The Trifecta of Community-Based Palliative Care: Preventing Hospitalizations, Improving Symptoms, and Timely End-of-Life Care (SA541)

Sumathi Misra, MD MPH, Vanderbilt University, Nashville, TN
Katsiaryna Khatsilovich, BA, Gentiva Healthcare, Nashville, TN

Objectives

- Identify three clinical interventions for use in the home setting that aid in prevention of hospitalization.
- Demonstrate knowledge of three tools for collecting multilevel metrics (operational, clinical, financial, customer satisfaction).
- Identify one intervention to assist patients and families with early decision-making and goals-of-care conversations.

Studies on the efficacy of home-based palliative care programs are sparse, as the bulk of research has been conducted on hospital-based consult teams. As the face of health care changes and hospitals receive more scrutiny over repeat hospitalizations for symptom-based admissions, attention is turning to home-based palliative care programs as a means to managing patients who fall “into the gap” between chronic care and hospice care. Very little research exists on the benefit of home-based programs in terms of outcomes; the first journal article addressing home-based palliative care program efficacy was published in the September 2013 issue of the *Journal of Palliative Medicine*. As evidenced in our program, a home-based program assists in symptom management, reduces hospitalizations, assists in completing goals of conversations earlier in the disease process (as opposed to a few days before death), and promotes a general increased feeling of patient well-being.