

Palliative Care in US Hospitals

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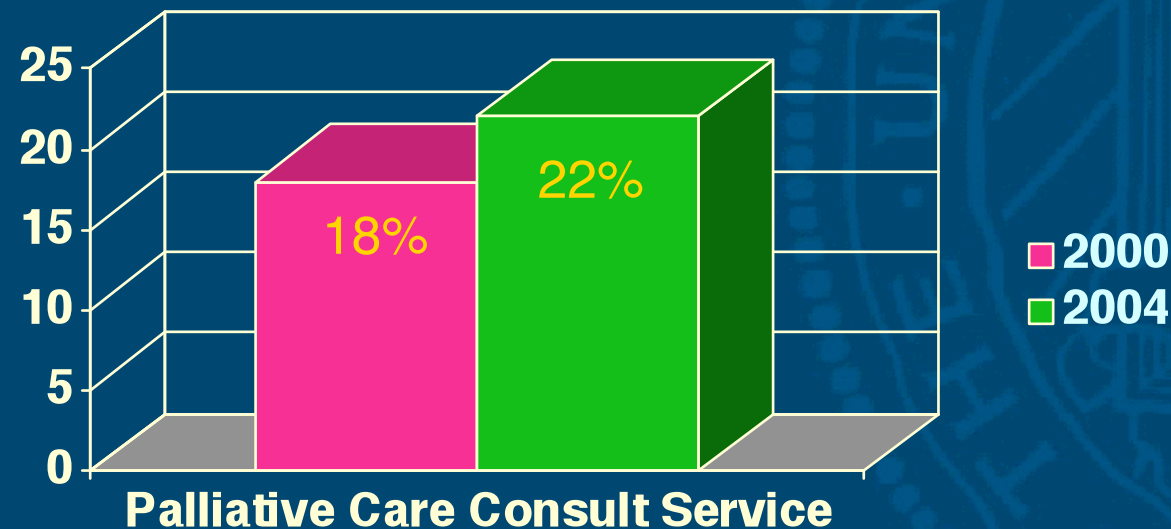
Palliative Care in US Hospitals

- Prevalence and growth
- How to provide palliative care in hospitals
- How hospital-based palliative care works
- How palliative care helps hospitalized patients
- Conclusions

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Prevalence of Palliative Care Programs in California



Pantilat and Billings *Arch Int Med* 2003;163:1084-88

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Growth of Hospital-Based Palliative Care American Hospital Association Annual Surveys



**63% increase in
Hospital-Based
Palliative Care
Programs
in 3 years**

◆ Pain Management
■ Palliative Care Programs
▲ In-patient Hospice

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Palliative Care

Interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced illness and their families.

It is offered simultaneously with all other appropriate medical treatment.

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Providing Palliative Care to Hospitalized Patients

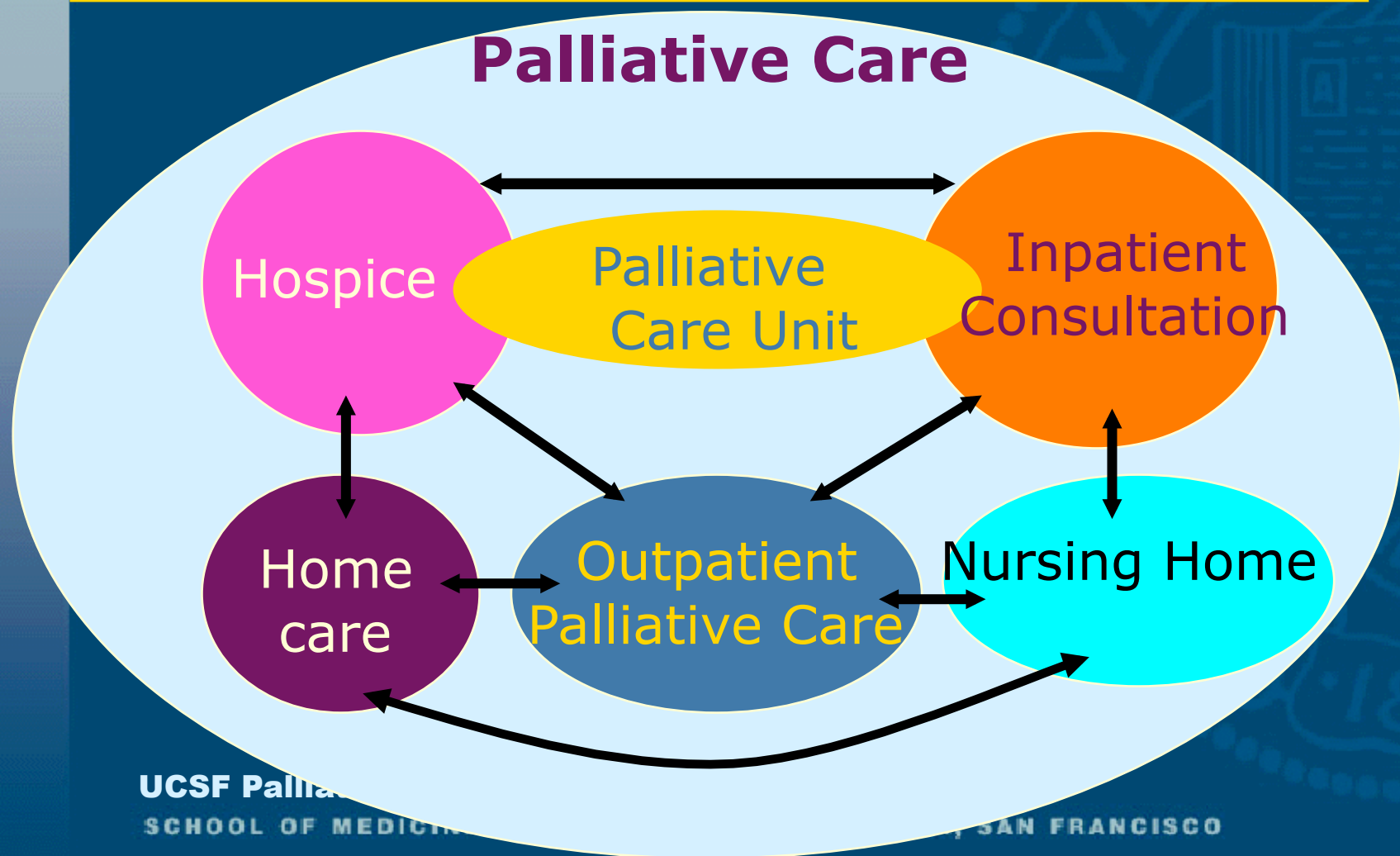
- Primary Palliative Care
 - Basic skills that all physicians should know
 - Made available to all patients in all settings
- Secondary Palliative Care
 - Greater expertise provided by consultants
- Tertiary Palliative Care
 - Provided by recognized experts
 - Generally available at referral centers for the most complex patients

von Gunten *JAMA* 2002;287:875-881

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Hospice and Palliative Care



Organization of Palliative Care in Hospitals

- Consultation model
- Inpatient unit
- Swing beds
- Outpatient

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Choosing A Palliative Care Model

	STRENGTH	WEAKNESS
Inpatient Consultation	Flexible	Influence
Inpatient Unit	Control	Isolation Cost
Swing beds	Better bed utilization	Less control
Outpatient	Continuity Most patients	Need staff and space

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Hospital-Based Palliative Care Services in the US

- Consultation model is most common
 - “An interdisciplinary group that will see patients and provide care and treatment recommendations regarding palliative care?”
 - Easiest to establish
 - Low financial risk
 - Small staff at outset
 - Impacts patients throughout the hospital
 - Must insure recommendations are followed
- UCSF and Mt. Sinai are consultation models
 - UCSF also has swing beds

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What Do We Do?

- Focus on quality of life
- Address and manage symptoms
 - Pain, dyspnea, nausea, fatigue, depression
- Communicate about illness and end of life
- Provide psychosocial support to patient and family

- Support and help referring clinicians

“Give you the best care possible and take as good care of you as we can”

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Staffing of a Palliative Care Consultation Service

- Physicians
- Advance Practice Nurse
- Nurses
- Pharmacist
- Chaplain
- Social Worker
- Psychologist
- Volunteers
- Trainees

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How it works

- Physician or other clinician requests a consultation by contacting the Palliative Care on-call pager
- On-call physician or nurse discusses case with referring clinician
- On-call physician or nurse informs other team members of patient
 - Team sees patient individually or as a group within 24h
- Team meets to discuss case and recommendations
- Recommendations given to referring clinician
 - Directly- in-person or by telephone
 - Note in chart

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Case of Ms. P

Ms. P is a 64 year-old woman with advanced ovarian cancer admitted with nausea and vomiting 1 week after her first dose of taxotere as 3rd line treatment. Her pain has been controlled with transdermal fentanyl started by her oncologist one week ago. Her nausea is constant and she vomits 5-6 times a day. Her last bowel movement was 3 days ago. She is very dehydrated and sad about her current condition.

What can palliative care offer Ms. P?

Palliative Care for Ms. P

Symptom Control

- Rule out bowel obstruction
- Start anti-emetics based on presumed physiology
- Prescribe a bowel regimen
- Re-assess frequently to control symptom

Palliative Care for Ms. P

Communication

- Elicit values and goals of care
 - “When you think about the future, what do you hope for”
 - “I have tickets to visit my family in Paris in 6 days”
- Discuss prognosis
 - Doctor: “Less than 6 months, maybe only 1-2 months”
 - Ms. P: “My doctor said I have 1 or maybe 2 years”
- Discuss death and dying
 - “Many patients with ovarian cancer think about the possibility of dying, they have questions about this, how about you?”
 - “I want to be with my husband in my own home when I die”

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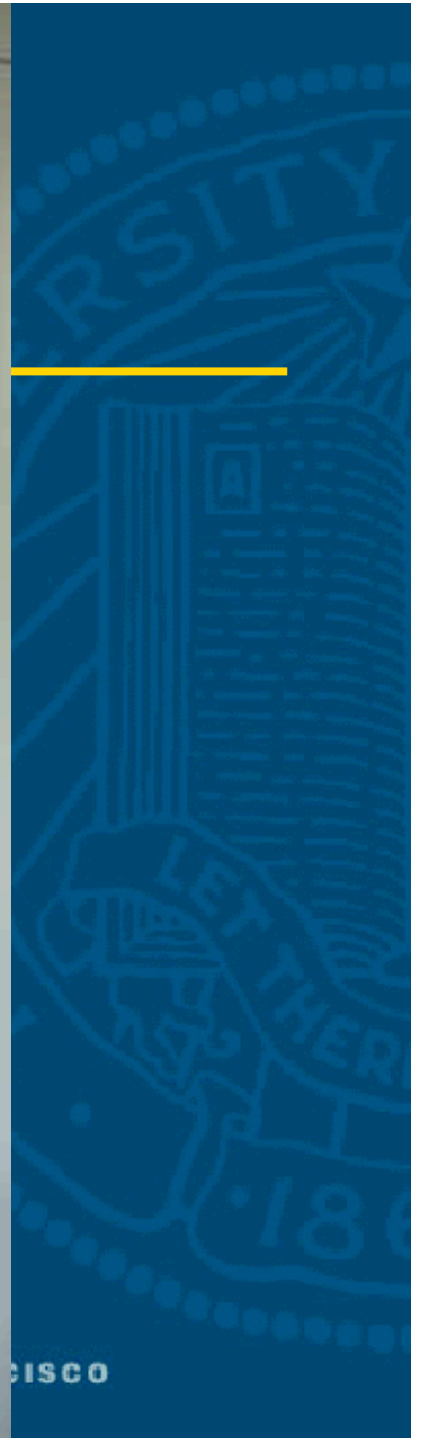


Palliative Care for Ms. P

Psychosocial Support

- Non-abandonment
 - “We will make sure you get the best care possible whatever happens”
- Hope
 - “When you think about the future, what do you hope for?”
- Growth and development
 - “Forgive me, I forgive you, thank you, I love you, goodbye”
- Spirituality
 - “Are you a religious or spiritual person?”
 - “Would you like to speak with a chaplain?”

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Palliative Care Consultation

The Need for a Team

- Expertise in symptom control- palliative care trained doctors and nurses
- Discussing difficult issues and time to do so- doctors, nurses, chaplain, social worker
- Addressing medication issues- pharmacist
- Assisting with discharge and travel issues- social worker
- Exploring spiritual issues- chaplain

Ms. P

- Nausea well controlled with promethazine 12.5mg tid and dexamethasone 1mg po bid
- Senna and colace added resulting in daily bowel movements
- Prescription for 2 months provided, including medications for breakthrough pain and nausea
- Letter explaining medical condition provided
- Decision made to postpone chemotherapy given side effects and lack of efficacy
- Hospice referral initiated to begin on return from Paris

Rewards for the Palliative Care Team

- Satisfaction in relieving physical suffering
- Satisfaction in helping patient get to Paris to visit family
- Gratitude of patient and her husband
- Connection to humanism in medicine
- Insight on how to make the most of life
- 2 kilo box of chocolates

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Palliative Care is about Hope

- Healing where there is no cure
- Comfort in the face of suffering
- Hope for what can still be despite all that cannot be

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Conclusions

- Hospital-based palliative care is growing in the US
- Palliative care can relieve the suffering of patients with serious, chronic and life threatening illness
- Clinical expertise and a team approach are needed to address the palliative care issues that matter to patients
- Patients, families, and providers reap the rewards of palliative care

Sing like nobody's listening
Dance like nobody's watching
Work like you don't need the money
Love like you've never been hurt