

# **Caromont Health**

## **Palliative Medicine**

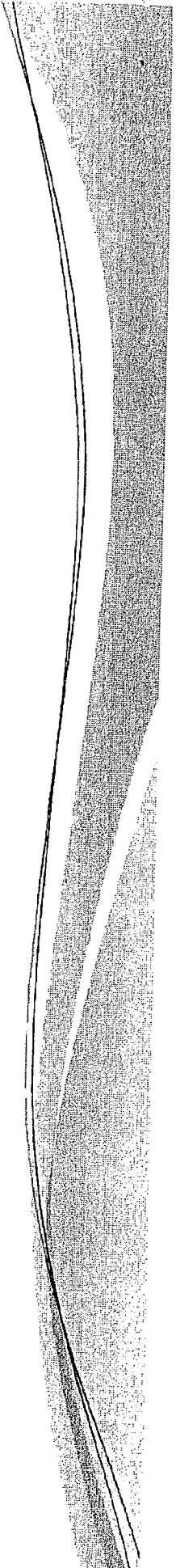
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# What is Palliative Medicine?

- Aims to improve quality of life for patients with serious or life limiting illnesses
- Assists with control of pain, dyspnea and other distressing symptoms
- Improves communication between providers
- Advance directive planning *most fun*
- Family support
- Multidisciplinary—physicians, nurses, social workers, chaplain
- Inpatient and Outpatient care



# Palliative Medicine Benefits

- Decreased patient suffering
- Decreased ICU/Hospital LOS
- Reduced unnecessary resource utilization, ex. ER visits
- Increased patient and family satisfaction
- Earlier advance directive planning and discussion
- Reduced readmissions due to clarified goals of care
- Assists with the complicated, time-consuming, or “hard” discussions

# Palliative Care Model

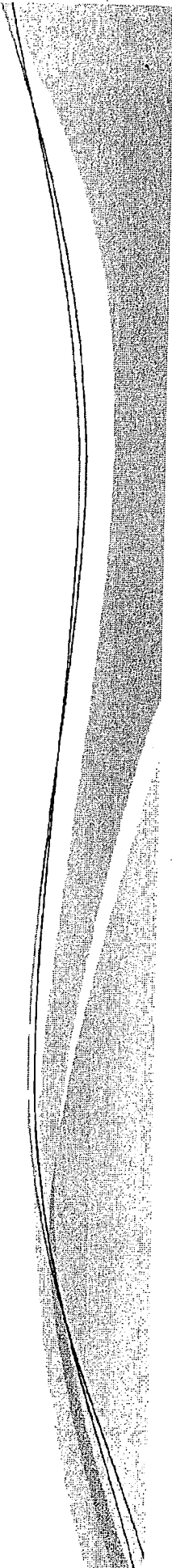
## Message

**Curative focus:**  
Disease-specific treatments

**Palliative focus:**  
Comfort & supportive treatments

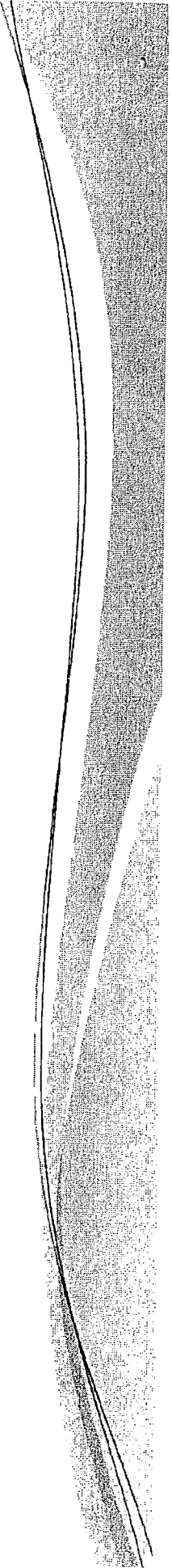
**Reversal**

Source: Journal of Hospice & Palliative Nursing © 2009 Lippincott Williams & Wilkins



# Caromont Inpatient Program

- Consult Service
- QLC consults will become “Palliative Medicine Consults”---the scope of service will be very similar--- assist with care transitions, family support, advance directive planning, with the addition of symptom support
- Will interface with inpatient hospice



# Caromont Outpatient Program

- Will assist with inpatient care transitions to avoid care gaps
- Assist with symptom control, advance directive planning
- Counseling by social worker
- Assist PCP's and subspecialists with complex care management and coordination of care
- Hospice interface