

Title: Palliative Care in the Home (an Expansion of Care That Never Quits®)

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Statement of Problem: Our clinicians see cancer patients whose complex care needs often delay transitions to the next appropriate level of care. These delays can negatively impact lengths of stay, health care expenditures and readmission rates.

Background: Medical literature shows early palliative care improves quality of life, symptom burden, advance care planning and survival for advanced cancer patients. Traditionally, palliative care is delivered in in-patient and out-patient settings. Recently, there is interest in providing specialist palliative care in the home.

Purpose: The purpose of this program is to deliver palliative care services in the homes of recently discharged SRMC patients living in the greater Tulsa metropolitan area.

Methods/Measures: This quality improvement intervention enrolled five recently hospitalized adult cancer patients. These clinician's visits established rapport, identified patient's values and preferences, addressed any unmet discharge needs and included a goals of care discussion, including advance care planning. The Edmonton Symptom Assessment System – Revised (ESAS-R) was used for symptom assessment and trending.

Timeline: This project was conducted between February to May, 2018, during which time patients had an initial and at least one follow up visit.

Results: This intervention enrolled five patients with a median age of 61 years. Of these patients, 60 percent were male and 40 percent were female. The top 3 unmet care needs were fatigue, drowsiness and pain or anorexia. After this intervention, there was a 100 percent completion rate for advance directives and a 0 percent readmission rate.

Conclusion: The program was well received by patients and caregivers and was successful in its goals. This program could be further expanded to include other patients within our institution.