Outside the Box: A Social Service Model of Community-based Palliative Care

Seniors At Home
A division of Jewish Family and Children’s Services

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The whole value of a benevolent deed is in the love that inspires it.

-Talmud
World Death Rate Holding Steady At 100 Percent

GENEVA, SWITZERLAND—World Health Organization officials expressed disappointment Sunday over the group's finding that, despite the enormous efforts of doctors, rescue workers, and other medical professionals worldwide, the global death rate remains at 100 percent.

Death, a metabolic affliction causing shutdown of all life functions, has long been considered humanity's number-one health concern. Responsible for 100 percent of all recorded fatalities worldwide, the condition has no cure.

"I was really hoping, with all these new radiology treatments, rescue helicopters, cardiovascular exercise machines, and what have you, that we might at least make a dent in it this year," WHO Director General Dr. Ernst Wessel said. "Unfortunately, it would appear that the death rate remains constant, as it has since the dawn of time."

Many suggest that the high mortality rate represents a massive failure on the part of the planet's healthcare workers.

"The inability of doctors and scientists to address and confront this issue of death is nothing less than a scandal," concerned parent Marcia Grella said. "Do you have any idea what a full-blown case of death looks like? I do, and believe me, it's not pretty. In prolonged cases, total decomposition of the corpse is the re-

see DEATH page 84
THINKING OUTSIDE THE BOX
What most people want to avoid....
What most people want, IF they have to die....
The Palliative Care Program at JFCS
An Interdisciplinary Team Coordinates Care

- RN/Director of program
- Case manager / Gerontologist
- Rabbi/Spiritual counselor
- Physician
- Volunteer coordinator
Components of the Program

- Program development—under umbrella of Non-Profit Social Service Agency and Licensed Home Health Agency, non Medicare
  - Admission criteria
  - Staff education and development
  - Program policies and procedures

- Consultations

- Volunteer program

- Spiritual Care and Bereavement

- Community outreach
  - Meeting and collaborating with healthcare partners
  - Development of community-based educational programs
  - Training of community and family caregivers
Consultations

Jewish Family and Children’s Services
Volunteer Services Are Essential

"Compassionate Companions" is a 30-hr intensive training for volunteers who wish to serve at the bedside of clients who are seriously ill or dying.
Spiritual Care and Bereavement Services Are Integral

- Immediate and on-going support for clients who have lost a loved one
- Grief support groups
- Annual memorial event for staff
Community Education
Collaborative Community Partnerships

- Inpatient Palliative Care teams
- Outpatient Palliative Care teams
- Local hospices
- Faith organizations
- Other palliative care organizations

- Community centers—Senior centers, LGBT centers
- Disease-based non-profits: Alzheimer’s assoc; Family Caregivers Alliance, Cancer centers, etc.
Social Supports ARE medically necessary
Challenges and Opportunities
GREATEST CHALLENGES

WHERE DO WE FIND COMMUNITY BASED PALLIATIVE CARE???

COMMUNITY-BASED SERVICES

Community-based programs provide palliative care in clinics, at homes, or over the phone. This research identified 189 community-based PC programs sponsored by home health agencies, hospices, medical groups, health systems, and social service organizations.

For this research, slightly less than half of the programs provided data on the number of patients seen annually; when actual data were not available, estimates based on the average caseload reported by similar programs were used.

Taken together, the 189 community-based PC programs can serve approximately 53,570 patients annually, accommodating less than 30% of the estimated 183,937 Californians who need PC in the last year of life.

Not only is statewide supply insufficient, but community-based PC is nonexistent in 22 counties. Of the other 36 counties, 33 have limited supply, with 14 counties meeting less than 20% of the estimated need.

In Sonoma County, for example, the 12 identified programs can serve 1,709 patients annually, just 57% of the estimated 3,024 patients in need.
<table>
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<th>Discipline</th>
<th>In California</th>
<th>In Palliative Care</th>
<th>Certified/Designated</th>
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<td>Physicians</td>
<td>100,544</td>
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<td>914 (0.9%)</td>
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<td>Nurses</td>
<td>262,658</td>
<td>3,861</td>
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<td>Certified Nursing Assistants</td>
<td>166,122</td>
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<td>Social Workers</td>
<td>47,639</td>
<td>993</td>
<td>43 (2.1%)</td>
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<tr>
<td>Chaplains</td>
<td>No reliable data</td>
<td>456</td>
<td>171</td>
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Bay Area Palliative Care

- Hospital services common
- Limited outpatient services (UCSF, Kaiser, Sutter-AIM)
- Limited Home-based services (UCSF, JFCS, Sutter-AIM)
- No residential Palliative Care; limited residential Hospice Care (21 dedicated hospice beds in San Francisco for non-VA patients)
Community-based Palliative Care in northern California—medical models

- St. Joseph’s Health Palliative Care Services in Santa Rosa—outpatient clinic
- UCSF Symptom Management Service—outpatient clinic
- RESOLUTION CARE: Bringing capable and compassionate palliative care to everyone everywhere as life approaches completion—HUMBOLDT COUNTY

- California Healthcare Foundation: UP CLOSE: A Field Guide to Community Based Palliative Care in California
How Can You Sustain Such Services?

- How will palliative care be reimbursed?
- Private fees for service
- Public and private foundation support
- Contracts with healthcare providers and insurers
- Individual donors
- Contributions in memoriam
Decrease Physical, Emotional, Psychological and Spiritual Suffering of People with serious Illness
Increase Client Adoption of Advance Directives

- Advance directive completed in safe setting
- Conversations with named agents and healthcare providers documented
- Introduction of POLST into conversation with clients, families, healthcare providers
Achieve Earlier Utilization of Hospice Services
Reduce In-patient Hospitalizations and Unnecessary Health-Care Costs

- POLST forms completed
- Decreased emergency room visits
- Decreased need for acute care stays in hospitals, if proper care can be provided at home
- Increased quality of life
Other Benefits

- Increase consumer/community understanding of Palliative Care and Hospice
- Increase volunteer involvement in caring for aged and ill community members
- **DO THE RIGHT THING!**
Out beyond ideas of wrong-doing and right-doing, there is a field. I’ll meet you there”--Rumi
Demand Creates Capacity—Community based Palliative Care as the next grassroots movement in America!

MARCH FOR MORTALITY...YOU ARE HERE!!!!