

AWARD WINNER

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TRANSITIONS AND LIFE CHOICES  
FAIRVIEW HEALTH SERVICES

*Minneapolis, Minnesota*





**I**ncreasingly, health systems are undertaking palliative care programs to meet the complex needs of seriously ill patients. But few have embraced palliative care as fully as Fairview Health Services, Minneapolis, which has made it an integral part of employee health benefits.

As of 2005, a Fairview employee who has been diagnosed with a life-threatening illness can be accompanied by a Fairview palliative care staff member to physician consultations. That support person can also meet with the family to discuss what might come next during treatment and offer special support for the children. An employee can also get help finding resources to help a parent through a serious progressive illness.

This palliative care benefit is just one sign of how fully reduction of suffering has infused the system. Fairview includes a large and varied array of care settings, ranging from an academic medical center to small rural clinics to nursing homes and hospice. In all of its settings, Fairview is committed to reducing the suffering of seriously ill people while maintaining a consistently high level of care.

That's done by establishing certain core values and services, educating staff, surveying patients and families, and providing bereavement care. From there, system leaders try to be flexible in each setting, explains Lyn Ceronsky, director of palliative care for the system. "I try to be very open in saying, 'What are your needs, what are your resources, and what do you think is the best way to make that happen?'" she explains.

For instance, larger hospitals in the system tend to use palliative care teams led by physicians and advanced-practice nurses, while smaller settings use response teams or family conferences as a way to formalize conversations about changing goals of care.

Palliative care is provided through the Transitions and Life Choices (TLC) program, which serves patients and families through inpatient services, an outpatient palliative care clinic, home care, and nursing facilities. Fairview Hospice provides end-of-life care at home and in nursing homes, assisted living facilities, and group homes.

"Our two main approaches are to develop specialty services at specific sites and to work as a system to create processes or tools that can be used across populations," says Ceronsky. "If we have programs that are working in similar directions, we connect them to create synergies that take us forward faster."

For instance, families at one hospital said that they weren't involved enough in decisionmaking. Leaders of the TLC program and ethics committee also suspected that family meetings could have helped resolve differences many of the times they were consulted. Although many health team members already had skills for conducting family meetings, a culture change and consistent approach were needed. Hospital directors of social work, nursing, and spiritual care agreed to plan joint training and share approaches to triggers, format, roles, education, and documentation for family conferences. This initiative not only spread to all areas of the hospital but also to other Fairview institutions.

A system-wide care council meets regularly to exchange ideas among varied care settings. "It allows people to learn from one another," Ceronsky says. "There are some things we can immediately transfer to another setting and other things that need to be adapted."

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#### INNOVATION HIGHLIGHTS

##### OUTPATIENT PALLIATIVE CARE CENTER

##### SUCCESSFUL WORK WITH INSURANCE ON PAYMENT FOR PALLIATIVE CARE

##### USE OF DIFFERENT MODELS OF PALLIATIVE CARE WITHIN SYSTEM

Among the program’s key innovations is an outpatient palliative care clinic that offers support to seriously ill patients who might not come into the hospital or need home care. It can be another place to reach families who need services, explains Nancy Roff, a clinical social worker in the clinic. She recalls the family of an elderly man with late-stage dementia and other health problems that had started to add up in a serious way. “They were continuing to struggle with taking him in for these little problems, but nobody had talked to them about doing this in a more palliative way,” she says. She sat down with the physician and four of the man’s children and had a long talk about their father’s situation, which ended in a referral to hospice. “The family was so appreciative of being able to have this time to sit down and talk about all the options and understand the big picture,” Roff says.

Another program that offers palliative care to people who might not otherwise have access to it — is the bridge program within home care, which opens up the range of services for a patient who leaves inpatient care but isn’t ready for hospice. “If the inpatient palliative care team is involved during hospitalization, we can streamline some things that can be a problem when they get home” and avoid rehospitalization, explains Kate Cummings, director of TLC Home Care. The niche is quickly growing; in 2004 the bridge program had 267 new referrals, growing to 365 in 2005.

An innovative program is caregiver symptom management, which teaches family members how to carry out basic medical procedures for their seriously ill loved ones at home. They can go to the Patient Learning Center and learn to do injections, give IV antibiotics, and manage pain and other symptoms. The goal of the program is to help the family anticipate whether they are prepared to care for the patient themselves and provide them with skills to do so. “That’s one of my favorites, because it’s making use of a resource already in place but adding a palliative care focus to it,” says Ceronsky.

It’s that kind of institutional creativity that has allowed a large health system such as Fairview to make the concept of reducing suffering “part of its DNA,” says Ceronsky, and that’s something that can be copied by other health care organizations. She recommends that others take a close look at the expertise already available within the organization — particularly in home care and hospice agencies — and build networks. “An extensive web of people is critical to lead and implement palliative care,” she says. •