



# 2021 LEAD Capstone Poster Session

## The Palliative Care Unit: A Tool to Help Close the Gap in Holistic, High-Quality Care for the Seriously Ill

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# Abstract

- Seriously ill patients have high symptom burden and are high needs.<sup>1</sup> Without adequate support, these patients risk incredible suffering and loss of dignity.<sup>2</sup>
- Hospital-based palliative care programs have grown significantly in recent years to meet the needs of these patients.<sup>3</sup> Palliative care involvement has been shown to mitigate symptoms, improve quality of life, and increase patient, family, and even provider satisfaction.<sup>4,5</sup>
- Numerous studies have demonstrated these outcomes are even more pronounced in hospitals with palliative care units (PCU's), which are hospital areas devoted specifically to palliative care.<sup>5</sup>
- I propose creating a PCU at Parkland with beds for terminally ill patients on comfort care and beds for palliative care patients needing aggressive symptom management.



# Objectives

- Establish tertiary level palliative care support for extreme levels of complex physical, psychosocial, and existential suffering of patients and families
- Ensure consistent, standardized, high-quality palliative care management 24/7, 365 days a week
- Develop interdisciplinary and multidisciplinary team collaboration in the care of terminally ill patients to increase provider resilience, facilitate training, and minimize burnout
- Demonstrate financial viability of a dedicated unit for the hospital



# Background Information

- Parkland Memorial Hospital is Dallas County's safety net hospital. It is one of the largest hospitals in North Texas with over 60,000 annual admissions and 884 beds.
- Parkland's mission is to "provide medical care to patients in need." Approximately 30% of patients have Medicaid, and 30% are charity.
- Yet Parkland is the only hospital of its size in North Texas without dedicated palliative care or hospice beds.



# Specific Aims

- Provide palliative care and end-of-life training to nursing and staff
- Establish a palliative care admitting service
- Assemble a complete interdisciplinary team with physicians, nurses, advanced practice providers, social workers, chaplains, mental health professionals, and child life specialists with specialized palliative care training
- Create a unit with dedicated beds for comfort care patients and for palliative care patients



# Project Plan

## Current

- Palliative Care Team: 5 physicians, 4 APP's, 0.4 RN, 0.4 chaplain = 8.8 IDT FTE with 1.8% penetrance (national median 4.1%)
- Palliative Care Consult in-house coverage only during weekdays during the day

## Growth

- Increase team staffing: national median is 14 IDT FTE
- Palliative Care Consult in-house coverage on weekends and holidays during the day
- 4 beds in 14-600's unit for comfort care patients followed by Palliative Care Consult Team
- Train 14-600's nursing and staff

## Vision

- Full IDT staffing: Palliative Care Consult Team + Palliative Care Primary Service
- PCU: beds for hospice-enrolled patients and non-hospice palliative care patients
- Train all nurses and staff, nurse educators as champions



# Application of What You Learned at LEAD

- Gained a better understanding of team dynamics and how to guide a team through coaching and personal leadership
- Improved self awareness and self management in order to collaborate with and lead others



# Proposed Budget

- Adequate staffing for both consult service and unit (national median is 14 IDT FTE)

○ Social worker x 2	\$130,000
○ Chaplain	\$65,000
○ Nurse Navigator	\$105,000
○ Advanced Practice Provider	\$105,000
○ Physician	\$210,000

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\$615,000



# Innovation and Significance

- Improve patient care
- Improve medical education
- Improve staff burnout
- Improve care for the underserved (one of UT Southwestern's 7 strategic priorities)



# References

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