

Palliative Care Programs



OVERVIEW, CHALLENGES & SUCCESSES



HopeWest

Palliative Care at Home, Nursing Home, ALR



Transitions

- **Patients:** Seriously ill with unknown prognosis/seeking curative treatment
- RN: 2 per 100
- SW: .5 per 100
- Chap: .25 per 45
- Volunteers
- Available DO/MD
- Weekly TC
- Monthly visit



Living with Cancer

- **Patients:** Cancer patients seeking cure with or without six month prognosis
- Oncology RN 1: 35
- .25 SW: 35
- .1 Chap: 35
- Volunteers
- Coordinate with Cancer Center
- Weekly TC
- 2 x per month up to weekly visits



Journeys

- **Patients:** Discharged from hospice due to stability or better prognosis or choice for curative therapy
- Keep hospice team members
- Monthly visit
- Weekly TC



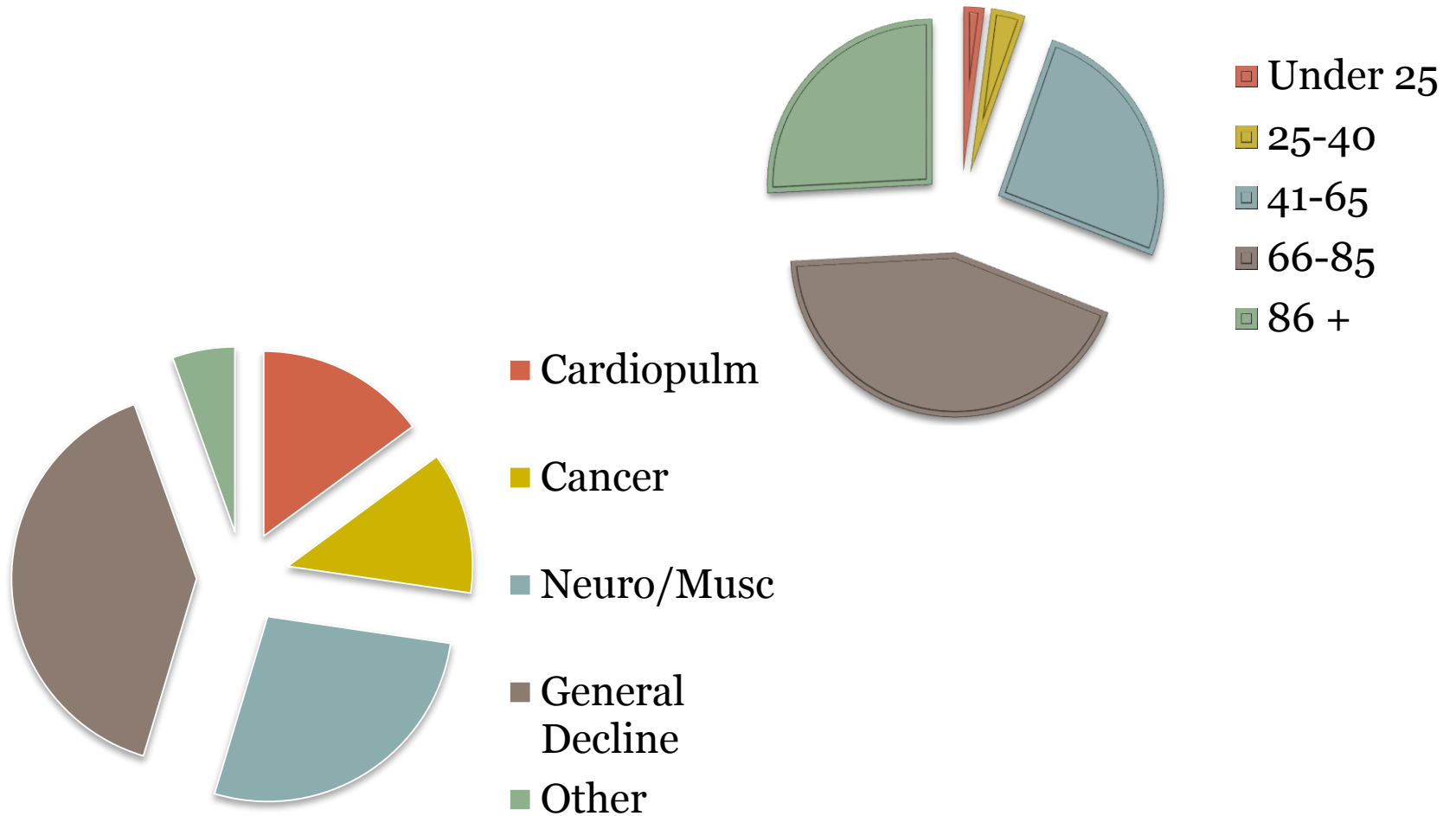
HopeWest

Supported By:

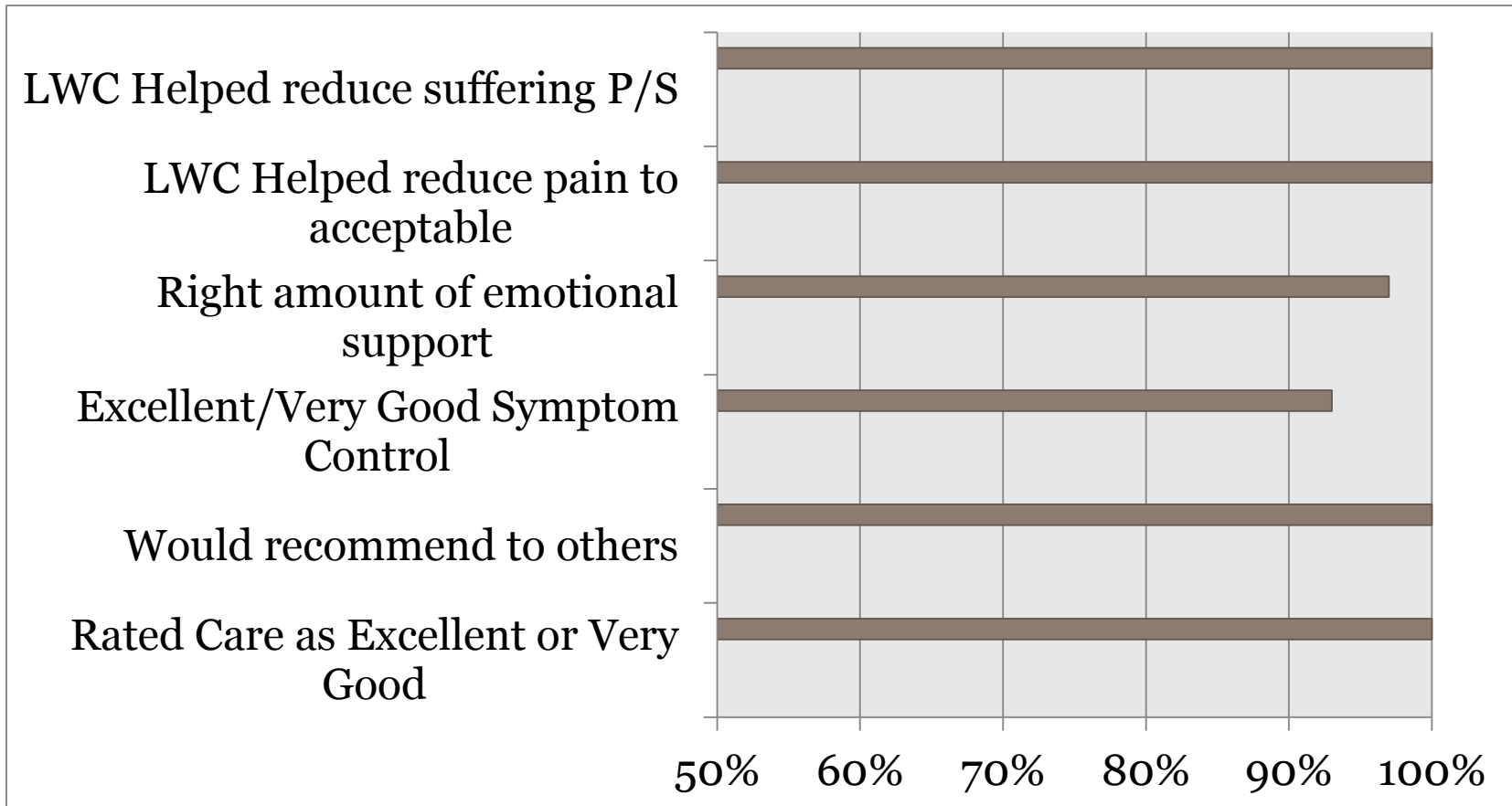


- Inpatient Palliative Care Team: Collaborative Team with our physician, team social worker, spiritual care and nursing / Access Team Member who round M-F and coordinate care of all new and existing inpatients.
- Emergency Room Response from Triage and After Hours RN's & Palliative Care Team
- Regional Health Information Network
- After Hours and Triage and Visits 24/7

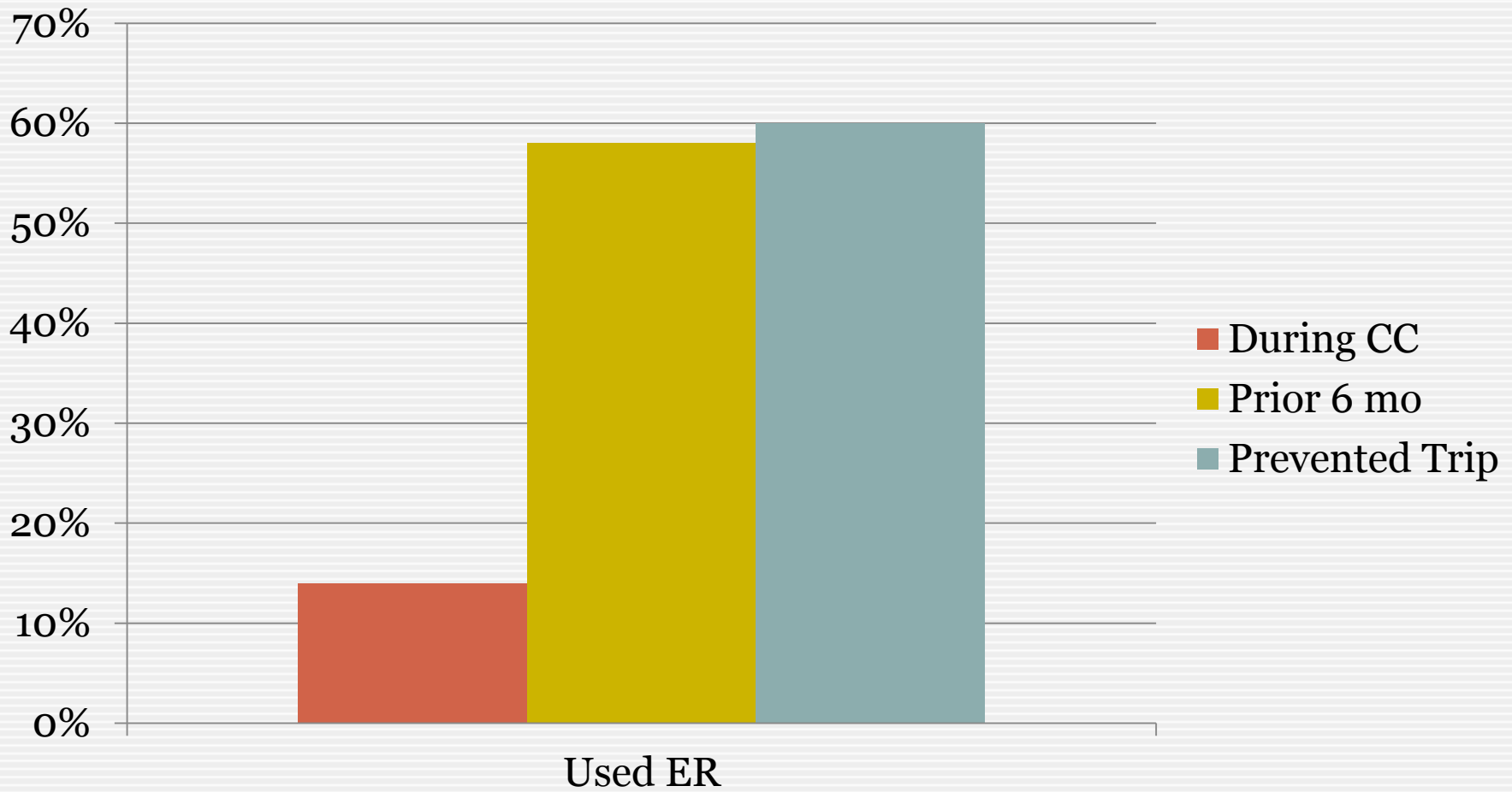
Demographics for Palliative Care



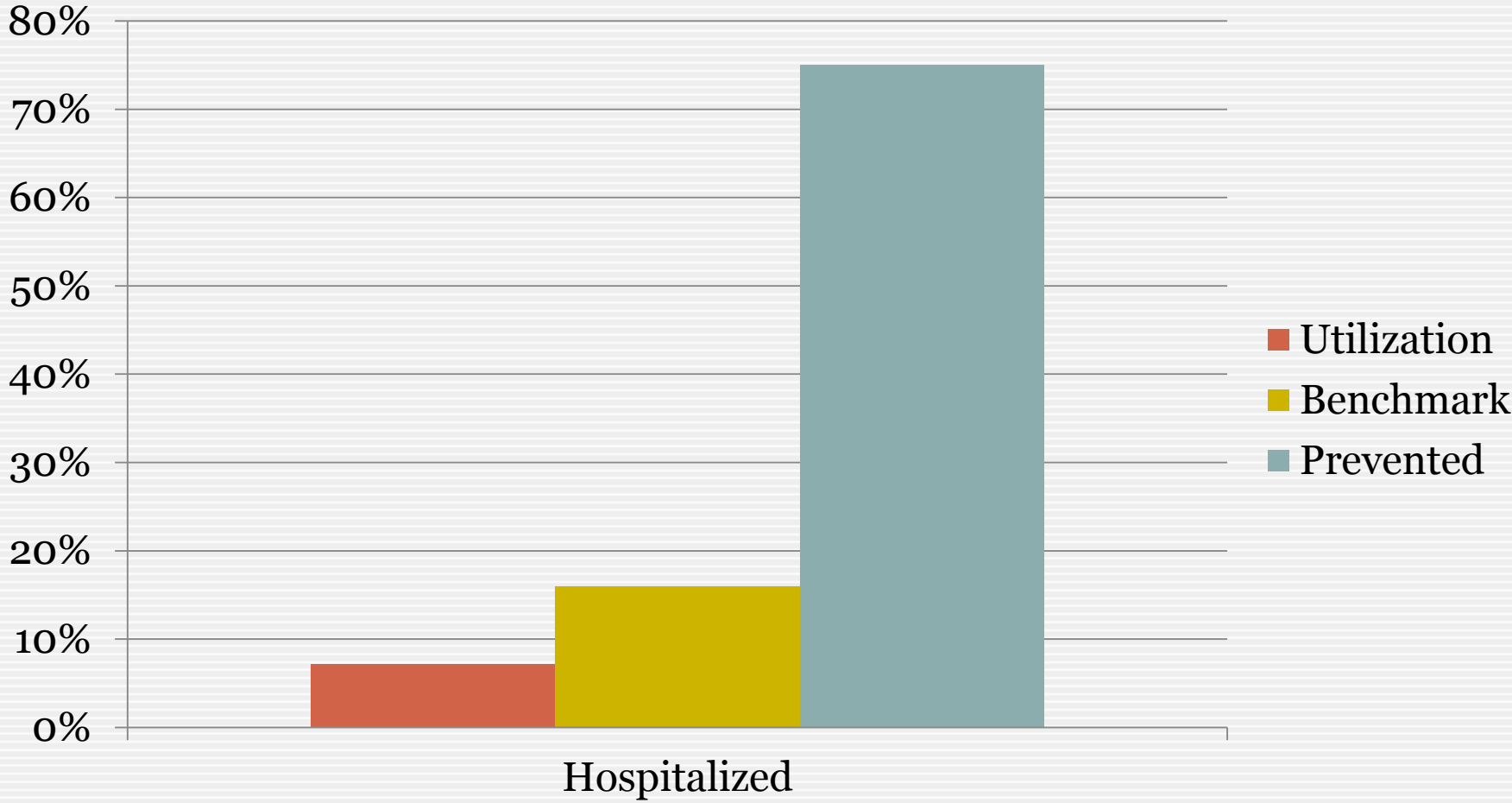
Patient Satisfaction



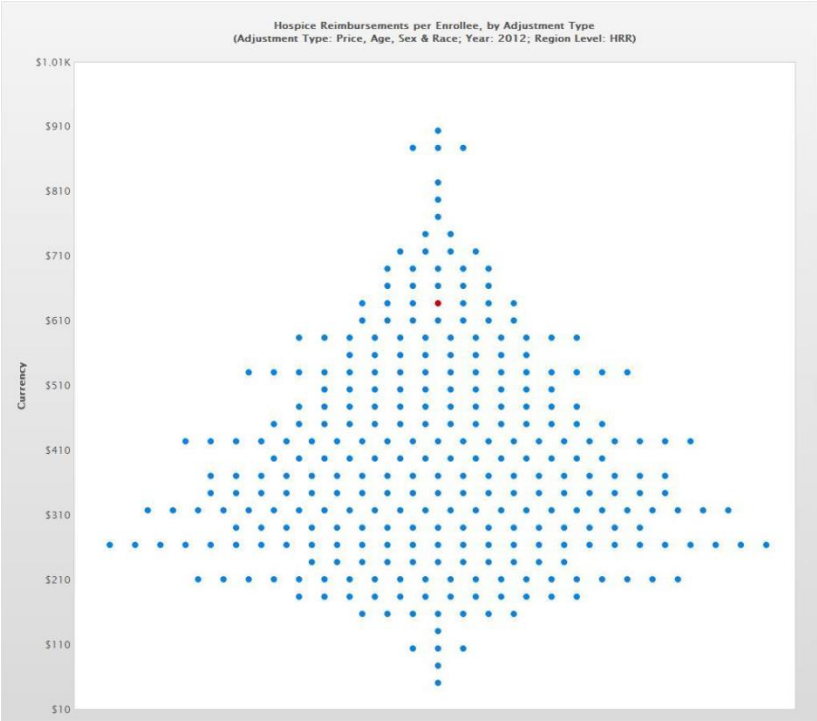
ER Utilization decreased 44%



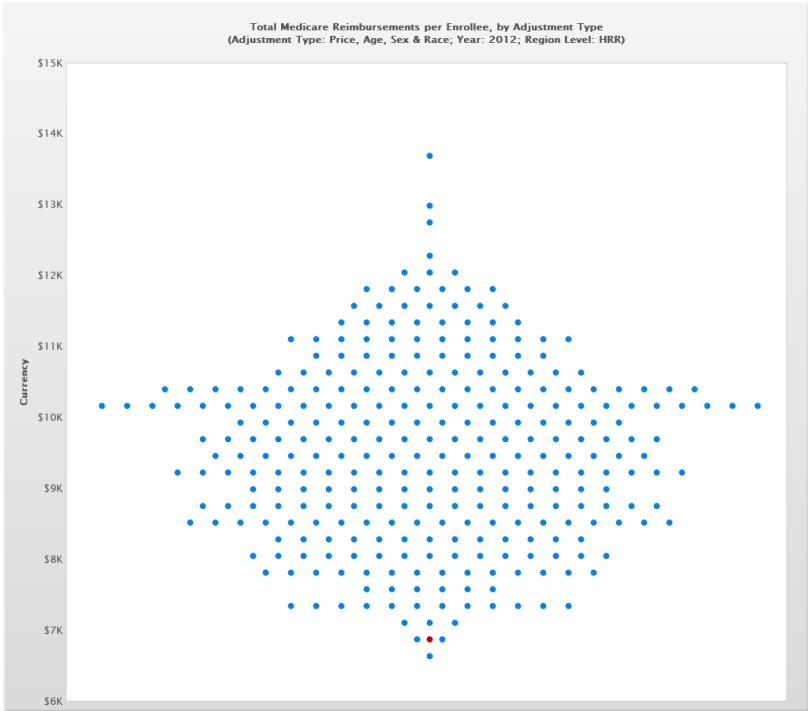
Hospitalization



Outcomes for Mesa County



Total Hospice Spend



Total Medicare Spend

Funding



- Part B Billing for physicians
- Support from Regional Medical Center partner
- Sliding Scale
- Private Insurance
- Foundation and Grant Support
- General Philanthropy

Challenges and Successes



Challenges

- Supervision of clinicians in other institutions
- Continued funding with financial pressures on hospice
- More requests than resources
- Model expansion to Meeker rather than Medicare Hospice

Successes

- Foundation Support
- Hospital \$ Support
- Demonstrated outcomes are significant in < cost & >satisfaction
- Board Support