

PALLIATIVE CARE PROGRAM
PARKLAND HEALTH & HOSPITAL SYSTEM

Dallas, Texas

You're poor; you're uninsured; you're dying. Where do you go for the kind of supportive end-of-life care available to paying patients? In Dallas, Texas, you go to Parkland Health & Hospital System.

Parkland, a public hospital, is the primary provider of health care for indigent patients in Dallas County. It established its Parkland Palliative Care Program (PPCP) in 1999. Without it, many area patients would have little or no access to systematic, goal-directed palliative care. The program works to ensure that all patients, regardless of resources, have access to high-quality end-of-life care and are treated with professionalism, compassion, and dignity.

The idea for the program originated in a 1996 district-wide performance improvement program. Parkland staff realized that many indigent patients diagnosed with terminal illnesses during inpatient stays were being lost to follow-up. They had no one to call about issues of comfort and pain control, and were forced to visit the ER for urgent procedures and pain evaluation.

"The ER is no place to manage terminal illness," says Annie Franklin, Parkland's senior vice-president for medicine services. "Managing terminal illness by crisis meant that patients got care only when their condition was emergent. Families and caregivers got very little support, and the extremely important issue of advance directives was not being addressed, leaving the potential for even more crises in the future. We had to find a way to do a better job."

And they did. Today, the PPCP operates a clinic and a consult service. Because of its two-day-per-week clinic,



patients with new or ongoing issues can get an appointment within days and can receive symptom-management care that replaces the need for treatment in the ER. In many cases, the PPCP physician acts as the primary care physician. In addition, during clinic visits the chaplain can conduct assessments and discuss advance directives, and the PPCP social worker can discuss financial concerns and refer patients to community resources.

PPCP's consult service has rapidly become one of the busiest in the hospital. Consults range from pain management to assistance in completing advance directives. In one particularly helpful arrangement, the program's physician and case manager are available 24 hours a day to provide a PPCP patient's history to an ER or other physician needing information. Having this information available means that patients are less likely to be subjected to unnecessary procedures, and that their pain issues are more likely to be accurately assessed and managed. PPCP outreach also extends to a local homeless shelter, which has dedicated several beds as a hospice area in its facility.

"The positive impact on our patients has been tremendous. The biggest thing is that they know there's someone there for them," says Cheryl Edwards, Parkland's associate director of nursing. "I feel passionate about the value of this program. I know we're making a difference."

The program has benefited the hospital, too. ER visits are down by 80 per month as a result of the preventive and supportive services of the PPCP clinic. In addition, because they feel supported by PPCP, an increasing number of appropriate patients are choosing hospice for their final days, rather than inpatient care, thus reducing hospital costs. PPCP helps in this area, too, having accomplished the challenging task of securing placements for indigent patients in private hospices.

"For our unfunded patients, PPCP is one of the best services we've developed, and the one I'm most proud of being involved in," says Franklin. "We've created tremendous value for our patients, and at minimal cost to our organization. Everything we do in this program is something they otherwise wouldn't have. Every additional patient we touch through this program is worth the effort."



INNOVATION HIGHLIGHTS

OUTREACH TO UNINSURED PATIENTS

PALLIATIVE CARE MEDICAL DIRECTOR
SERVES AS HOSPICE PHYSICIAN FOR
UNINSURED PATIENTS

PLACEMENT OF INDIGENT PATIENTS IN
PRIVATE HOSPICES