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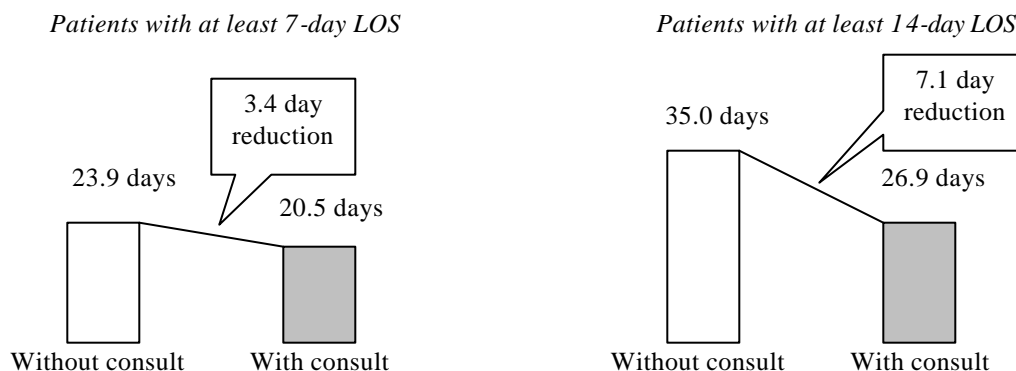
Palliative Care Service Satisfies Patients And Families, And Reduces Length Of Stay

The May 3, 2002, issue of *Oncology Roundtable*, a publication of The Advisory Board Company, featured the start-up and early experience of UPMC Health System's Comprehensive Palliative Care Service. Most notably, the story observed that during its early stages, the Service has consistently earned high satisfaction scores from patients and families. A recent survey of patient and family perception of the Service found that 100% of respondents would recommend the Service to others, and 77% were very satisfied with the efforts of the Service's multidisciplinary team (four rotating general internists, a dedicated nurse practitioner, clinical psychologist, and volunteer chaplain) to support patient quality of life.

The story also recorded the Service's dramatic growth. Citing Nicole Fowler, the Comprehensive Palliative Care Service's Administrator, it was reported that during the Service's 1998 inaugural year, the team consulted on 347 cases. Consultations rose to 492 in 2000, and in 2002 are projected to include nearly 600 consults at UPMC Presbyterian, and 500 at UPMC Shadyside. Initial consultations are followed up by the nurse practitioner or a physician providing continued support and discharge-planning assistance. The clinical psychologist and chaplain consider ways to improve patient quality of life and provide grief counseling as needed. Although the Service operates primarily using an inpatient model, the team provides continued support after discharge. This might include, for example, sympathy cards being sent to families of patients who died. It also includes hospice-trained volunteers calling families to offer comfort and bereavement referrals. Monthly calls may also be made to living patients. Further extending its scope of patient support, the Service will launch outpatient services in tandem with the September 2002 opening of the Hillman Cancer Center.

Ms. Fowler also noted in the *Oncology Roundtable* story that the Service's performance has contributed to a shift in providers' attitudes about palliative care. She points out that in 1998, only 30% of patients who used the Service were discharged alive. In contrast, now 70% of palliative patients are discharged alive, many still pursuing active treatment. This reflects the fact that many physicians no longer consider the Service as strictly an end-of-life program.

Importantly, in view of the continuing pressures from public and private payers to reduce average length of stay (ALOS) for hospitalized patients, the clinical and psychosocial supports provided to patients and their families by the Comprehensive Palliative Care Service has yielded an added benefit – decreased ALOS. As illustrated in the *Oncology Roundtable* story with the following figure, this benefit of palliative care consultation is particularly notable in patients requiring hospital stays of 14 days or longer.



Palliative Care Services at Magee-Womens Hospital Supported By Pittsburgh Pirates' Wives

By Denise Stahl, RN, MSN

Magee-Womens Hospital and the wives of the Pittsburgh Pirates hosted a Fall Fashion Extravaganza on Monday, July 29, 2002 at Saks Fifth Avenue to benefit the growth and development of the Magee-Womens Hospital Palliative Care Service.

Joanna Littlefield, wife of Pirates' General Manager Dave Littlefield, chaired the event with Alison Mayher of Saks Fifth Avenue and Irma Goertzen of Magee-Womens Hospital. The evening's emcee was Lanny Frattare, voice of the Pittsburgh Pirates. The two-hour event raised more than \$8,500 via proceeds from evening sales, ticket sales to attend the event, raffle monies, and direct donations. Models at the show included Joanna Littlefield, Alexander Colon, Katelyn Rios (daughter of Armando Rios), Emily Condrey (girlfriend of Kip Wells), Sarah Anderson, Beth Lowe, Christine Frattare (wife of Lanny Frattare), Earlene Biggerstaff, Jennifer Burks (girlfriend of Rob Mackowiak), Bracken Hermanson, Abby Silverman, Emily Beimel and Chelley Williams. Perhaps the most dramatic model, of course, was the Pirate's mascot dressed in a custom tuxedo made of red, white, and blue sequins!

But not all the beautiful people were cruising the catwalk. District Attorney Stephen Zappala and Diana Napper (founder of Glimmer of Hope breast cancer research fund) were in attendance in support of palliative care at Magee-Womens Hospital. In fact, the event was inspired out of Diana's compassion and commitment to palliative care philosophy that has grown from her personal life experiences with friends and loved ones who have had breast cancer. Pirate players Rob Mackowiak and Jimmy Anderson were on hand signing complimentary baseballs in the men's department.

The Palliative Care Service was well represented by Nicole Fowler, Administrator of the UPMC Palliative Care Service, Denise Stahl, Palliative Care Specialist at Magee-Womens Hospital, Karen Cooper and Kathy Purcell, social workers for the Magee Palliative Care Service, and Susan Stollings, psychologist for the Magee service. Emily Repole, of Magee Womens Health Foundation, worked tirelessly to support and organize the evening's events. Kathy Waleko, Vice President of Patient Care Services at Magee, Mary Zubrow, Vice President of the Magee-Womens Health Foundation, and Linda Antonelli, Vice President of Facility Planning and Support Services were also present to offer administrative support of the Palliative Care Service.

Guests were shopping with an appetini (apple martini) in one hand and their Saks card at the ready in the other. Drinks, hors d'oeuvres and desserts were found on every floor to keep energy levels high and cash registers ringing (10 percent of sales went to the hospital). Among the contributing vendors were Atria's, Benkowitz, Capital Liquors, Seattle's Best, Southern Wine and Spirits, The Steelhead Grill and Girasole Restaurant. Pirate wife Sarah Anderson spoke for the group of wives and girlfriends when she stated that the Fashion Show was "a success...that they hope to make the show an annual event that lasts for years to come." The wives are committed to supporting the Palliative Care Service at Magee-Womens Hospital regardless of their husband's tenure in Pittsburgh and have embraced the cause wholeheartedly.

Future plans for fundraising events for the Magee-Womens Hospital Palliative Care Service include a Pittsburgh Steeler function at The Sanctuary on November, 11, 2002. Long-term goals for the service at Magee-Womens Hospital include increased community outreach and family support services, complementary therapies, bereavement care and programming, and development of an inpatient palliative care unit within Magee. Please call Denise Stahl, RN, MSN at Magee-Womens Hospital for more information on this event or the Palliative Care Service at Magee.

Comprehensive Palliative Care Service Advisory Council Forms Committees

In order to devote the necessary time to its functions, the Advisory Council has formed three committees. Mahnaz Harrison, Chair of the Council, has named Lynn Foltz to chair Development; Carolyn Longest to chair Education; and Laura Huch to chair Marketing. The Council and its committees have been formed to support the development and operation of the Service.

For Comprehensive Palliative Care Service consultations:

UPMC Presbyterian, call: 412-692-4834

UPMC Shadyside, call: 412-623-3008

Magee-Womens Hospital, call: 412-641-2108

The American Board of Hospice and Palliative Medicine (ABHPM)

ABHPM promotes excellence in the care of all patients with advanced, progressive illness through the development of standards for training and practice in palliative medicine. The ABHPM is an independent, non-profit organization whose certificate is recognized as signifying a high level of physician competence in the discipline of palliative medicine. Members of the ABHPM Board and Examination Committee are nationally recognized leaders in clinical practice, academic medicine, medical education, and research in the field of palliative medicine.

The ABHPM establishes the requirements for certification and recertification, creates and administers the certifying examination, works to implement high standards for training, and contributes to setting the standards for excellence in palliative medicine.

Source: www.abhpm.org

ABHPM's Strategic Direction: To Achieve Formal Recognition of Palliative Medicine Subspecialty

Since its inception in 1996, ABHPM has worked to define and bring recognition to the emerging field of palliative medicine. The Board's long-term goal is recognition of palliative medicine as a legitimate subspecialty by The American Board of Medical Specialties (ABMS) and The American Osteopathic Association Bureau of Osteopathic Specialists. Early in 2000, the Board adopted a strategic action plan designed to accomplish this goal.

Already much has been accomplished. Grants from the Robert Wood Johnson Foundation and the Soros Foundation's Project on Death in America have provided the resources to develop the Board's own infrastructure, enabling the Board to initiate dialogue with the external groups that hold the key to recognition of palliative medicine.

To date, the Board has carried out the following:

- Met with leadership of ABMS and ACGME to discuss how to accomplish eventual recognition of the subspecialty;
- Initiated informal communication with other boards to find the primary board(s) that might serve as a "host" for a subspecialty in palliative medicine;
- Published draft standards for fellowship programs in palliative medicine; and
- Convened a meeting of all fellowship programs for purposes of reviewing and revising the draft standards.

Winning recognition from ABMS is a multi-faceted task. A strong case must be built that the field of palliative medicine is indeed a distinct discipline. Evidence is required of a central core of knowledge that distinguishes the discipline from other branches of medicine; of continued development of the field through scientific research; of a sufficient number of physicians interested in the discipline to participate in the professional association (the AAHPM) and in certification (ABHPM); of sufficient interest in specialty level training; and of the acceptance of standards for training programs.

Obviously, ABHPM cannot win recognition of the specialty on its own. The Board is collaborating closely with the professional association, the American Academy of Hospice and Palliative Medicine (AAHPM) to jointly lead the campaign for recognition of the specialty. Many other individuals and groups are also working toward the goal of recognition of the field. Of special note, the directors of fellowship programs have worked hard both in developing the training programs and in collaborating with ABHPM to develop accreditation standards for the programs. In essence, everyone who works in the field of palliative medicine – caring for patients, conducting research, training new physicians, educating colleagues – strengthens the specialty, thereby strengthening the case for formal recognition of this field of medicine.

Source: *ABHPM News*, Spring 2001, pages 1 and 3.

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Additional information about The American Board of Hospice and Palliative Medicine (ABHPM) can be found on its Web site: www.abhmpm.org.

Recent Comprehensive Palliative Care Service Staff News

Linda King, MD, and Justin Engleka, RN,MSN,CRNP, members of the Palliative Care Service, were selected as recipients of the UPMC Health System's Award for Commitment and Excellence in Service (ACES) for 2002. In her letters notifying them of their awards, Elizabeth Concordia, President of UPMC Presbyterian/UPMC Shadyside, recognized them for "continually going above and beyond in order to provide patients, visitors, and colleagues with exceptional customer service." Her letter stated that in both Dr. King's and Mr. Engleka's cases, these awards were conferred as a result of "the care you provided to a patient who wished to be discharged to go home and spend his final days among his family and friends."

Denise Stahl, RN, MSN, Palliative Care Specialist at Magee-Womens Hospital, received a Cameo of Caring Award. This award, sponsored by the University of Pittsburgh School of Nursing, acknowledges nurses who have been recognized by their peers for accomplishments within the nursing profession and for being role models.

Barbara Dippold, a wonderful volunteer for the Palliative Care Service, has retired. For the past four years, she has made numerous bereavement telephone calls to family members whose loved ones died while being cared for by the service. She provided invaluable support to patients' families, which was greatly appreciated, and she will indeed be missed.

It is as much of the business of a physician to alleviate pain, and to smooth the avenues of death, when unavoidable, as to cure diseases.

John Gregory [1725-1773]. Lectures on the Duties and Qualifications of a Physician, Lecture II

Carolyn Longest, MA, Editor. The newsletter is published twice a year. It is intended to be an informational resource for UPMC physicians. If you have questions or comments about this issue, or suggestions for future issues, email fowlernr@msx.upmc.edu. This newsletter can be found online at www.upmc.edu/palliativecare.

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