

# Hospice in the Continuum:



In this monthly feature, *NewsLine* shines the light on a hospice organization which has expanded services or has partnered with other community organizations to reach patients earlier in the illness trajectory—before they may need hospice care. In a Q&A format, members hear firsthand from the organization's senior leaders who speak directly to the challenges, the benefits, and the lessons learned.



# The Steward Center for Palliative Care

*In June 2004, Hospice Savannah, Inc. launched the Steward Center for Palliative Care to provide inpatient consultations for patients of Memorial Health University Medical Center. In 2008, the Center then introduced outpatient palliative care services at the Anderson Cancer Institute and, in 2011, expanded yet again with “Steward Companions,” a volunteer-supported transitions program.*

*In the following interview, president/CEO, Debra Anthony Larson, MSW, discusses Hospice Savannah’s expansion efforts as well as its future plans.*

## **How did the partnership with Memorial Health University Medical Center come about?**

In 2003, the Hospice Savannah leadership and board began working with the health system to address how best to improve the quality of life for patients with life-limiting illnesses who were being cared for in the hospital setting. As a result of those discussions, Hospice Savannah launched the Steward Center for Palliative Care in 2004, providing non-hospice palliative care services on an inpatient basis.

Prior to that, however, Hospice Savannah had been responding to calls from physicians and discharge planners who needed assistance in managing the pain of some of their patients who were not hospice-eligible. In fact, beginning in 1994, Hospice Savannah began offering informal palliative care advisory assistance at no charge. So, really, the seeds—and the relationships—had been established much earlier. It was just time to define and offer a more formal palliative care program.

## **Quick Facts About Hospice Savannah, Inc.**

- Founded in 1979.
- Serves residents of Georgia’s five southeastern counties.
- Employs 210 FTEs and utilizes 250 volunteers.
- Average daily hospice census: 220.
- Operates Hospice House, a 28-bed inpatient facility.
- Opened “Full Circle” in February 2001, a community center for education and grief support for adults and children.
- Launched the Steward Center for Palliative Care in 2004.
- Introduced Steward Companions in 2011.



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**How did your partnership with Anderson Cancer Institute come about?**

The Anderson Cancer Institute (ACI) is affiliated with Memorial Health University Medical Center and provides outpatient services to cancer patients and their caregivers, so our work with the Medical Center led to our work at ACI. Through The Steward Center, we provide outpatient clinic services to help address these individuals' palliative care needs. The clinics are housed at the ACI twice a week and are staffed by two nurse practitioners under the medical direction of Hospice Savannah's chief medical director, who serves in this dual role. Memorial Health University Medical Center provides the social work and chaplain services. In addition, we host monthly "Caregiver Coffees" to provide support and education to caregivers. These Coffees are open to anyone and we have provided reflexology, massage, and music and art therapy as well as other presentations that we know would interest and benefit caregivers.

**How is your palliative care service staffed and what services do you provide?**

The Steward Center is now staffed by two full-time nurse practitioners. In terms of our inpatient services, we provide consultations in the ICU, nephrology and oncology units as well as other units as requested. On average, we are receiving about 20 consults per month and make approximately 40 follow-up visits. In terms of our outpatient clinic services, we have eight initial clinic referrals per month and 75 follow-up clinic visits.

**Do you offer palliative care services to the broader community or limit your work to referrals from Memorial and ACI?**

We have begun to work with our community nursing homes and assisted living facilities to provide these palliative care services. This past June, we also started offering an outpatient clinic at another cancer center located in Savannah.

**You follow a Nurse Practitioner Model. Can you elaborate on why?**

Hospice Savannah researched and visited several like-programs in other states as we explored palliative care services for our community. We ended up choosing a nurse practitioner to provide the service because our physician resources were limited. As it turned out, however, we were able to use full-time physicians to provide direction and oversight, with the day-to-day services provided by the nurse practitioner. But as the program has grown, we have chosen to remain with this model since it brings needed patient care skills—such as care planning, an interdisciplinary focus, bedside communication, and relationship building—while also being more economical.

**Do you think that, for most hospices, partnering to provide palliative care is the best course to follow?**

With the focus on preventing re-hospitalization, reducing healthcare costs, and improving the quality of life for patients with serious illness, I do recommend partnering with community hospitals or, at the

very least, exploring such. But, based on our experience, hospice leaders should also be prepared for a few challenges, including lack of adequate reimbursement for non-hospice services and medical professionals who will probably need education on the benefits of non-hospice palliative care. Many are just not aware of how we can help improve the lives of their patients. It's also important to recognize that the current fiscal climate is equally challenging for hospitals, frequently requiring administrators to make difficult resource-allocation decisions. It takes good data, time and persistence to 'make the case' for non-hospice palliative care.

**The name, the Steward Center, suggests an actual facility, yet the services you provide are offered at the hospital and Cancer Institute. Can you share the thinking behind this?**

The Center was named after local philanthropists, Helen and Peter Steward, who believed in the concept of palliative care as a community based program where comprehensive assistance is provided for symptom management. The Center is a separate 501(c) 3 and has

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The NP Model brings needed patient care skills... while also being economical.

*Left to Right: Steward Center Director and Nurse Practitioner Laura Wiggins and Medical Director Kelly Erola, with Jennifer Curren, a social worker with Memorial Health University Medical Center/ACI.*



its own board of directors comprised of representatives from both health care and the local community. Even though our services are provided in hospitals, clinics, or other facilities, we see ourselves as the “community center/resource,” providing expertise in non-hospice palliative care and symptom management.

**How is the Steward Center funded?**

We receive revenues from a variety of funding sources. Third party billing covers 50.7 percent of our costs while 19.2 percent of our revenues come from philanthropic contributions and 30.1 percent come from the Hospice Savannah Foundation via unrestricted gifts and endowments.

**Has the Steward Center and expansion into palliative care helped increase your philanthropic support?**

Yes, it was a philanthropic endowment that enabled us to bring palliative care services to our community, and we have received other local support to keep it going, including donations from Savannah-based Gulfstream Aerospace and

individuals who are proponents of palliative care.

**Have you seen an increase in hospice referrals since introducing palliative care?**

Yes we have. In 2011, Hospice Savannah admitted 172 patients from the palliative care program, an increase of 85 patients from the previous year. We think our utilization of the nurse practitioner model is one of the reasons for the increased referrals since the nurse practitioner is able to see more patients both in the hospital as well as the clinics. As I mentioned, we have since added a second nurse practitioner to the palliative care team.

**Have you found the reverse to also be true? Does Hospice Savannah refer to your outpatient palliative care?**

When a patient is not eligible for hospice services, we will make a referral to the Steward Center to assess the patient and potentially provide services through the outpatient clinics. However, these numbers are relatively low, only about one to two patients a month. That said, we do anticipate an increase in these referrals as we continue to

focus on providing non-hospice palliative care in area nursing homes and assisted living facilities.

**Can you tell us about the newly launched Steward Companions program? What prompted it? What services are provided?**

The Steward Center’s director and nurse practitioner, Laura Wiggins, and our volunteer and community outreach directors, Beth Logan and Jamey Espina, identified a program located in Florida which was providing volunteer support to palliative care patients. Following a site visit there, we decided to implement the model in July of 2011 as part of The Steward Center’s services.

Through Steward Companions, volunteers visit patients and their caregivers for up to four hours a week in their homes. These volunteers can just sit and talk, help with errands, or stay with the patient so caregivers can receive some respite. The volunteers are also trained to provide information and education on end-of-life services, care planning, etc. The goal is to begin building a relationship

with patients and families so, should they need hospice later, the connection is already there. They know us and we know them. We will also refer hospice patients to The Steward Center for ongoing support and continuity of care when they are no longer hospice-eligible.

**What have you found to be the intangible benefits of expanding into palliative care?**

Being able to improve the lives of patients in our community who are dealing with a serious illness as well as knowing that we're doing our part to enhance the continuum of care. This work will only become that much more important as the nation's healthcare reform initiatives continue to take root.

**What's next?**

The Hospice Savannah Foundation has launched a \$3 million fundraising effort to build a "Center for Living." Over \$1.7 million has been committed and we hope to break ground in 2013. This Center will be much more than just "bricks and mortar." It will allow us to provide unique services to caregivers through our Caregivers Institute; expand our grief and loss programs for children and adults; and expand our educational classes to health professionals in our area as well as throughout the state. It will also serve as a new location for coordination of The Steward Center's operations.

**We think utilization of the NP Model is one of the reasons for our increased referrals...**

**Are you offering a non-hospice service too?  
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Complete our brief questionnaire.**

