Rural Community-Based Palliative Care Program

Assemble the Team

This resource provides suggestions of how to assemble a team in the community for developing a Palliative Care program. [http://www.stratishealth.org/palcare](http://www.stratishealth.org/palcare)

Most rural communities do not have access to, or the capacity to support palliative care specialists to serve their community. However, many rural communities through establishing a vision and collaborating among partners, have been able to develop palliative care programs and provide services that meet the needs of individuals and their families and fill gaps in their community.

**Determine the “leader”**
Community led programs need a “leader” or a leadership team to develop a program. The leader might be staff from the hospital, clinic, home care, hospice, or another community organization. The leader or leadership team will be responsible for the logistics of meetings, facilitating discussions and communication, keeping the team engaged and helping to develop a shared vision. Once the leadership is identified, the remaining team members will need to be determined.

**Who should be involved?**
The community team should consist of interdisciplinary representatives from a variety of organizations in the community, such as hospitals, clinics, home health agencies, nursing homes, hospice programs, and organizations that could support or be involved in the program, such as social services, Area Agencies on Aging, and churches.

The team members can have differing levels of experience with palliative care, but share a commitment to participate, and a willingness to devote time and resources to palliative care efforts. Consider individuals with expertise in pain and symptom management, operation management, social services, patient focused care, and those passionate with assuring persons can live their lives to the fullest no matter their illness or disability. Ideally, teams will include a broad spectrum of interdisciplinary representatives such as nurses, social workers, physicians, advanced practice clinicians, chaplains, clergy, physical, occupational and speech therapists), and staff from public health, social services, senior centers, higher education settings, and others interested in palliative care.