

11 Reisman Palliative Care / Oncology Integration Model

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Introduction/Problem

Palliative Care at BIDMC is provided in both the inpatient and outpatient settings by a multi-disciplinary team of physicians, nurse practitioners, social workers, and interfaith chaplains. This multi-disciplinary team works collaboratively with primary care providers, specialists, home-based clinicians, hospice providers, and community health workers to smoothly facilitate care. Palliative care consistently demonstrates improvements in patients' physical and psychosocial symptoms, family/caregiver wellbeing and satisfaction, and outcomes of care. Currently at BIDMC, the demand for palliative care outstrips the supply and there is variation in how and when palliative care is consulted. Hospital leadership has approved a new palliative care and oncology integration model with additional MD/NP and Social Work/Spiritual Care support starting in FY2020. This new model on 11 Reisman will use criteria to determine palliative care needs for every hospitalized patient with cancer.

Aim/Goal

Design and implement an alternative model for partnership between Palliative Care and the Oncology services, with an initial focus on 11 Reisman, aimed at improving the quality of care hospitalized patients with cancer receive at BIDMC as well as reducing inpatient length of stay and cost.

The Team

Leadership and staff from the following departments:

- Palliative Care
- Oncology
- 11 Reisman Nursing
- Medicine
- Social Work
- Spiritual Care
- Case Management
- Office of Improvement & Innovation

Project Sponsor: Sam Skura, Sr. Vice President, Ambulatory and Clinical Services

Lessons Learned

- In order for this program to be successful, everyone on the team has had to dedicate many hours to figuring out all the logistics and details.

The Interventions

- Develop and pilot screening criteria
- Implement IT solutions to support the new model
- Obtain buy-in from all staff impacted by this change and create collaborative care standards
- Define the "two" interventions (MD/NP & SW/Chaplain) in order to create expectations of care throughout patient journey
- Create patient and family educational materials
- Create standard staff communication to introduce program to patient/family
- Plan how the new MD/NP & SW/Chaplain staff will integrate into existing department operations, including new models for weekend coverage
- Support discharge planning and optimization of General Inpatient Care (GIP)/hospice disposition education
- Recruit new faculty, Social Worker, and Chaplain

Results/Progress to Date

- Established multi-disciplinary workgroup and steering oversight committee
- Obtained buy-in from all departments to support this new model
- Recruited new MD/NP
- Identified metrics to measure program success
- Supported the optimization of GIP
- Developed and continuing to pilot screening criteria
- Multiple subgroups have been created to focus attention on IT solutions, staffing models, standard staff communication, and care pathways

Next Steps

Over the next five months, we will be finalizing all aspects of the new model so it is ready to be rolled out on October 1, 2019

For more information, contact:

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