

Through the Practice Change Leaders program, Kelly Baxter, MS, RNP, ACHPN will lead an initiative to evaluate, measure and enhance transitions of care for vulnerable elderly palliative care patients. Kent Hospital, a member of the Care New England Health System located in Warwick, Rhode Island, will serve as the host institution for this project. The goals of the project are to streamline information and develop tracking systems that will allow for a seamless transition of care for older adults who are cared for by the palliative care service at Kent Hospital, as well as those who receive home-based palliative care services through the VNA of Care New England.

Through weekly meetings, Ms. Baxter will develop and evaluate a tracking system that targets the patients seen by the inpatient palliative care team at Kent who will transition to community-based palliative care teams on discharge. Consistent and thorough evaluation will assist in identification of facilitators and barriers to the transition of care. Interventions include telephonic outreach, case conferencing, and improved transfer of essential health information surrounding goals of care and advanced directives. We will track the number of palliative care patients transitioned to a variety of home based services, the percent of readmissions within each of those groups, as well as documentation of advanced directives.

By improving the transition process for palliative care patients, this project will aim to improve the experience of care for our most frail patients, while enhancing quality and reducing the cost of care.