

Spring 2016

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Recommended Citation

Tier, Emily, "Building the United Health Services Palliative Medicine Service" (2016). *Capstone Projects 2015-Present*. 13.
http://orb.binghamton.edu/mpa_capstone/13

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Building the United Health Services Palliative Medicine Service

BINGHAMTON
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Spring 2016



United Health Services Palliative Medicine Service

As part of UHS, the largest comprehensive healthcare system in the Southern Tier of New York State, the UHS Palliative Medicine Program serves patients with serious, chronic, and/or terminal illnesses, such as cancer, dementia, heart disease, and lung disease.

Staffed by an interdisciplinary team of physicians, nurse practitioners, and social workers, the program takes a holistic approach to the management of these illnesses, with the goal of maximizing quality of life through the end of life. The program works to help patients at any age and at any stage of illness to:

- Understand their options
- Manage their symptoms, including pain, shortness of breath, and fatigue, as well as anxiety and depression
- Address their emotional and spiritual needs
- Develop care plans and advanced directives that respect their choices
- Support their family and friends
- Coordinate their care with providers in the hospital and in the community



A relatively new specialty, palliative medicine has expanded across the United States over the last two decades (Dumanovsky et al., 2015). Palliative medicine services have been associated with increased patient satisfaction rates and decreased healthcare costs in both hospital and home settings (for example, Brumley et al., 2007; Morrison et al., 2008; Morrison et al., 2011).

Needs

The UHS Palliative Medicine Program was established in 2014, as UHS saw the provision of palliative medicine services as part of its pathway to achieving its vision to “demonstrate exceptional value in the delivery of coordinated, patient-centered care” (UHS, 2015).

The program seeks to expand formal coverage at the UHS Hospitals and to provide palliative medicine support in the community in 2016. Achieving these goals requires hiring more staff members but also necessitates developing new policies and creating additional resources. To date, the staff members have not been able to dedicate time to these initiatives, as each of them has clinical responsibilities that take precedence over these administrative tasks.

These policies and resources include:

- Updated hospital palliative medicine policy
- Informational materials
- Expanded data collection policies and procedures



These resources are needed to further legitimize and to grow the UHS Palliative Medicine Program. The objectives and methods of palliative medicine are often somewhat unfamiliar, both to those with and without healthcare backgrounds. These resources will help better define the role and illustrate the benefits of palliative medicine generally and of the UHS Palliative Medicine Program specifically.

Methods

In order to develop these resources, I consulted several palliative care organizations and palliative care policies, as well as other palliative medicine programs. These organizations and policies included the:

- Center to Advance Palliative Care (CAPC, n.d.)
- National Hospice and Palliative Care Organization (NHPCO, n.d.)
- National Palliative Care Research Center (NPCRC, 2013)
- New York State Palliative Care Information Act (NYS DOH, 2012)
- New York State Palliative Care Access Act (NYS DOH, 2012)

I also reviewed relevant academic and professional literature on palliative care, palliative medicine, hospice, and quality of life evaluation, assessment, and measurement tools.

In addition, my products and recommendations are based on a review of current UHS policies and materials, as well as discussions with and observations of the UHS Palliative Medicine Team.

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Products and Recommendations

Updated Hospital Palliative Medicine Policy

The policy was revised to reflect the establishment of the UHS Palliative Medicine Team, the enactment of the New York State Palliative Care Information and Access Acts, and the developments in palliative medicine research. The policy defines palliative medicine services, connects these services to other hospital policies and procedures, and explains the responsibilities of attending physicians and the palliative medicine team.

Informational Materials

Informational materials – including a brochure and a website – were created to facilitate more efficient and effective engagement of patients, families, and other community members. These materials answer these questions:

- What is palliative medicine?
- What does palliative medicine offer?
- Who benefits from palliative medicine?
- When does palliative medicine help?
- How can I receive palliative medicine?
- How can I cover the costs of palliative medicine?

Expanded Data Collection Policies and Procedures

I recommended data collection policies and procedures and developed supporting materials. The policies, procedures, and supporting materials were reviewed with the Administrative Director of the UHS Palliative Medicine Team. The proposal included the following recommendations:

- Consider the four-domain data model (CAPC, n.d.)
 - Operational data
 - Clinical data
 - Customer data
 - Financial data
- Formalize operational data collection through the use of new spreadsheets
- Implement formal social work assessments
 - NHPCO Social Work Assessment (SWAT) (NHPCO, n.d.)
 - CAPC Social Work Assessment (CAPC, n.d.)
 - Measuring the Quality of Life of Seriously Ill Patients Assessment (QUAL-E) (NPCRC, n.d.; Steinhauer et al., 2004)
- Use the National Palliative Care Registry (CAPC, n.d.)



Acknowledgements

I thank my supervisor Kris Marks, LCSW-R/OSW-C, and the UHS Palliative Medicine Team (Amy Alonzo, LMSW, Carolyn Crispell, DO, Maureen Daws, PhD/FNP, Phil Dzwonczyk, MD, and Wendi Zuwiyya, FNP), as well as my project advisor, Kristina Lambright, PhD, and the faculty and staff in the Departments of Public Administration and Social Work at Binghamton University, for their support throughout this project. I also thank Stacie Sinclair, MPP/LSWA, at CAPC for sharing her knowledge and insight in palliative care policy and program development.