

Activities to Have in Place Before Making the Case: What to Do Before Asking for Resources for Your Inpatient Palliative Care Program . . . and After You Get Them

These steps will ensure you are fully prepared to make the case for your new, sustained, or expanded inpatient palliative care (IPPC) service.

Prepare Brief Case Vignettes

Before a program exists: Capture and prepare case vignettes that describe a variety of patient and family needs, referring provider needs, care that could have been better (safer, higher quality, better patient experience), as well as average and range of length of stay (LOS) and costs of care.

After a program exists: Capture and prepare case vignettes that describe a variety of patient and family needs, referring providers, palliative care interventions (e.g., specific symptom management, goals of care conversations, family meetings, discharge planning), and outcomes. Use this variety to highlight contributions of various disciplines involved — physician, pharmacist, advance practice nurse / nurse practitioner, registered nurse, social worker, chaplain, and others as appropriate for your service. Include quotes from patients and families and referring providers if possible. Anticipate possible misperceptions and proactively use case vignettes to counter them — for example, if stakeholders think hospice partners can handle patients' needs (and thus no need for palliative care), then describe some cases where the palliative care team was addressing needs of patients who were more than six months away from death or did not want hospice, or where the palliative care team used a consultation as a learning opportunity for staff and attending teams to understand and use a palliative approach concurrently in hospital care.

Conduct Data Analyses and Prepare Summaries of Key Points

Before a program exists: If possible, prepare data to describe the volume, average LOS, ICU days, and costs for inpatient admissions that could, would, or should be relevant to palliative care. Use these data to estimate potential volume of new consults, follow-up encounters, and staffing needed per year. Use the [CAPC impact calculator](#) or a similar tool to estimate what palliative care could have done to help reduce LOS or costs, assuming a range of referral rates and timing of referrals after admission.

After a program exists: Use data analyses of IPPC consults to describe the who, what, when, where, how, and why of consultations. This can include patient demographics, units or teams that requested consultations, time from admission to consult, predominant reason for referral, IPPC team roles and time spent, dispositions at discharge, and handoffs to subsequent care. If possible, compare palliative care recipients to usual care recipients using established methods, to estimate actual impact on LOS and costs.

Evaluate Opportunities to Improve Generalist Palliative Care

Using a combination of case vignettes and data (where possible), identify opportunities for palliative care specialists to help other staff, attending teams, and residents to improve their skills in areas such as serious-illness conversations with patients, advance care planning and honoring choices, family meetings, assessment of symptoms, evidence-based symptom management, opioid and other medication safety, prognostication, use of debriefing after difficult cases, bereavement support, engaging with angry families, etc. To the extent the specialist palliative care team has time and resources available, design and deliver trainings to improve generalist palliative care in such domains when and where audiences would be receptive.

Evaluate Systems of Care

Using your specialist palliative care expertise, evaluate health system (clinics, emergency department, inpatient units, postacute care) processes of care for patients with serious illness. For example, evaluate the whole process of advance care planning and code status documentation among patients with serious illness, including processes for engaging patients and identifying proxies, documenting conversations, uploading documents to the electronic health record, and subsequently accessing and honoring those choices. Share your observations with the appropriate clinical and administrative leaders and explore opportunities for the IPPC team (with appropriate support) to facilitate improvements.

Keep Your Data and Stakeholders up to Date

Continue to cultivate positive relationships with your stakeholders. Find venues and opportunities to give them updates regularly, including:

- Progress reports on trainings, systems enhancements, etc.
- Updated data on program volumes, timeliness of referrals, etc.
- Positive feedback from appreciative families whenever you receive it
- Leadership or support of quality improvement initiatives
- In-roads with various referring physicians or teams
- Contributions to high-priority goals for your hospital or health system
- Challenges and opportunities you discover along the way