



Palliative Care Across the System
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Case: Ms. Jones is a 75 year old female with breast cancer who is being discharged to cranberry nursing home for rehabilitation. While in the hospital she saw palliative care for help with pain management and discussion of goals of care. On the day of discharge, she asks the nurse if palliative care can see her in the nursing home.

Mrs. Jones's brother catches the social worker and asks for help. His best friend has been admitted to McKeesport Hospital with a large stroke. His family is beside themselves and wants help thinking about what they should do next.

Discussion: Palliative care is a multi-disciplinary consult service designed to improve patients' and families' quality of life by providing relief from pain and symptoms as well as the stresses of living with a serious illness. In addition, palliative care works to make sure that patients' and families' values guide the treatment plan. When fully realized, palliative care consultation should be available to all patients with serious illness regardless of age or the stage of their illness. Palliative care does not replace the patient's traditional medical care, but supplements that care by offering extra help and support for patients and families.

One of the implications of this definition of palliative care is that it should be available wherever a patient receives care – hospitals, nursing homes, homes, etc. While palliative care has largely focused its attention on hospital based services over the last 15 years, at UPMC, this is changing. Last year, UPMC started a Palliative and Supportive Institute (PSI) whose mission is to ensure high quality, coordinated care for patients with serious illness by increasing palliative care capacity and expertise across the continuum of care.

What does this mean? First, it means that hospital-based palliative care continues to expand to four additional Allegheny County's hospitals in 2012 and more in 2013. Multidisciplinary programs are already up and running at UPMC Mercy, UPMC Passavant, UPMC St. Margaret's and UPMC McKeesport; in addition to UPMC Presbyterian Shadyside and Magee-Womens Hospital (look for UPMC East later this year!!). These consultative services consist of a doctor, nurse practitioner or physician assistant and social worker and are available in the hospitals to provide symptom management, assistance with goals of care conversations and decision-making, psychosocial counseling and family support for patients with serious illness. In addition, the teams serve as change agents in each hospital educating other healthcare providers about the role of palliative care in improving patients' and families' quality of life.

Second, PSI has helped four UPMC nursing homes develop models of geriatric supportive palliative care. At Seneca Place, Canterbury Place, Cranberry Place and Heritage Place, Nurse Practitioners are available to see patients with acute symptoms and change in condition, as well as provide counseling and support for patients and their families. Working with the patients' long-term care physicians and the long-term care staff, they also provide education and palliative/geriatric resources.

PSI is also working with UPCI and the intensive care units throughout UPMC to develop specific projects to integrate palliative care into these areas. Dr. Doug White, Assistant Professor of Critical Care Medicine, will lead a quality improvement project to train nurses to facilitate family meetings with intensivists on a regularly scheduled basis.

For palliative care consultations please contact the *Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, beeper 412-647-7243 pager # 8513* or call *412-623-3008, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644-1724, Interventional Pain 784-4000, Magee Women's Hospital, beeper 412-647-7243 pager #: 8510, VA Palliative Care Program, 688-6178, beeper 296, Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore, and Children's page 958-3844. With comments about "Case of the Month" call David Barnard at 647-5701.*

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At UPCI, we have recently completed a needs assessment for oncology nurses and are developing an educational program for the entire network of UPMC Cancer Centers. Palliative care resource books have been distributed to dozens of oncology practices and a “call the expert” hotline will be up and running in 2012.

Finally, PSI is working closely with Family Hospice and Palliative Care, Inc. to increase UPMC’s capacity to care for patients receiving hospice care. A new inpatient unit is opening February 27, 2012 at Canterbury. This facility will have the capacity to provide symptom management for hospice patients within the city and will grow from 6 beds to 14 beds over 2012.

Future plans include developing a home palliative care program, as well as developing information technologies to allow the transfer of advanced care planning and patients' goals across doctors' offices, hospitals and long-term care facilities.

To accomplish these tasks, PSI has hired a number of extraordinary clinicians and educators including Denise Stahl, MSN as the Executive Director. Denise was previously at Magee-Womens Hospital and also served as Program Manager for the VA's VISN 4; Katy Jackson, CRNP, DNP, who serves as the Director of Geriatric Services and Palliative Education. Dr. Jackson has extensive experience as a palliative care clinician. Beth Chaitin, DHCE, MSW as the Director of Hospital-Based Palliative Care Services. Dr. Chaitin developed the medical ethics and palliative care program at Shadyside Hospital and is well known to many as a preeminent educator in medical ethics at UPMC; and Charlene Amato serves as both the Palliative Care Social Worker at St. Margaret's and as a mentor/educator for the Institute. Megan Glance and Lucy Kelly serve as the Institute's IT and Systems Analyst support, along with help from a number of institutes and programs within the UPMC health system.

The health system is also working closely with the UPMC health plan to develop innovative care programs and ways of tracking and documenting the impact of palliative care.

We are quite excited about the opportunities to take palliative care system-wide and across the continuum of care. We look forward to positively impacting both quality of life for patients' and families' living with serious illness and their overall experience in the healthcare system. If you have any questions about our work or would like further information, please call PSI at 412-864-2897 or **1-855-565-7146** or email psicare@upmc.edu.

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