Baylor Scott & White Health is the largest not-for-profit healthcare system in Texas, and one of the largest in the United States. Baylor Scott & White was born from the 2013 merger of Baylor Health Care System serving North Texas and Scott & White Healthcare serving Central Texas. After years of thoughtful deliberation, the leaders of Baylor Health Care System and Scott & White Healthcare decided to combine the strengths of the two and create a new model system able to meet the demands of healthcare reform, the changing needs of patients and extraordinary recent advances in clinical care.

With a commitment to and a track record of innovation, collaboration, integrity and compassion for the patient, Baylor Scott & White stands to be one of the nation's exemplary healthcare organizations.
BSWH Supportive and Palliative Care Overview

Two components: Specialty palliative care and primary palliative care. We refer to our specialty program as **Supportive and Palliative Care (SPC)**. SPC supports patients and families facing serious illness and seeks to lessen suffering (physical, emotional, social and spiritual) associated with serious illness.

- 14 hospitals (100+ non-OB beds) with CAPC model/TJC certifiable model specialty SPC programs.
  - 2 academic tertiary care campuses (1000 bed BUMC – Dallas, and 650 bed SW – Temple)
  - 5 outpatient clinics, more on the way.
  - 3 programs Joint Commission Certified (BUMC 1st 10 in nation), more on the way
  - AHA Circle of Life Award 2014, best system wide program

- SPC teams – 5 core professionals: MD/DO, APRN, Pastoral Care, SW, Child Life Specialists (CLS)
  - 19 FTE PM certified physicians, 17 FTE APPs, growth plan driven by metrics
  - 4 facilities with full time social work and pastoral care members, other facilities with shared social work and pastoral care members
  - 6 Child Life Specialists serving children of seriously ill adults (100% philanthropy funded)
  - In-kind services from Speech, Occupational, Physical, Music, and Art therapists. Nutrition services, volunteers.

- Selected data (FY17)
  - Percent non-obstetric admissions served 5.1% (range 1.8% - 11.6%)
  - Inpatient consults 6358, Inpatient follow-ups 16211, Outpatient visits 1800
  - Consult location: Floor 62.7%, ICU 35.1% (range 10.6 – 49.3%), ED 2.2% (range 0 – 5.8%)
  - Families with children of seriously ill adults served by CLS: 1392
  - Children of seriously ill adults served by CLS: 2521
  - Leading diagnoses: Cancer 35.6%, Cardiac (mostly heart failure) 22.3%
  - Consult activities: Care Planning 92.4%, Pain 48.5%, Other Symptoms 39.8%
  - Pain improvement 95.3% (range 91 – 100%)
  - Code status change 51.1%, One or more new Adv. Directives 39.5% (range 11.9 – 66.1%)
  - Live discharges 81.7% (range 23.3 – 100%), Live discharge with hospice 34.1%
  - Hospital Deaths seen by SPC 28.6% (range 3 – 76%)

- Time factors (impacts direct cost savings – shorter time better)
  - Admission to consult: Median Days 3 (range 2 - 5), Mean Days 4.96 (range 3.25 - 7.69)
  - Consult to discharge: Median Days 4 (range 2-6), Mean Days 6.18 (range 3.87 - 9.12)

Current primary palliative care focus is on enhancing the communication and care planning skills of non-palliative care physicians who see seriously ill patients, utilizing the Serious Illness Conversation Program (SICP) developed by Drs. Susan Block and Atul Gawande. We are only one year into a multiyear initial training program accompanied by perpetual training as new clinicians join our system.

- Total physicians trained: 52
- Total APPs trained: 20
- Serious Illness Conversations Documented to date: 242
- New Advance Directives Associated with SICP to date: 87