲ **Autumn 2005:** Palliative Care Steering Committee met several times; reviewed August surveys; established general goals; identified major resources; hired consultant; established criteria for selection of Pilot Sites and Task Force members, etc. Eight sites identified
- ▲ **December 2005:** Received written commitments from CEOs of all eight selected sites. Letters to CEOs sent out. Letters to Task Force members sent out, along with major pre-reads for February meeting, and expectations and time-line
- ▲ **Early January 2006:** Release of Ascension Health e.news story with announcement on the selection of the Pilot Sites, and the Task Force – a multidisciplinary group whose members come from the Pilot Sites, the Clinical Excellence Steering Committee, the System Office, with an external consultant

Time Line

- ▲ **January 26-28, 2006:** *Recovering Our Traditions II National Congress* in San Antonio, TX – Kickoff event for Initiative; 70 Ascension Health Associates attended
- ▲ **February 27 - March 1:** Task Force met for first time in St. Louis
- ▲ **March 2006:** Pilot Sites finalize their own operational interventions
- ▲ **April 2006:** Pilot Sites begin measuring
- ▲ **April – June 2006:** Possible site visits begin by Sylvia McSkimming and other members of Task Force / Steering Committee
- ▲ **July - Sept 2006:** Additional site visits as needed
- ▲ **TBD:** Additional conference calls as needed
- ▲ **November 2006** (date TBD): 2nd Task Force meeting in St. Louis.

Pilot Site Selection Criteria

Sites were identified from Health Ministries that had *established* palliative care models; strong FTEs, survey data, narratives and programs; and/or identified palliative care goals in 2005. Eight sites was the manageable limit. Seven sites were finalized:

- ▲ Carondelet Health Network, Tucson, AZ
- ▲ Our Lady of Lourdes Memorial Hospital, Binghamton, NY
- ▲ Providence Hospital, Southfield, MI
- ▲ Sacred Heart Health System, Pensacola, FL
- ▲ St. Vincent's Health Services, Bridgeport, CT
- ▲ St. Mary's Hospital, Amsterdam, NY
- ▲ St. Mary's Medical Center, Evansville, IN

Strategy Adopted by Task Force

2008: We will have identified several “leading practice” palliative care models, with standardized measures and outcomes from selected Health Ministry Pilot Sites, including studies of financial feasibility and organizational systems and processes, which will provide the rest of the System with learnings for implementing models that are most feasible and most suited for each particular Health Ministry.

Strategy Adopted by Task Force

2010: Every Health Ministry will have established a leading practice palliative care model, with standardized goals and outcomes that are being measured

2015: All the essential elements of palliative care will be fully integrated throughout the care continuum within all Health Ministries

2020: *TBD – Goal related to taking palliative care to the next level.*

Examples of Specific Goals

- ▲ Integrate the “Clinical Practices Guidelines for Quality Palliative Care” from the 2004 *National Consensus Project*.
- ▲ Establish a broad-based on-line palliative care community on the Ascension Health Exchange (May 2006).
- ▲ Identify learnings and leading practices from Pilot Sites, other health ministries, *CAPC Centers for Excellence*, *SCC:PEPC* palliative care sites, etc.
- ▲ Support and develop education opportunities across system.
- ▲ Establish specific targeted quality outcomes and measures to demonstrate improvements (began April 2006).

Examples of Identified Benefits

- ▲ Improved patient/clinical outcomes during serious chronic illness and at the end of life in all Health Ministry Pilot Sites (July 08)
- ▲ Increased patient and family satisfaction with care during serious chronic illness and/or at the end of life in all Pilot Sites (July 08)
- ▲ Demonstrate cost savings in all Pilot Sites (July 08)
- ▲ Ascension Health Ministries will be distinguished as the preferred providers of quality palliative care during serious chronic illness and at the end of life within every community served (July 2015).

Adopted a Working Definition

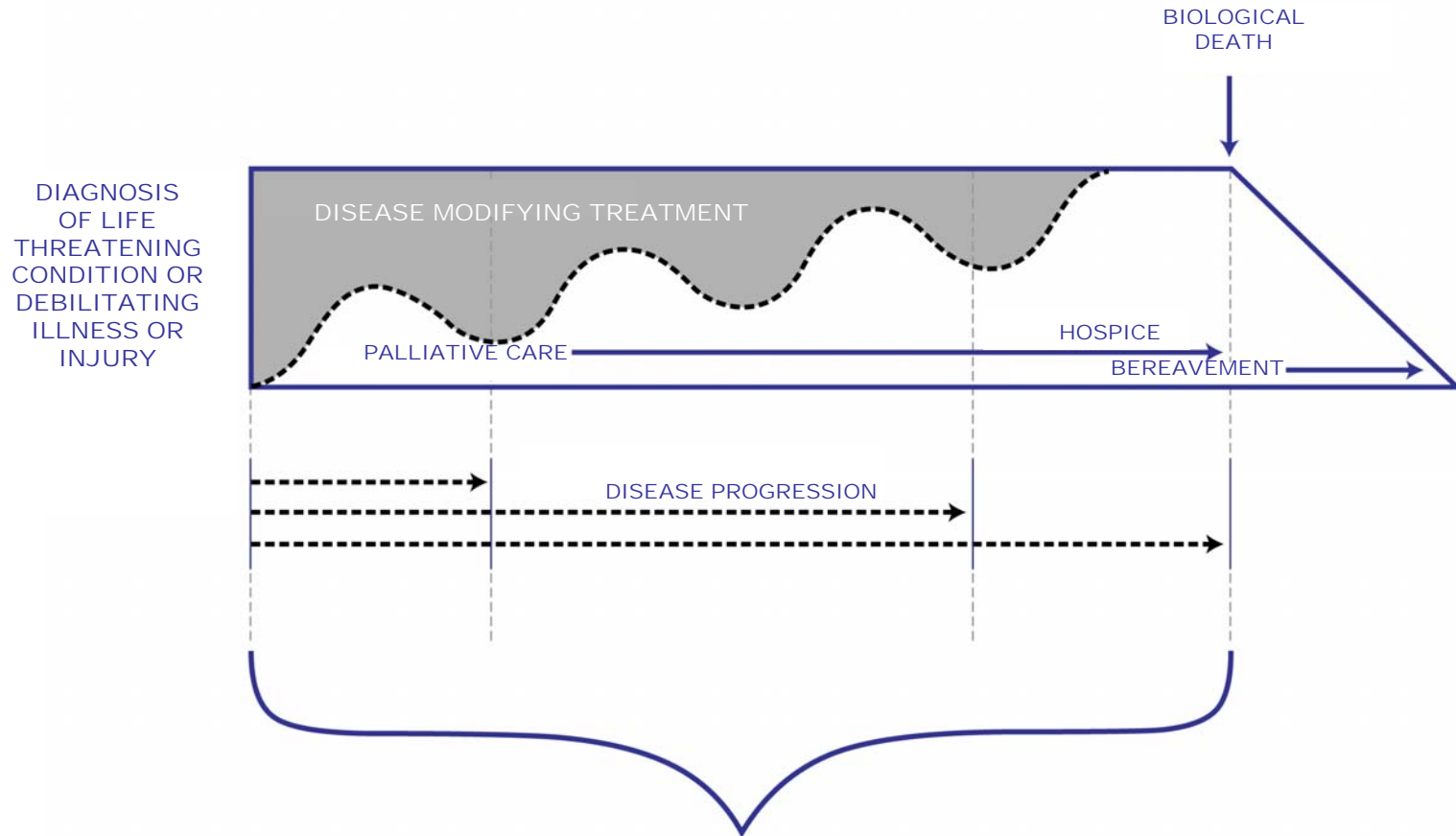
Palliative Care is an interdisciplinary healthcare approach which focuses on improving quality of life for persons living with or affected by chronic or life-threatening conditions through the prevention, assessment, and relief of pain and other physical, psychosocial and spiritual symptoms, from the time of diagnosis throughout the process of living and dying.

Adopted a Working Definition

Such excellent care will be provided according to need, either concurrently with life-prolonging treatment or as the main focus of care, respecting the values and goals of individuals, their families and other loved ones. It will assist them to live fully in community, optimize function, facilitate goals and decision-making, provide opportunities for personal growth and healing, and will support families, other survivors and communities in their bereavement.

Adopted a Model of Palliative Care

ASCENSION HEALTH PALLIATIVE CARE MODEL



CONDITIONS APPROPRIATE FOR PALLIATIVE
CARE MAY OR MAY NOT PROGRESS TO DEATH

Adopted a Vision Statement

We envision a society in which all persons living with or affected by a chronic or life threatening condition receive compassionate, holistic, coordinated care. This will include relief of pain and other physical, psychosocial and spiritual symptoms from the time of diagnosis throughout the process of living and dying. Such excellent care will be provided according to need, respecting the values and goals of individuals, their families and other loved ones. It will assist them to live fully in community and will support survivors in their bereavement. Through such care, we believe that God's healing love is revealed.

(Based on SCC:PEPC Vision)

National Consensus Project Adopted

- ▲ *Clinical Practice Guidelines for Quality Palliative Care* adopted as standard of palliative care by Task Force
- ▲ Guidelines identify Eight Domains of Quality Palliative Care:
 1. Structure and Processes of Care
 2. Physical Aspects of Care
 3. Psychological and Psychiatric Aspects of Care
 4. Social Aspects of Care
 5. Spiritual, Religious and Existential Aspects of Care
 6. Cultural Aspects of Care
 7. Care of the Imminently Dying Patient
 8. Ethical and Legal Aspects of Care

Outcomes & Measures

For information on our Outcomes and Measures, please contact the coordinator for our system wide Palliative Care Initiative:

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