

ACUTE PALLIATIVE CARE SERVICE
MOUNT CARMEL HEALTH HOSPICE & PALLIATIVE CARE PROGRAM

Columbus, Ohio

Structured end-of-life care is the final piece in the puzzle known as the continuum of care. Or at least it should be, say administrators, staff, and physicians at Mount Carmel Health System, where an innovative Acute Palliative Care Service is bringing a formalized, systematic focus to the needs of terminally ill and dying patients.

Hospice and attention to end-of-life care are not new to Mount Carmel: its hospice service opened in 1985, added in-patient hospice beds in 1993, and was later instrumental in developing a hospital-wide pain management program. But in 1995, when Mount Carmel's hospice and its physician advisory board formally studied the end-of-life care needs of hospitalized patients, they discovered that hospice was involved in the care of only nine percent of non-trauma deaths.

"End-of-life care seemed to be an abrupt thing. People didn't think about end-of-life issues until there was a crisis," says Mary Ann Gill, director of the Acute Palliative Care Service. "We — our hospitals — were providing often very good end-of-life care, but not in an organized, structured way."

Since 1997, that picture has changed. Today, Mount Carmel's Acute Palliative Care Service (APCS) offers specialized care to patients with advanced disease whose prognosis is poor or uncertain and who desire a palliative approach. In each of Mount Carmel's three acute care hospitals, the APCS includes a consultation service and a designated in-patient Acute Palliative Care Unit (APCU), staffed by an interdisciplinary team. Patients transferred to the APCU keep their attending physicians as their primary doctors.

Significantly, Mount Carmel makes palliative care consultation available to



any hospitalized patient. So patients who don't fit APCU admission criteria still have access to the APCS symptom-management expertise and psychosocial support.

This systematic approach is having a major impact on the way end-of-life care is managed at Mount Carmel. On a conceptual level, there's wide agreement that by clearly identifying a transition from an aggressive, curative plan of care to a palliative plan, Mount Carmel is helping patients and families become better prepared to deal with end-of-life issues and/or to transition to hospice. Statistics from ongoing studies also demonstrate the program's growing acceptance and integration into Mount Carmel's care continuum. In 1999 and 2000, APCS took part in the care of 44 percent of non-trauma patients. Most encouraging of all are the results of a 1999 survey, in which physicians rated Hospice and APCS the most valuable services in the hospital system.

"Overall, there's been a dramatic change in many physicians' attitudes toward palliative care," says Robert Taylor, M.D., one of APCS' three medical directors. "We're hearing a lot of positive

word of mouth, and there's an ongoing, high-volume stream of referrals. I think that doctors see this program as a plus. One of their main fears with dying patients is taking away hope. When we teach them about palliative care, we emphasize that hope doesn't have to mean cure. By offering palliative care, they have a way to stay engaged, to feel useful, and to help the family."

APCS educational efforts include training programs for hospital nurses and other clinicians, one-month electives for fourth-year medical students, and elective rotations for family residents in family practice and internal medicine. In addition, to help standardize end-of-life care, APCS developed a "Rounds Worksheet" to track patients' symptoms and interventions daily.

Not surprisingly, Mount Carmel's successes developed gradually, but the emerging result is what Taylor calls "a democratization and universalization of palliative care." To others hoping to emulate Mount Carmel, Gill recommends a collaborative approach that addresses the needs and realities of hospices and hospitals. "There are benefits for everyone in an integrated approach to end-of-life care," she says. "It's both mission and business."



INNOVATION HIGHLIGHTS

DEDICATED ACUTE PALLIATIVE CARE UNIT

PALLIATIVE CARE CONSULTATION AVAILABLE TO ANY HOSPITALIZED PATIENT

MAJOR IMPACT ON END-OF-LIFE CARE THROUGHOUT THE SYSTEM