

ST. JOSEPH MERCY OAKLAND

Pontiac, Michigan

A man was in the ICU at St. Joseph Mercy Oakland hospital, unresponsive on life support after a massive stroke. His seven-year-old twin daughters were afraid to see him. Peg Nelson, RN, from Mercy supportive care services then went to work, talking to the girls about their father and what they loved about him. Nelson, with the girls at their father's bedside, made plaster casts of their father's hands. Each girl then picked out a homemade "love" blanket to lie across their dad while he died and they said goodbye. "It became a natural thing, and they weren't afraid anymore," Nelson recalls. Those rituals humanized his death and gave the girls something to hold onto, their mother reports. "Those girls never let go of those blankets, and they compare their hands to the cast of their father's hand, to see how theirs have grown," Nelson says.

Offering comfort to patients and families at St. Joseph Mercy Oakland hospital is the goal of a small but powerful program known as Supportive Care Services, which has served more than 2,200 patients in its first four years. Beginning as a scattered-bed pain and palliative care service, the service has achieved a true culture shift in the hospital. Palliative care is integrated into care for all patients with advanced illness and includes pain and symptom control, family support, bereavement, outpatient services, and comfort carts to create a sacred space in which a "good death" can occur.

Results include a more than 30 percent reduction in hospital-wide pain scores for all patients, dramatic reduction



of ICU stays for end-stage patients, and a rate of discharge to hospice more than double the national average.

Unique to this model is private practice physician involvement and acceptance. Nelson attributes that acceptance to the service's low-key approach to providing service. "Physicians like us because we get their patients' pain down, help with communication, family support, goal clarification and as a result, physicians feel it reduces suffering of patients and families and eases their own time burdens."

The service has made a big difference in patients' lives with a relatively small investment by the hospital. Leading the team are two advance practice nurses as coordinators/caregivers and a nurse practitioner as the outpatient case manager. Physician specialists consult and provide medical support, and the team is rounded out by nurses, chaplains, dietitians, pharmacists, discharge planners, healing touch practitioners, music therapists, and social workers. "We were able to use existing people without a lot of cost," Nelson says. "That offers huge savings and aids in organization-wide culture change." The same thing

could be done elsewhere, Nelson believes. "This is a real community hospital in a real situation."

The program also reaches out beyond the hospital walls to those who cannot or will not use hospice with a bridge home care program and an outpatient case management program. In the first year, 72 percent of those followed by case management accepted hospice services before they died. Also unique is a partnership between a low-income independent senior living facility and the hospital in which the cost for a supportive care team nurse is shared.

One of the most striking innovations of supportive care is the comfort cart, which carries various kinds of music, a CD player, information, spiritual support, hand casting supplies, and homemade donated blankets. The blanket gives families something warm to carry away, rather than just a bag of their lost loved one's possessions. The blanket becomes a remembrance of that person and his passing. "They just lay it on the back of the couch or just touch it. It's become not only a comfort in the very tough days right after a loss but a symbol of the love that never dies. We feel privileged to help them cope and remember that love."



INNOVATION HIGHLIGHTS

MULTIPLE ENTRY POINTS AND BRIDGE PROGRAM

JOINT PROGRAM WITH LOW-INCOME HOUSING COMPLEX

COMFORT CART