

MERCY HEALTH
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Early Referral to Palliative Care Using a Trigger Tool

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Trinity Health



Our 22-State Diversified Network

● 92 Hospitals* in 20 Regional Health Ministries**	◆ 4 Mission Health Ministries	3 National Health Ministries***	23,900 Affiliated Physicians
● 47 Home Care & Hospice Locations Serving 116 Counties	● 14 PACE Center Locations	● 59 Continuing Care Facilities	5,300 Employed Physicians

*Based on average of 2012-2013.
**Regional and regional management units within Mission Health, each an operating division which maintains governing body with designated oversight and subject to audit.
***National health ministries for Trinity Home Health Services, Trinity Senior Living Communities and PACE facilities.

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Mercy Health Saint Mary's Today

An integrated health care system in west Michigan:

- ❑ 2nd largest integrated health care system in Kent county with \$450M annual net revenue
- ❑ Achieved Magnet® designation on May 15, 2013
- ❑ Top Hospitals for Leapfrog 2013
- ❑ Teaching hospital – 371 beds with ~ 4,000 associates - - including 116 adult psychiatric and 15 neonatal ICU beds
- ❑ 20 operating rooms between main campus and ASC with 2 da Vinci surgical systems
 - ❑ We have an additional 4 rooms that we will be bringing on slowly in 2017
- ❑ Progressive leader in cancer care, neurosciences, orthopedics, kidney transplant, diabetes and endocrine care, and behavioral health
- ❑ Comprehensive clinical integration model aligning more than 500 employed and independent providers into Clinically Integrated System with at risk contracts
 - Mercy Health Physician Partners – employed group of 250+ primary and specialty care physicians and APs
 - Affinia Health Network– a membership organization uniting employed and independent physicians in the region



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Mercy Health Saint Mary's – FY2016

Core Service Area
(shaded in yellow and orange)

- Serve residents in 13 counties
- 22,000+ inpatient discharges
- 20,000+ surgeries
- 84,000+ emergency department visits
- 31,300+ urgent care visits
- 1.1+ million outpatient visits
- Top quartile in national peer group in H-CAHPS patient satisfaction for:
 - Rate Hospital
 - Would Recommend Hospital

Source: Mercy Health Saint Mary's financial reporting and Press Ganey



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Background

- Nationally, chronic illnesses and symptom management associated with advanced age make early Palliative Care consultation an important service for patients
- Palliative care is used to prevent and relieve suffering, as well as to support the best quality of life for patients and their families, regardless of the stage of the disease or the need for the therapies
- Multiple studies have demonstrated the benefits of palliative care, including its ability to decrease patients' symptom burden as well as increase the likelihood that patient's end of life care will align with their preferences

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Senior Care Unit

- 32 bed acuity adaptable inpatient unit
- Top diagnoses:
 - Sepsis
 - Heart Failure
 - Pneumonia/COPD
 - Dementia with behavioral disturbances
- Unique roll of transitions

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Why?

- Our Senior Adult Unit believed that we were underutilizing the services of our Palliative Care team
- Palliative Care team felt that they were receiving consults too late in the hospitalization
- No real criteria for consult- "We just know when to ask for a consult"

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Literature Search

- CINAHL, PUBMED
- Tools available
- Different populations

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Team

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Goal

The trigger tool was created with the goal of increasing the overall number of Palliative Care consults and to also obtain the consults earlier in the patients' admission


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Hypothesis

Early referral to Palliative Care will decrease length of stay (LOS) and readmissions

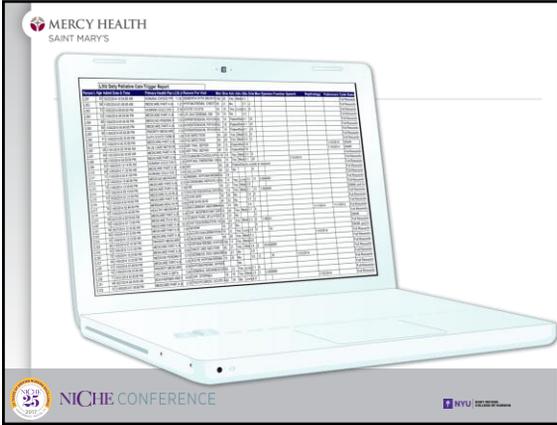

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Trigger Tool Categories

- Patient name
- Age
- LOS
- Admit date
- Insurance
- Reason for visit
- Morse Fall score
- Braden Skin score
- Advance directive status
- Albumin level
- IV Morphine given
- Ejection fraction
- Speech consult
- Nephrology consult
- Pulmonary consult
- Code status
- Orientation Memory Concentration Test


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Methods

- Automatic daily report on all patients on the unit
- 4 or more criteria met, triggered recommendation for a Palliative Care consult
- The criteria were pulled from discrete fields in our EHR
- The physician was asked for an order and if they agreed, an order was placed for a Palliative Care consult
- Our tool went live on March 1st, 2014

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Gathering Data

- Data was gathered pre- and post-implementation
- Collected from March 1st, 2013-August 31st, 2013
- Collected from March 1st, 2014-August 31st, 2014
- 461 total patients were evaluated

*Also reviewed an additional 283 patients from November 14-May 15th to ensure outcomes were being maintained.

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Outcomes Evaluated

- Number of consults
- Reason for consult
- Day of admission consult occurred on
- LOS for patients
- Discharge disposition
- Number of readmissions before and after consult

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Outcomes

35% increase
In the Number of palliative care consults

50% decrease
In readmissions 6 months after the consult was completed compared with 6 months prior to completion

Consults to Palliative Care were ordered **14% sooner** in the admission process than prior to the use of the tool

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Discharge Disposition Summary

Top 4 discharge locations included:

Home	Home w/ HC
SNF	Home w/ Hospice

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Reason for Consult Summary

- Goals of Care
- Pain
- End of life

*Top 3 reasons for Palliative Care consult remained the same prior to and after initiation of the tool

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Next Steps

- Replicate this tool for other patient populations
- Further data collection
- Addition of the PRISM Score
- Publication

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References

Amano, K., Morita, T., Tataru, R., & Katayama, H. (2014). *Association between early palliative care referrals inpatient hospice utilization, and aggressiveness of care at end of life*. *Journal of Palliative Medicine*, 17, 1-4.

Andersen, A., Tracy, M., & Nailon, R. (2013). *Examination of the interrater reliability of a palliative care assessment tool in patients at hospital admission*. *Journal of Hospice and Palliative Care*, 15 (8), 491-498.

Devi, S. (2011). *Timely referral to palliative care team improves quality of life*. *Indian Journal of Palliative Care*, 17, S14-S16.

Humphreys, J. & Harman, S. (2014). *Late referral to palliative care consultation service: length of stay and in hospital mortality outcomes*. *The Journal of Community and Supportive Oncology*, 12, 129-136.

Trout, A., Kirsh, K., & Peppin, J. (2012). *Development and implementation of a palliative care consultation tool*. *Palliative care and Supportive Care*, 10, 171-175.

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Questions?

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