



**WENTWORTH-DOUGLASS
HOSPITAL**
A Mass General Community Hospital

Growing a Culture of Palliative Care Across Healthcare Settings

7th Annual Hospice & Palliative Care Conference
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Disclosure Statement

We do not have any relevant financial relationships
with any commercial interests

- Agata Marszalek, MD - Director, Palliative Medicine
- Jennifer Powers, MHA, CHPCA - Manager, Supportive & Palliative Care


Objectives

1. Define palliative care and the interdisciplinary team
2. Provide an overview of WDH and our philosophy of care
3. Outline palliative care program development at WDH
4. Describe palliative care expansion at WDH
5. Demonstrate the value of palliative care at WDH
6. Review steps to sustain the program and team health

Objective 1

Definition of palliative care and the interdisciplinary team


Language, definition, and messaging make a big difference in attitude towards palliative care



Language Matters

Why getting the message straight is critical to improving
access to palliative care

- How we talk about palliative care influences perceptions about palliative care
- Attitudes become significantly more favorable as people are educated
- The more educated consumers become, the more likely they are to say they would consider palliative care for themselves or a loved one



Definition of Palliative Care

Palliative care is specialized medical care for people living with serious illness. It is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.



Definition of Palliative Care and the interdisciplinary team

Palliative care is provided by a team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in an illness, and it can be provided along with curative treatment. Palliative care is based on need, not prognosis.

Interdisciplinary team: MD, APRN, PA, RN, Social Worker, Chaplain, PT/OT, Pharmacist, Dietician



Palliative Care is not Hospice

Palliative Care

- Not dependent on prognosis
- Addresses patient and family needs from diagnosis of a serious illness to death
- Services are provided in addition to other curative treatments

Hospice Care

- Dependent on prognosis
- Addresses patient and family needs 6 months prior to death, and provides bereavement up to 1 year after death
- Services are provided for terminally ill patients who no longer seek curative treatment

What happens when we talk about palliative care and hospice in the same sentence?

"Palliative care and hospice support the patient and family during serious illness."

[Audience remembers palliative care and hospice](#)

"Palliative care supports the best possible quality of life for patients and their families."

[Audience remembers palliative care and quality of life](#)

Objective 2

Overview of Wentworth-Douglass Hospital and our philosophy of care

History of WDH

Wentworth-Douglass Hospital opened on August 30, 1906.

It has grown to become a nationally recognized, not-for-profit charitable health care organization located in the Seacoast community of Dover, New Hampshire.

We have a 114-year history of compassionate care and innovation.

- 500 nurses
- 400 providers
- 2,300 employees



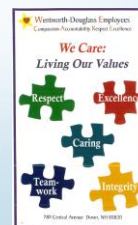
Overview of WDH

- Accredited by The Joint Commission, 178 bed Magnet recognized hospital
- January 1, 2017 we became members of Massachusetts General Hospital and Partners Health Care System
- Seacoast Cancer Center on the hospital campus
- 36 outpatient primary & specialty care practices (Wentworth Health Partners)



“We Care” Philosophy at WDH

- Patient and family centered
- Focus on quality and good outcomes
- Goal is to provide access to the best specialized care close to home
- Continue to develop, grow and improve additional health care services to best serve the community



WDH Mission, Vision, Values and the Triple Aim



Objective 3 Palliative care program development at Wentworth-Douglass Hospital

Why did WDH invest in Palliative Care?

The benefits of palliative care are huge

- Improved patient experience
- Safer practices
- Reduced hospital days and patient spending due to advance care planning
- Less staff burnout
- Reduced unnecessary hospital utilization

Well-controlled symptoms mean fewer ED visits and hospital admissions

Individuals living with a serious illness – such as cancer, COPD, heart disease, frailty, or dementia – face heightened risk of unnecessary suffering, crisis hospitalization, and preventable spending.



Pilot Study

Michele's RN graduate project

- Select patient care setting
- Form primary palliative care team (MD + RN)
- Provide education (formal, real-time)
- Screening tool
- Provide services to patients and families



Outcome of the pilot study

- Improved symptom management and reduced caregiver burden
- Matched treatment options to patient goals
- Improved patient and family satisfaction with their care
- Time devoted to intensive family meetings and counseling relieved burden on referring physicians' time
- Developed momentum for the next step...

Patient testimonials

"Palliative care made this difficult time a lot easier for me to cope."

"I cannot stress what a difference palliative care made in our lives – not only as a loving couple, but as a family unit."

Program Start-Up

Step 1

System assessment

- Identify existing strengths within the hospital system that could benefit from a palliative care program through partnership, collaboration, and support

First champions: Nurses, Hospitalists

- Meet with multiple stakeholders: Clinicians, Leadership, Board of Directors

First champions: Chief Nursing Officer, Chief Medical Officer

Program Start-Up

Step 2

Needs assessment

- Identify areas of need to highlight where palliative care programs make the greatest contribution

Expert symptom management

Knowledge of patient priorities to improve function and quality of life

Attention to physical and emotional distress

Support for the primary medical provider and family caregivers

How we got buy-in for a palliative care program

Making the clinical case



Supportive & Palliative Care helps Brad realize options for life

"Dr. Agata told me I always have options – that I could change my mind if I wanted. That was the most important conversation I've ever had."



WENTWORTH HEALTH

The first time Brad met Dr. Agata, he had the most important conversation of his life.

How we got buy-in for a palliative care program

Making the financial case

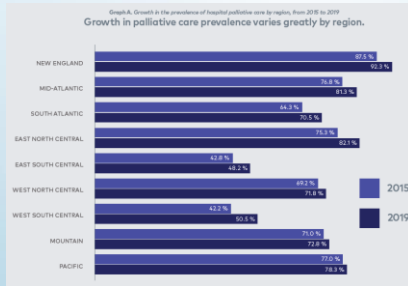
- Nearly 75% of hospital admissions are for patients with multiple chronic conditions
- Nearly 80% of ED visits and hospitalizations are due to exacerbations of preexisting conditions and chronic symptoms
- The sickest 10% of patients account for 65% of total health care expenses
 - This group is characterized not only by the presence of one or more serious medical illnesses, but also by functional dependency, cognitive impairment, frailty, and heavy reliance on family and other caregivers.
 - Only 11% of them are in the last 12 months of life.



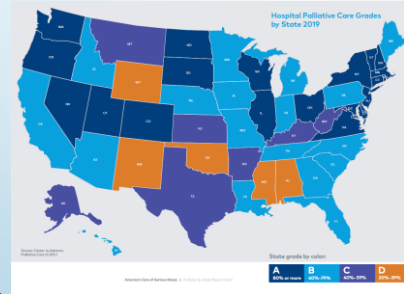
Objective 4

Palliative care program expansion at Wentworth-Douglass Hospital

Growth in Palliative Care by Region



Access to Palliative Care



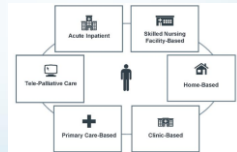
Palliative Care Program Expansion at Wentworth-Douglass Hospital

Inpatient

- Medical/Surgical Floors
- Critical Care Unit

Outpatient

- Emergency Department
- Seacoast Cancer Center
- Hospital-based Palliative Care Clinic



The Interdisciplinary Team at WDH

- | | |
|--|--|
| Agata Marszalek, MD Director | Robin Whelan, Admin Assistant |
| Sarah MacDuffie, DO Physician | Jessica Sharkey, Admin Assistant |
| Jennifer Powers, MHA, CHPCA Manager | Barbara Stuart, RN, CHPN Staff Nurse (Per Diem) |
| Heidi Stucker, APRN Nurse Practitioner | Michele Lovell, APRN Nurse Practitioner (Per Diem) |
| Mary Krans, RN Nurse Coordinator | Adrienne Hayes, APRN Nurse Practitioner (Per Diem) |
| Amy Stuart, RN, CHPN Nurse Coordinator | Anne-Marie Hardman, APRN Nurse Practitioner (per diem) |
| Suzanne Schuh, RN Nurse Navigator | Shirley Mahoney, APRN Nurse Practitioner (Per Diem) |
| Marcia Flinkstrom, MSW Social Worker | |
| Shelly Snow, MDiv, MEd, APBCC Spiritual Care | |



Services Provided

Symptom management

Cancer-related pain, dyspnea, nausea, anorexia, constipation, fatigue, anxiety/depression

Advance care planning

Goals of care, guidance in decision-making, navigation of health care system

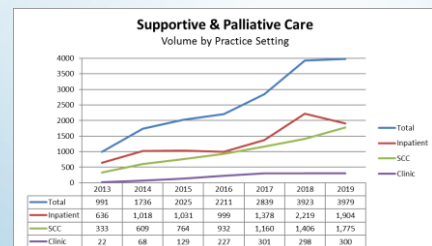
Clear communication

With primary care providers, specialists, family members

Supportive counseling

Spiritual & psychosocial/emotional support for patients and families

Program Volumes



Primary palliative care training

Vital Talk <https://www.vitaltalk.org/>

Core techniques and tools:

Disclose Serious News 3 Videos When giving difficult news, less is more.	Address Goals of Care 2 Videos Smoothing discussions about prognosis and treatment.	Conduct a Family Conference 2 Videos How to build relationships with family and promote patient-centered care.

Nurses and Nurse Care Managers
Hospitalists
Primary Care Providers

Primary palliative care training

<https://www.vitaltalk.org/topics/conduct-a-family-conference/>

VITALtalk More communication tools:

 Establish Rapport How you start a conversation makes a difference.	 Track & Respond to Emotion Things to remember when your patient is emotional.
 Offer Prognostic Information How to balance hope and realism.	 Defuse Conflicts Conflicts are inevitable. Here's how to handle them.
 Bear Witness to the End Helping patients find acceptance.	 Stay Strong Empowering clinicians with communication skills that stick.
 Cultivating Your Skills Tools to become a better communicator.	

The Power of a Palliative Care Team

Teambuilding

- Morning huddle
- Establishing team norms
- Cultivating positivity
 I'll see it when I believe it (vs. I'll believe it when I see it)
- Meyers-Briggs
 Embracing diversity in the workplace

Attaining Certification

- Continuing education, networking

Work-life balance

- 4-day provider work week

References and Resources

Center to Advance Palliative Care (CAPC)

<https://www.capc.org/>

Vital Talk

<https://www.vitaltalk.org/>

Ariadne Labs

<https://www.ariadnelabs.org>

American Academy of Hospice & Palliative Medicine (AAHPM)

<http://aahpm.org/>

Hospice & Palliative Nurses Association

<https://advancingexpertcare.org/>

Questions?

"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being."

—Atul Gawande, *Being Mortal*

Thank you!