

Case Study: Building a Successful Palliative Care Program at the UAB Center for Palliative Care

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University of Alabama at Birmingham (UAB)

transforming minds. transforming lives. transforming medicine.

Overview

- Context
- History and Accomplishments
- Challenges and lessons learned





Context



Context

- University-VA Affiliation
- University Hospital
 - 900 beds serving ~ 35,000 patients annually
- University of Alabama at Birmingham
 - Alabama's single largest employer
 - 18,000 students and 19,000 faculty/staff
 - 4th in nation for social/ethnic diversity of campus
- Alabama
 - 46th in the country for per capita income
 - F on CAPC Report Card

History/Accomplishments

05/1998	UAB Palliative Medicine Program begins in the Department of Psychiatry
07/2000	UAB Palliative Medicine Fellowship Program begins/Safe Harbor Project begins in the VA
11/2000	UA Board of Trustees establishes the UAB Center for Palliative Care (CPC) as a center of expertise
08/2004	CPC transferred to Department of Medicine and joined with the Birmingham VA Safe Harbor Project
11/2005	Birmingham VA Safe Harbor Unit opens
03/2006	UAB Palliative and Comfort Care Unit opens
10/2006	Division name changes to Division of Gerontology, Geriatrics and Palliative Care

History/Accomplishments

2/2008	Selection to be AAHPM Clinical Scholars Program site
5/2008	Joint UAB-VA Programs selected for American Hospital Association Citation of Honor
9/2008	Selection to become Southern Palliative Care Leadership Center for the Center to Advance Palliative Care
1/2009	Establishment of the UAB Reynolds Program “Care of the Complex Older Adult”
1/2009	Initiation of the Advanced Illness and Multimorbidity Research Program
7/2009	Establishment of the UAB Geriatric Education Center “Care of the Complex Older Adult with Advanced Illness”
7/2010	Formal partnership with the Cancer Center and expansion of Supportive Care and Survivorship Services

Organizational Structure

Executive Committee

Research Executive Committee

Education Executive Committee

CPC Leadership

Director Christine Ritchie, MD
 Deputy Director Pam Fordham, DSN
 Assoc Dir Development, Kristen Hall, MPH
 Assoc Dir Acad Affiliate Affairs, Rosie Durham, RN
 Clinical Director VA Palliative Care Programs, Amos Bailey, MD
 Clinical Director UAB Inpatient Palliative Care Programs, Rodney Tucker, MD
 Clinical Director, UAB Outpatient Palliative Care Programs, Elizabeth Kvale, MD
 Program Manager, PCLC, Joyce Crump
 Program Administrator, Vicki Herring

Community Advisory Board

Hospice Veterans Partnership

VISN 7 Palliative Care Subcommittee

VA Palliative Care Clinical Programs*

Voncyle Mahone, RN
 Donna Hix, RN
 Glennese Harper, ANP
 Jackie Clark, RN—HBPaC
 Amanda Redman, MSW
 Karen Long, Pastoral Care
 Amy Lott, Mental Health
 Lynn Hedl, Musician

UAB Palliative Care Clinical Programs*

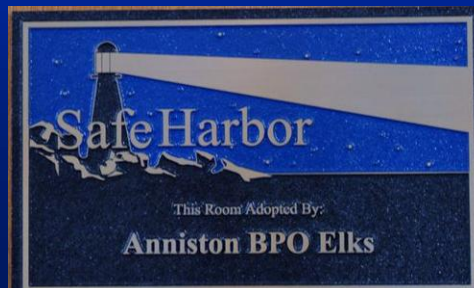
Jackie Westbrook, RN
 Jackie Palmore, RN
 Stephen Howell, CRNP
 Amanda Baker, CRNP
 Wendy Walters, MSW
 Melvin Rodgers—Pastoral Care
 Diane Tucker, Kay Knowlton,—Mental Health
 Ali DeCamillis, Art Therapy
 Carol Hunter, Volunteer Program

Palliative Care Research/Education Programs*

Research Forum
 Journal Club
 Case Conference
 Classic/Guided Readings
 Weekly Didactics
 ELNEC/PCLC/CSP

*Does not include unit or clinic staff

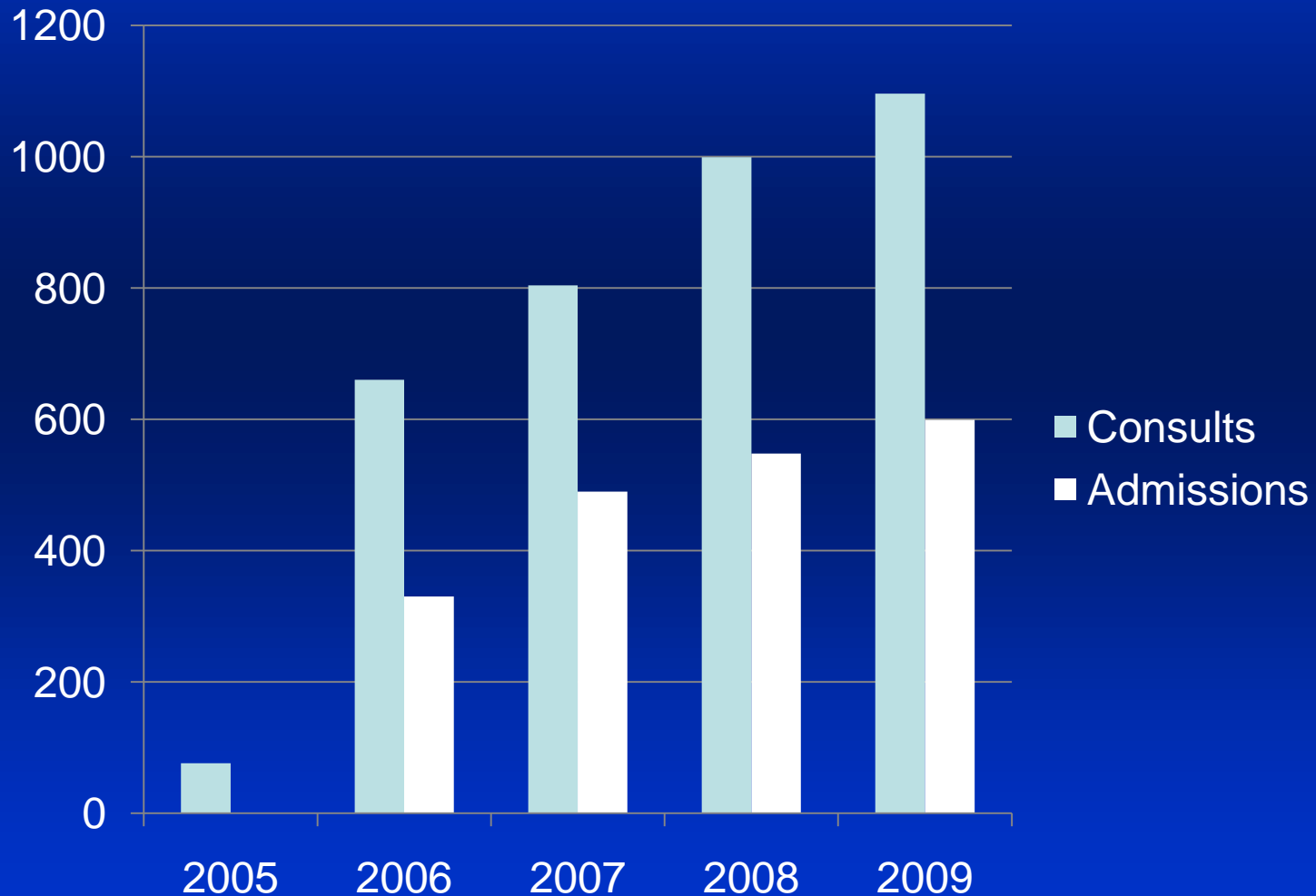
The Birmingham VAMC Palliative Care Unit: The Safe Harbor Unit



The UAB Hospital Palliative and Comfort Care Unit

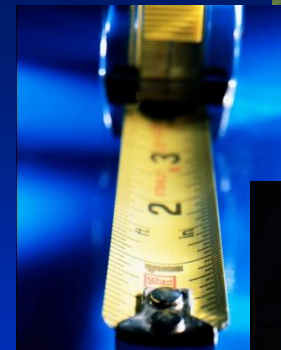
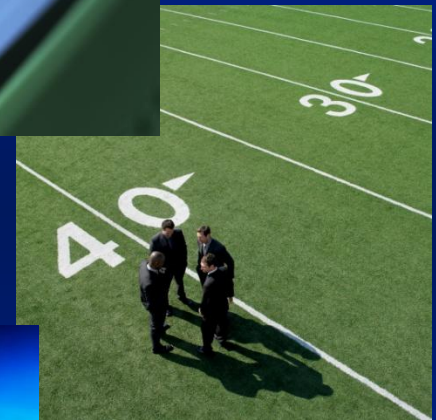


Growth in Admissions/Consults (UAB Hospital)



Challenges

- Resources
- Leadership transitions
- Organizational strategy and structure
- Finding the right metrics
- Burnout/Compassion fatigue
- Rapid Growth



Challenges and Lessons Learned

- Resources-Never stop thinking about finding and leveraging resources
- Leadership transitions-Manage up
- Organizational strategies and structures-MATTER!

Challenges and Lessons Learned

- Finding the right metrics (Quality, Patient/Provider Satisfaction, Cost)
- Burnout/Compassion fatigue-BE
PROACTIVE
- Growth-plan creatively for this



Summary

- Palliative care is a young specialty and programmatic element of healthcare institutions
- Systems are increasingly integrating palliative care into their strategies and structure
- Challenges abound but opportunities are increasing to “do it well” and make a difference