




# Goals Measures Triggers



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Look wise, say nothing,  
and grunt.  
Speech was given  
to conceal thought.



# Goals

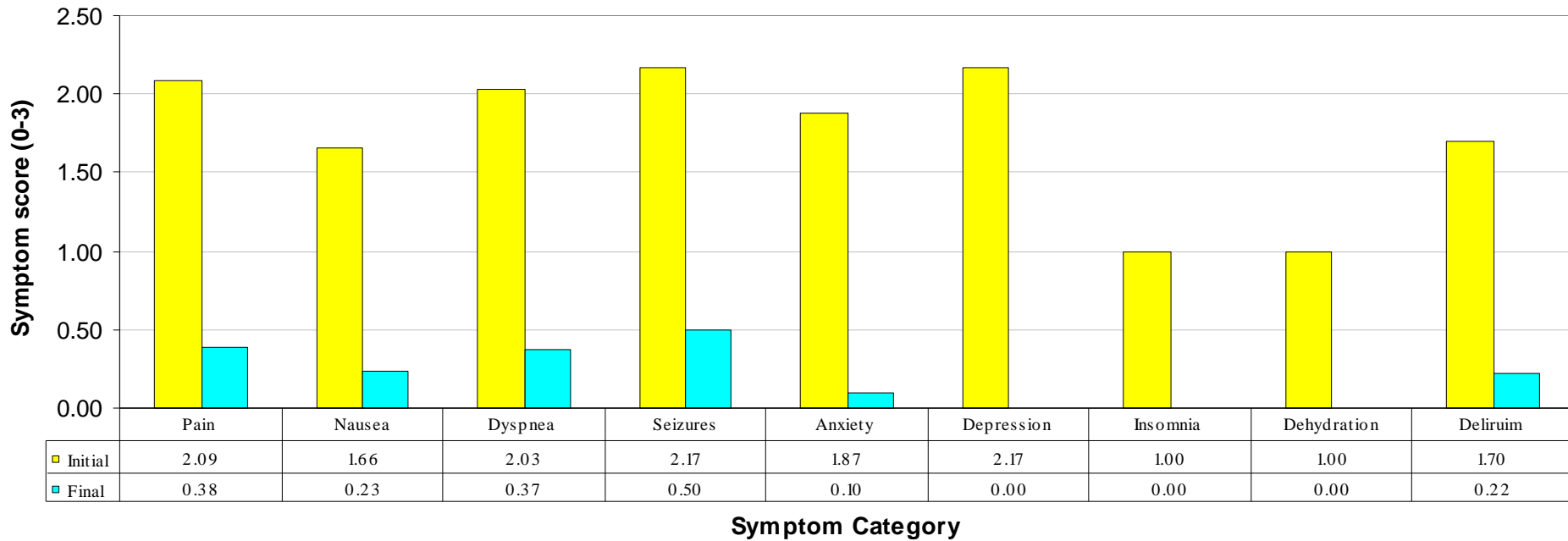
- Reduce symptom burden of seriously ill (patients for whom cure is not expected)
- Improve efficiency of care delivery
- Reduce 'disconnect' between acute, post-acute services and care delivery systems
- Increase utilization of hospice services

# Measures

- Number of palliative care consultations
  - Denominators: admissions; beds; month
- Patient/family symptom, satisfaction scores
- Inpatient LOS
- Inpatient costs
- Rehospitalizations from LTCF's
- Hospice census
- Hospice MLOS

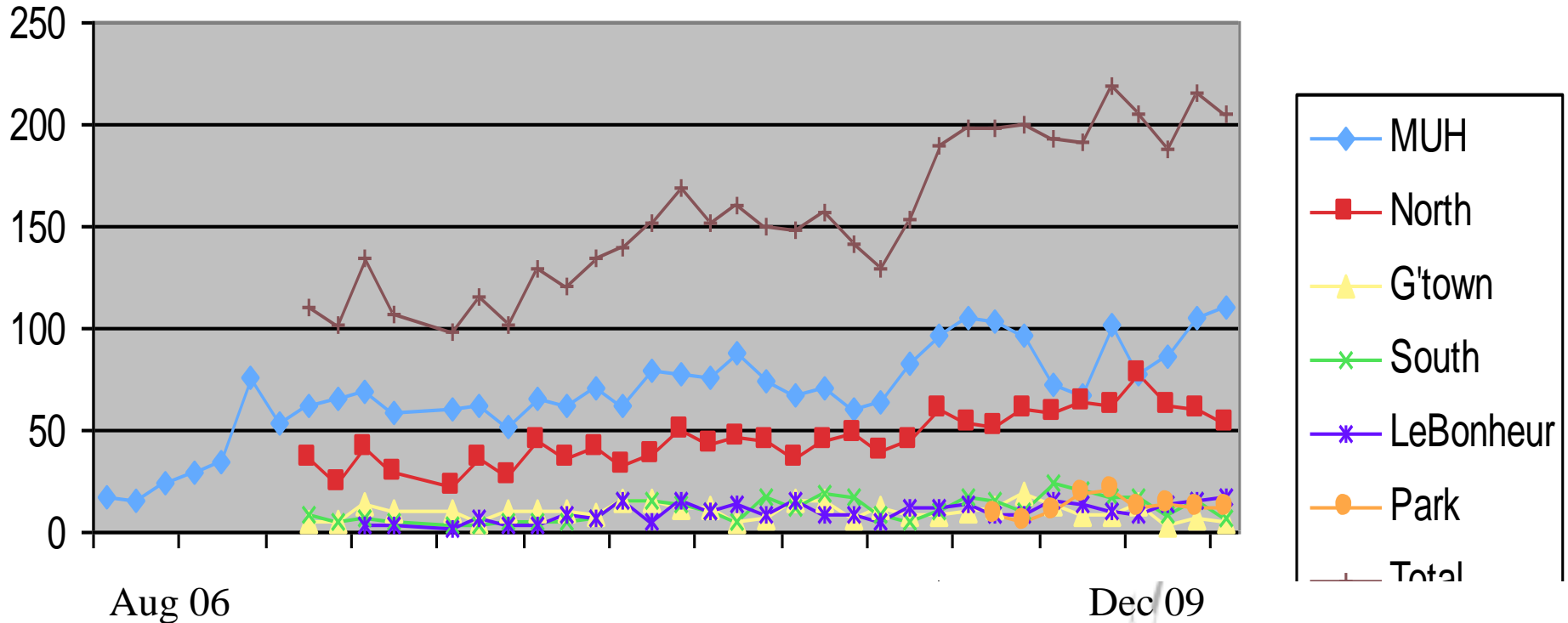
# Symptom Management (Pre VS Post Palliative Care Intervention)- System October 2007- April 2008

Evaluation of Symptom Management (pre and post-intervention)- System



# The Methodist/St. Francis Experience

## PC Consults by Hospital



# Triggers

- Proactive palliative care referrals
  - Inpatient: PPSv2
  - LTCF: repeat hospitalizations

# PC Pilot Project--Theory

- Methodist South
- One ward; 34 beds; 104 admissions/mo
- Screening criteria
  - Acute medical admission
  - Hospital day 2
  - Age 65 or greater
- Evaluate with PPSv2

# PC Pilot Project--Practicality

- Performed by nurses, case managers, social workers
- Collated at ward level
- Data analysis by PC fellow

# PC Pilot Project--Results

- 25 pts screened
- Median age 78 yrs; MLOS 6d
- 60% female; 99% AA
- Dx's: ID 9, CV 5, Neuro 5, Pulm 2
- 11 (44%) with PPSv2 40% or less
- 1 pt with PC consult (went to hospice)
- Disposition: Home 17, NH 1, Rehab 1, Home health 1, Hospice 1



**On top of everything, the cancer wing was Number 13.**

Alexander Solzhenitsyn  
*Cancer Ward*