

ST. JOHN'S REGIONAL MEDICAL CENTER
PALLIATIVE CARE PROGRAM

Joplin, Missouri

Sometimes the best way to gain acceptance for something new is to introduce it slowly and quietly, until people rely on it without even noticing. That's how the palliative care program at St. John's Regional Medical Center has gained a foothold with minimal investment of resources.

Convincing physicians to refer patients to palliative care can be challenging, but Mary Ann Soerries, director of palliative care and pastoral care, and the palliative care committee knew which approach to take. "We have excellent physicians and knew that they wouldn't want a so-called 'expert' to come in to tell them how to take care of their dying patients," she recalls. "The attending physician is part of the team, so now we don't just have one or two experts in palliative care. All of our physicians are learning about palliative care and have shown remarkable acceptance for the program."

Bill Gross, a former hospice social worker hired to coordinate the inpatient supportive care service, says that physicians are approached by communicating, "We have this service. When you feel you've done everything else possible, you can now say, 'We have another kind of care to offer.'...Initially some doctors weren't sure what they thought about it. Eventually, they gave it a shot and then became big proponents."

St. John's long experience with end-of-life care began with a hospice program in 1980. In 1996, the hospital participated in a research project sponsored by Supportive Care of the Dying. The result was an interdisciplinary palliative care committee that helped develop all aspects of the palliative care program and continues to provide guidance today.



The service began as a scatter-bed model with the intent of developing an inpatient dedicated unit when space became available. In July, 2002, an end-of-life unit designed to offer maximum support and comfort to palliative care patients and their loved ones opened, thanks in great part to the offer of Marla Welch, director of oncology nursing, to provide staffing for the unit.

Palliative care continues to be provided throughout the hospital and woven collaboratively into the fabric of the hospital with services to patients at earlier stages of their disease. Soerries says, "Our approach is incremental. If you try to bring up a whole bridge at once it just might collapse. We established a strong foundation and will continue to build our program in sections."

The program's support from hospital leadership stems from the institution's commitment to doing the right thing, excellent customer satisfaction, and documented cost savings in excess of \$1 million.

St. John's also has helped other hospitals and long-term care facilities develop palliative care services. The palliative care service offers an easy

model to replicate. St. John's is a 367-bed acute care facility serving a largely rural area encompassing parts of four states. Other moderate-sized hospitals could do the same, building slowly with minimal resources. St. John's has added only one full-time staff member but offers an array of palliative services. "You use the resources you have and add on as you are able," Soerries says.

The palliative care program is innovative in that it is led by social workers — both Soerries and Gross. This strong psychosocial component along with medical pain/symptom control and spiritual support combine to meet the needs of the whole person — body, mind, spirit. Gross offers patients and families as much emotional support as they choose. Chaplains are an integral component and back up the coordinator. "I know we're impacting the mental health of all of these family members," Soerries says. "Studies show that people keep etched in their minds forever the circumstances of a family member's death. Families who witness a good death will be healthier, and hopefully they will transmit that to their children and grandchildren. If every hospital does this we are going to change the whole society."



INNOVATION HIGHLIGHTS

PALLIATIVE CARE
PATHWAYS/CARETRACS

ORGANIZATION-WIDE RN TRAINING
IN PALLIATIVE CARE

USE OF RITUALS AROUND DEATH
AND DYING