

VA HOSPICE CARE PROGRAM VA PALO ALTO HEALTH CARE SYSTEM

Palo Alto, California

In operation for 21 years, the VA Palo Alto Health Care System's (VAPAHCS) Hospice Care Center is one of the oldest in California and in the Department of Veterans Affairs. For many years, home hospices in the area have referred veterans to Hospice Care Center when inpatient hospice care was needed. But often, families of veterans asked staff, "Where can we go if we need inpatient end-of-life care? We're not veterans."

No single hospice has been large enough to independently support a dedicated inpatient ward or facility. And no local hospital or skilled nursing facility has had dedicated palliative care beds.

Taking an outside-the-box approach, Hospice Care Center opened its 25-bed inpatient hospice program to non-veterans in 1999. Non-veterans have access to eleven beds. This is the first hospice program in the Department of Veterans Affairs approved to care for non-veterans.

"Reaching out is part of the VA tradition," says Dwight Wilson, Associate Chief for Extended Care. "We've always been a safety net for veterans. Now, we're extending our reach beyond our customary niche."

For the VA, expanding its service base offers a creative way to address the growing issue of excess beds and the accompanying funding squeeze. "By contracting with home hospice agencies to care for non-veterans, we can turn earned revenue back into our system, enabling expanded hospice service for veterans," says Wilson. In approximately two years, the extended



program has served 134 non-veterans from five home hospices. In turn, the program has been able to increase its veteran admissions by 50 percent.

Moved in 1999 to the main tertiary care hospital at the Palo Alto Division, the hospice unit — by virtue of its presence — is changing the culture of medicine throughout the hospital. "By following patients onto the unit, clinicians can get a taste of what excellent end-of-life care really is," says James Hallenbeck, M.D., medical director. "The ICU team, following a patient after withdrawal of life support, can experience how important it is to support the family, as well as the patient. They've learned that a family room is not the same as a waiting room. And they've learned that when they talk with families about treatment withdrawal in the ICU, they can now speak of what *will* be done following withdrawal, not just what will not be done."

For community hospice organizations the program is a welcome, much-needed option, offered in a spirit of collaboration, rather than competition.

It offers a model for other hospice agencies to work with a local facility to offer inpatient hospice care. Community hospices appreciate how the VAPAHCS Hospice Care Center creates a seamless shift between home hospice and institutional care, and allows home hospice staff to continue to provide occasional care, consultation and charting.

"Being able to work with VAPAHCS Hospice Care Center has been a great benefit for our patients," says Linda Blum, hospice supervisor for Sutter VNA in San Mateo, California. "For patients who lack a strong, caregiving support system, the VAPAHCS Hospice Care Center offers a way of having a home. In addition, for complicated cases, the VA is ideal, because they're used to dealing with people who have dual diagnoses. There's no comparable facility in northern California. It's a win-win for everyone."



INNOVATION HIGHLIGHTS

**OUTREACH TO NON-VETERAN
POPULATION, FILLING AN UNMET NEED**

**COLLABORATION WITH COMMUNITY
HOSPICE AGENCIES**

CREATIVE APPROACH TO FUNDING