Hospital Medicine Strategies: Caring for the Seriously III



A palliative care toolkit for hospitalists

In the busy day of a hospitalist, one or two complex patients can lead to a backlog in daily rounds, delayed discharges, and inadequate time to appropriately communicate with patients and families. Palliative care, named as a core competency for hospitalists by the **Society of Hospital Medicine**, aims to improve quality of life for patients and families through skilled communication, pain and symptom management, and care coordination. Identifying the palliative care needs of seriously ill patients allows for earlier referral to specialty palliative care when appropriate, and training in core palliative care skills allows hospitalists to efficiently identify and address common gaps in care for seriously ill patients. For patients with complex palliative care needs, earlier palliative care consultleads to improved patient outcomes¹, improved clinician satisfaction², and can also reduce hospital utilization³ and costs⁴. For many patients, hospitalists are best-positioned to manage pain, symptoms, and conversations regarding care priorities. Strengthening hospitalists' core palliative care skills is a critical strategy for both improving care of the most complex inpatients and the overall effectiveness of a hospitalist service.

Integrating the principles and practices of palliative care into hospital medicine provides an opportunity to more effectively:



This **CAPC Hospitalist Toolkit** can be used to:

- → Address needs earlier in a hospital stay
- → Minimize late referrals to palliative care
- → Align care with patient preferences
- → Improve coordination with colleagues in other specialties
- → Minimize delayed discharges or longer stays in the intensive care unit
- → Avoid unnecessary readmissions

¹ Casarett, D, Pickard, A, Bailey, FA et al. Do Palliative Consultations Improve Patient Outcomes?. *JAm Geriatr Soc.* 2008; 56(4):595-599.

² Boissy, A, Windover, A, Bokar, D, et al. Communication Skills Training for Physicians Improves Patient Satisfaction. *J Gen Intern Med.* 2016;31(7):755-761.

³ Enguidanos, S, Vesper, E, Lorenz, K. 30-Day Readmissions among Seriously Ill Older Adults. J Palliat Med. 2012;15(12):1356-1361.

⁴ Morrison, RS, Penrod, JD, Cassel, JB, et al. Cost Savings Associated With US Hospital Palliative Care Consultation Programs. *Arch Intern Med.* 2008;168(16):1783-1790.