

US Department of Veterans Affairs: Safe Harbor Palliative Care Program

The Birmingham/Atlanta GRECC Safe Harbor Palliative Care clinical demonstration project implemented and evaluated a comfort care intervention designed to transfer best practices of traditionally home-based hospice and palliative care into the VA inpatient setting to improve the quality of end-of-life care.

Lead Agency:

US Department of Veterans Affairs (VA);
Veterans Health Administration (VHA)
Birmingham/Atlanta VA Geriatric Research
and Clinical Care (GRECC) Program

Agency Mission:

"To care for him who shall have borne the battle and for his widow and his orphan."

Principal Investigator:

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Partner Agency:

National Institute on Aging

General Description:

Birmingham/Atlanta GRECC Safe Harbor Palliative Care Program
Patients who are near the end of life are frequently not recognized. As a result, their suffering may not be properly appreciated or managed, and may even be made worse by standard medical care, in which aggressive, futile, or even potentially harmful treatments are often continued in pursuit of a cure recognized to be out of reach. During this time, supportive and comfort care treatment plans could be implemented, instead of or in addition to existing care plans, to reduce suffering and improve the quality of care provided to these patients.

The purpose of the Birmingham/Atlanta GRECC Safe Harbor Palliative Care clinical demonstration project was to implement and evaluate a Comfort Care intervention

designed by Dr. Amos Bailey to transfer best practices of traditionally home-based hospice and palliative care into the VA inpatient setting and thus improve the quality of end-of-life care. The palliative care intervention included staff education and support to identify patients who were actively dying and implement care plans guided by a Comfort Care Order Set template for the last days or hours of life. A pre-post intervention trial was conducted between 2001 and 2003 with support from the Birmingham VA Medical Center and the GRECC to determine the impact of the intervention on symptom documentation and five quality-of-care indicators. Results indicated that that end-of-life care improved significantly after introduction of the palliative care program. Documentation of symptoms improved, more care plans were written, and more patients received morphine, the preferred medication for pain relief at end of life.

The program is now fully integrated into the Birmingham VA Medical Center and includes inpatient Palliative Care consultation, active case finding, routine rounds with the ICU/CCU teams, and consult services for outpatient clinics and community-based outpatient clinics. In addition, the Palliative Care Service assumes primary care and coordination of care for veterans referred to community hospice providers. In November 2005 the Safe Harbor Inpatient Palliative Care Unit opened completing the major programmatic development of the project.

After demonstrating the effectiveness of the Safe Harbor Palliative Care Program in the Birmingham VA Medical Center, GRECC investigators obtained funding from Health Services Research & Development to evaluate the intervention in five other VA medical centers in the Southeast (2005-2010). The intervention includes intensive on-site staff training and follow-up consultation, and is supported by an electronic comfort care order sets and care plans integrated with the computerized patient record system (CPRS). A secondary aim of the project is to conduct after-death interviews with family members and caregivers followed by a qualitative analysis of their perceptions of the care provided for the veteran and the family as a unit, as it relates to symptom control, honoring preferences, timeliness of care, and gaps in care. Family perceptions of care and their satisfaction with care during the dying process can provide insights on the types of changes in the processes of care that could improve quality of end-of-life care.

We plan to refine the comfort care order set and staff training program based on the results of this project. Over time, these interventions can be disseminated throughout the VA and other healthcare systems to improve quality of care for older adults.