

WEST VIRGINIA
PALLIATIVE CARE NETWORK

Morgantown, West Virginia

A palliative care program can seem a luxury to cash-strapped, small, rural hospitals. But a unique network in West Virginia has helped 14 hospitals in the state hire palliative care coordinators and begin changing end-of-life care within their institutions.

Over the past five years, the West Virginia Palliative Care Network has helped establish teams in hospitals large and small. It has found and provided grant money that hospitals often use to hire either a part-time or full-time palliative care coordinator, based either at the hospital or a local hospice. A team is then assembled from the existing staff of the hospital, typically including a physician director and a consultation service staffed by an advanced nurse practitioner or clinical nurse specialist, a social worker, a chaplain, a pharmacist, and a dietitian. The team provides pain and symptom management, advance care planning, and psychosocial and spiritual support to patients and their families.

“It just spread,” explains Angela Reed Demanelis, senior program administrator and one of a handful of network staff members housed at the Center for Health Ethics and Law at West Virginia University in Morgantown. “We started the first five teams, and it snowballed from there. We’re now starting to see teams develop because they see so many other hospitals in the state have these services.”

The network sprang from an organization of hospital ethics committees in West Virginia, which found that many of the difficult decisions with which they wrestled involved the end of life. The initiative involved more than 30 organizations in West Virginia that wanted to



support a comprehensive effort to improve end-of-life care for the state’s citizens and eventually built a network with a modest amount of national and local grant money.

St. Mary’s Medical Center, a 440-bed hospital in Huntington, organized the state’s first palliative care team shortly before the network began its work. A grant from the network helped fund a coordinator for the palliative care team — Aynessa Mondlak, a nurse practitioner. “They really help us with having easy access to networking if we have a trouble case here,” Mondlak says. Network members can call a toll-free number to consult on cases, which is particularly helpful for smaller hospitals.

The network holds regular educational forums and promotes communication among practitioners in different settings, such as home care and hospice. It also brings in national speakers and continues to offer grants to local organizations. An additional five teams should be launched this year, with the ultimate goal of 30 total.

The organization has also been a state-level advocate for better end-of-life care, helping amend the state’s Health

Care Decisions Act to include a Physician Orders for Scope of Treatment (POST) form. The form provides specific instructions for a patient’s end-of-life care and converts patients’ wishes into medical orders to ensure they will be respected.

The network collects and analyzes data about palliative care. A 2002 questionnaire found that 85 percent of patients with decision-making capacity reported an improvement in their pain level 48 hours after consultation with a palliative care team. It also found significant improvement in identifying someone to make decisions on behalf of patients without decision-making capacity — 92 percent after consultation compared with 64 percent before.

“We were grappling with very difficult, time consuming cases,” says Marybeth Vallance, director of Social Services at St. Mary’s Medical Center. “The Palliative Care Team is often consulted to mediate and assist in treatment goal clarification when family members are not coping well with end of life.” She credits the network with helping grow the St. Mary’s service. “Physicians have seen a positive benefit in families’ stress being reduced and in resolution of treatment plans,” she says.



INNOVATION HIGHLIGHTS

COHESIVE STATE NETWORK

COLLECTION OF DATA ON STATE BASIS

RAPID TRANSFER OF INFORMATION,
TOOLS, AND FINDINGS