

# Today's palliative care means living well with serious illness

Palliative care has the potential to enrich patients' lives and reduce the cost of care, but it remains an underused service

Palliative care has been used more in recent years but still remains a largely underutilized service. In the past, palliative care referred to patients at home or in hospice, but now the concept encompasses more comprehensive care for people diagnosed with a serious illness, including end-of-life care.

## Opportunity

Palliative care can be a key component of medical care for patients suffering from serious illnesses throughout their care journey. In 2017, 15 Vizient members joined together to improve, initiate or implement palliative and end-of-life care to enhance the quality of life for these patients.

It is helpful to understand the difference between palliative care and hospice care. Hospice care, which is a component of palliative care, is a service delivery system that emphasizes symptom management without life-prolonging treatment and is intended to enhance the quality of life for both patients with a limited life expectancy and their families. One important difference, however, concerns the timing: Palliative care can begin at the time of diagnosis and during a patient's treatment, whereas hospice care begins only when the patient has decided to stop treatment and when it is evident that the patient only has weeks or months to live.

Proactively offering palliative care to patients with serious medical conditions can help support multiple initiatives within the organization. Palliative care can result in improved quality of care, including higher patient satisfaction; improved communication; fewer admissions to intensive care units, emergency departments and acute care hospitals; more referrals to hospice; and reduced costs.

Advance care planning allows patients to consider and prepare for serious, chronic and end-of-life care, creating resources such as advance directives that inform physicians, health care providers and loved ones of patients' wishes. Compiling this information requires deliberate discussions about patients' health and values.

Palliative care helps patients and families understand the nature of their illness and make timely, informed decisions about their care. Having crucial conversations and appropriate documentation in place can result in improved quality of life by helping all affected individuals understand their options and feel in control of their lives.

*“Palliative care should be a vision of health care for people with serious illnesses to provide integrated, comprehensive, high-quality, interdisciplinary, person-centered palliative care in all settings of care.”*

**Dr. Steven Pantilat**

Director, Palliative Care Program  
at the University of California,  
San Francisco and the  
Palliative Care Quality Network

## Key intervention strategies and recommendations from the collaborative

Successful intervention strategies (addressed comprehensively in the project final report and through member case studies) that emerged from the collaborative:

- Defining palliative care and strengthening the organization’s understanding of the discipline
- Introducing palliative care to patients throughout the continuum of care
- Building supportive resources and programs for palliative care within the organization and across the continuum
- Ensuring that patients with serious illnesses achieve their care goals
- Educating physicians and staff on palliative care and having crucial conversations
- Examining the value of palliative care

### Key recommendations from the collaborative:

- Enlist key champions who demonstrate a passion for palliative care. They do not have to be physicians.
- Leverage all care providers by educating them on the importance of palliative care and what constitutes a patient’s eligibility to receive a palliative care consult.
- Provide early palliative care consults within 24 hours of the inpatient’s arrival, which may occur in the emergency department.
- Ensure all departments are engaged and familiar with palliative care, including the executive leadership team.
- Develop key palliative care questions and scripting to ensure patients’ wishes about their care are heard and understood.

### Overall collaborative results\*

Collaborative participants increased the frequency of:

- Having advanced care planning documentation available for review at time of discharge by 47 percent
- Having advance directives on chart and available for review at time of discharge by 37 percent
- Completing spiritual assessment at time of discharge by 14 percent

Discharge disposition results showed an increase to home with home care, rehabilitation facilities and other options outside the hospital, revealing that patients were being discharged to places where additional resources for care were available, instead of being home alone.



For more information about engaging in the PI Collaboratives program, please visit with your network director or email us at [picollaboratives@vizientinc.com](mailto:picollaboratives@vizientinc.com).

As the nation’s largest member-driven health care performance improvement company, Vizient provides network-powered insights in the critical areas of clinical, operational, and supply chain performance and empowers members to deliver exceptional, cost-effective care.

If you are a member of the Vizient PI Collaboratives program, the complete final report on this effort is located on the [www.projectwebsite.com](http://www.projectwebsite.com).

\* Statistics based on baseline data of 294 patients and remeasured data on 180 patients from collaborative participants