

AWARD WINNER

DEPARTMENT OF PAIN MEDICINE AND PALLIATIVE CARE
BETH ISRAEL MEDICAL CENTER

New York, New York





In the emerging medical discipline known as palliative care, Beth Israel's Department of Pain Management and Palliative Care (DPMPC) is becoming a gold standard. Fusing patient care, community service and research, DPMPC's comprehensive program weaves pain management and palliative care into the fabric of an entire institution.

The program breaks with tradition by offering to patients and families — early in the trajectory of a serious illness — the broad range of services conventionally available only through hospice, and by combining these services with specialized pain and symptom management. In addition, DPMPC reaches out to special patient populations, such as those with AIDS and sickle cell anemia. The highly respected Jacob Perlow Hospice, a vital program at Beth Israel since 1988, is integrated into the department's Palliative Care Division.

“We create a system around the patient,” says Russell K. Portenoy, M.D., chairman of the department. “There is tremendous value in offering expertise in symptom control and support services, even as you are treating the underlying illness.”

Focusing on patients and their families, DPMPC's multidisciplinary staff offers a wide array of interventions during all stages of a life-limiting illness. Services include inpatient consultations; ambulatory case management; access to the hospice program; availability of an Inpatient Pain, Palliative Care and Hospice Unit; and coordination with community-based services.

DPMPC's philosophy addresses concerns in many domains. “We often enter the lives of patients at a time of crisis, when distress is high and decisions about treatment are being addressed,” says Portenoy. “We encourage patients and families to share information, identify areas of confusion and sources of conflict, and clarify feelings. We continually reassure families and patients that they won't be abandoned if aggressive disease-oriented therapy is rejected or not indicated, and that we'll be there with care to address symptoms and other quality of life concerns. We try to understand and address each patient's specific needs, whether that means symptom control, help with family issues, practical help at home, spiritual support, or a combination of things. Using this approach, we've seen an enormous, positive impact for patients — in terms of comfort, their own psychological well-being, and the well-being of families.”

And that's not just a subjective opinion. The department's in-depth quality improvement assessments demonstrate high satisfaction, both among pain patients and patients receiving palliative care in the inpatient unit or through the hospice program.

Caregivers who work within this framework give it high marks and call it a major step forward in patient care. “There's more responsibility for the caregiver, but it makes the care we give more valuable and effective,” says Roseanne Indelicato, R.N. Indelicato's role in the program exemplifies one of the non-traditional approaches being taken by the department: a nurse practitioner, she works with others on the team to help coordinate palliative care for ambulatory patients who are receiving, at the same time, active treatment for their disease.

“When we start working with a patient early in their illness — often as early as the time of diagnosis — we develop an intimate relationship,” says Indelicato. “For me, delivering this type of care is a privilege. I have the opportunity to help people work through issues, and to stroll together with them through an important part of their lives.”

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INNOVATION HIGHLIGHTS

CREATION OF A DEPARTMENT OF PAIN MEDICINE AND PALLIATIVE CARE EQUAL TO OTHER MEDICAL DEPARTMENTS

INTEGRATION OF A CERTIFIED HOSPICE PROGRAM AS A RESOURCE FOR END-OF-LIFE CARE WITHIN A BROADER MODEL OF PALLIATIVE CARE

MULTIPLE SITES OF CARE

SPECIALIZED PROGRAMS FOR CANCER, SICKLE CELL, AND HIV AND A DROP-IN PALLIATIVE CARE PROGRAM

INSTITUTE FOR EDUCATION AND RESEARCH IN PAIN MANAGEMENT AND PALLIATIVE CARE

COMPREHENSIVE WEB SITE (WWW.STOPPAIN.ORG) WITH RESOURCES FOR CAREGIVERS AND PHYSICIANS

Since its launch in 1997, DPMPC has created a ripple effect at Beth Israel. It has become well integrated into the academic milieu, offering a weekly case conference, monthly grand rounds, biweekly professor's rounds on the inpatient unit, and a monthly journal club. DPMPC also offers fellowship opportunities for physicians, nurses, and social workers, and elective opportunities for residents and students. There is an active observership program: last year, more than 200 professionals from 15 countries visited the department.

The DPMPC works closely with many other departments on quality improvement for pain and palliative care. In 2000, DPMPC advanced practice nurses led an acute pain educational initiative that targeted nearly 750 nurses and surgical housestaff at the medical center. The program included dozens of sessions for nurses and more than 25 separate programs for physicians. During the same year, a program to implement a clinical pathway for care of the imminently dying inpatient was created and piloted on three units. The pathway, called Palliative Care for Advanced Disease (PCAD), includes standardized orders, a nursing care plan, a tracking tool, and assessment instruments to facilitate uniform treatment of dying patients. Results indicate that the pathway produced a heightened awareness of the special needs of dying patients and their families. "We believe that this guideline will be a critical mechanism in transforming the institutional culture in end-of-life care," says Portenoy.

DPMPC is also involved in quality of life research and clinical trials. Among the studies is an epidemiologic survey of symptoms and other concerns in populations with advanced heart or lung disease. Multiple drug trials are ongoing.

DPMPC staff are engaged in numerous programs focused on improving access to information and services related to palliative care. There is a massive Web site (www.stoppain.org) with information ranging from basic definitions and descriptions of palliative care and hospice to clinical and research information for medical professionals.

Staff also has published a comprehensive Caregiver Resource Directory, chock-full of practical tips, facts, checklists, and advice for family caregivers. The easy-to-follow, inch-thick binder is getting rave reviews from families, staff, and admirers at other institutions. Part of this volume is available on the Web site.

Can others emulate DPMPC? "You don't have to be an academic medical center to make this work. It's doable on many levels," says Portenoy. "My advice to clinicians who are working in hospitals or other institutions and want to advance palliative care is to get informed, develop strategic relationships with other clinicians and administrators, identify and quantify the areas in need, and start a program that is both sustainable and visible. Acute care, palliative care and hospice allow a natural linkage that can dramatically improve care and quality of life at all stages of a serious illness."•