

NIAGARA HOSPICE

*Lockport, New York*

When Paul Mullane's father was sick with lung cancer, he faced the difficult decision whether to enter hospice care. Mullane describes the decision as "gut wrenching"...facing the fact that death is imminent.

"But, from the moment we decided hospice was the best choice, my father's life and the lives of my entire family dramatically improved," Mullane writes in a testimonial to Niagara Hospice in Lockport, New York.

Mullane's father was visited by a nurse and a social worker who befriended the family, and were there for conversations during difficult moments. Hospice staff set up family meetings to explain what they might experience with his father's lung cancer. "Niagara Hospice's ability to handle all of this demonstrated the true depth of their convictions and abilities," Mullane wrote.

The Mullane family was just one of thousands touched by Niagara Hospice, an established, mature organization that has cared for more than 5,700 Niagara County residents with terminal illnesses over the past 16 years.

As the Mullanes found out, Niagara Hospice focuses on patient choice. During each visit with a patient, the staff again asks about his or her goals. The patient decides who *family* is, without regard to biology. And the care team accepts as patient choice, rather than non-compliance, a patient's decision to be selective about treatment options.

Building on this solid foundation of quality hospice care, Niagara Hospice is finding new ways to improve. One major innovation is its unique partnership with the pharmacy training program at the University at Buffalo (UB). The



hospice provides an intern rotation site for pharmacy students who go on home visits with hospice nurses.

Additionally, Niagara Hospice and the University at Buffalo's School of Pharmacy and Pharmaceutical Sciences have also collaborated to establish a post-doctoral pharmacist residency. "This program is one of the first of its kind in the United States and is on the cutting edge of advancements in pain management and symptom control," said Robert Wahler, UB clinical assistant professor of pharmacy. "This is a progressive program that attempts to meet hospice needs on the horizon, before they occur." The resident pharmacist conducts research, aids with the management of patient medication regimens and coordination of the administration of patient medications, and supervises UB pharmacy students during clinical rotations.

The hospice pharmacy consultant established global procedures for ordering medications for patients and the simplified, cost-effective drug regimes have cut pharmacy costs per patient per day in half since 2001.

Another innovation is a mobile palliative care assessment team. "Its goal is to go out and provide the community with pain management where the patient is," Borden says. The team offers assessment and pain management recommendations for patients in long-term care facilities, many of whom suffer from chronic illnesses where pain is difficult to treat.

Niagara Hospice uses an array of complementary therapies, including pet, music, art, massage, and acupuncture. In one case, a nursing home patient who was in the end stages of death hadn't spoken to anyone in several days. The pet therapist came by with a rabbit; after several strokes of the bunny, the woman smiled and enjoyed several last conversations with her family.

Niagara Hospice has always cared for patients at home or in a health care setting but plans to break ground on its own 18-bed hospice residence and in-patient facility in 2006. "The sandwich generation is moving away," Borden says. "There's a population of elder folks who have grown children but no local caregivers. With this facility, we are filling the gap in quality end-of-life care so that all who need these services will have access to them."



INNOVATION HIGHLIGHTS

PHARMACIST CONSULTATION ON ALL PRESCRIPTIONS

MOBILE PALLIATIVE CARE UNIT FOR LONG-TERM FACILITIES

POST-DOCTORAL PHARMACIST RESIDENCY PROGRAM COLLABORATION